Acknowledgements

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Deinstitutionalization of Orphans and Vulnerable Children project, Uganda

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1. Introduction

1.1 Retrak and the DOVCU project

Retrak is an international NGO working to see no child forced to live on the streets. Retrak has been providing alternatives to street life to children in Kampala for almost 20 years. This has included working alongside the National Rehabilitation Centre where many children are taken from the streets by the city authorities. Retrak’s model of work prioritises support to children to return to the care of their families and communities, where this is safe, supported and in the child’s best interest.

This report originates from the Deinstitutionalisation of Orphans and Vulnerable Children project in Uganda (DOVCU), a project seeking to reduce unnecessary separation of children from their families and place children who are outside of family care into nurturing families. This directly contributes to the Ministry of Gender Labour and Social Development’s (MGLSD) efforts to reduce institutionalisation and enhance family-based alternative care options for children without adequate parental care. The DOVCU project is implemented by a consortium of agencies: ChildFund, TPO Uganda, Child’s i Foundation and Retrak, in 12 districts of Uganda over a three-year period beginning in 2015.

Retrak’s role in the DOVCU project is to deliver capacity-building training and technical support to the four (out of five) national remand homes (Naguru, Fort Portal, Gulu and Mbale) and the Kampiringisa National Rehabilitation Centre in order to aid the reintegration of vulnerable children with their biological families or referrals into other family-based alternative care options.

1.2 Report overview

An exciting challenge of this project was a focus on family-based reintegration of children in remand home – a highly vulnerable group who are often excluded from mainstream deinstitutionalisation and reintegration programmes. Retrak already has tried-and-tested Family Reintegration Standard Operating Procedures (SOPs) and a range of monitoring tools to measure the wellbeing of children moving into family care. However, these tools had not yet been applied in the context of children in remand homes. This project designed a capacity building approach and tools to support remand homes in the area of family reintegration and designed a monitoring system to track the quality and impact of family reintegration programmes delivered by remand homes with Retrak’s support.

The work was undertaken through a consultancy that explored significant issues related to working with children within the remand system so that these could be taken into account before reintegration. It became clear at the start of the work that little has been documented about this area of work, and yet children in remand homes are a small but significant and highly vulnerable group of children. For this reason, the findings are presented here for others, both governmental and non-governmental agencies, working with or intending to work with children and staff within the remand homes system in Uganda and elsewhere.

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1 Deinstitutionalisation is taken to be the process by which children are assisted to move from large institutional care into family-based care, including reintegration with biological family or alternative care such as foster care or adoption.

2 Remand homes in Uganda are child care institutions where children who are suspected of having committed an offence are housed in the pre-trial period.

3 The Kampiringisa National Rehabilitation Centre is the institution where children are housed to serve their sentences.

4 Within the context of child care, reintegration is the process of enabling a child who has been separated from their family to return to the care of the biological family.
2. Methodology

The methodology was designed in order to understand the strengths and needs of the children, staff and systems within the Ugandan remand homes and national rehabilitation centre. This included a review of existing government, Retrak and other DOVCU partner tools and frameworks for implementation of deinstitutionalisation in Uganda and a review of relevant M&E tools. Data was also gathered directly from key stakeholders on the current situation of deinstitutionalisation and family reintegration of children from remand homes and the national rehabilitation centre. This comprised interviews and workshops, between 9 and 18 March 2015, with staff and children at the DOVCU partners (Retrak, ChildFund, Child I Foundation, TPO), and Child Restoration Outreach (CRO, a national NGO in Mbale also involved in the DOVCU project) and staff at the national rehabilitation centre and at the Mbale and Naguru remand homes, and Mbale district Orphans and Vulnerable Children (OVC) Committee (including Probation and Social Welfare Officer5, police and staff from local child care institutions).

Findings were presented to and discussed with Retrak staff and discussed during a pilot workshop with key stakeholders from the MGLSD, national rehabilitation centre, Naguru Remand Home and DOVCU partners.

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5 Probation and Social Welfare Officer is a district level official responsible for child welfare, including oversight of reintegration and alternative care.
3. Findings

3.1 Reintegration and Alternative Care in Uganda

Uganda’s Alternative Care Framework\(^6\) states very clearly how to meet the needs and respect the rights of children deprived of parental care, through the following four goals:

1. To reduce the number of children in institutional care;
2. To provide actors at different levels with clear guidelines and placement options for children in need of alternative care, based on a defined continuum of care;
3. To put in place mechanisms to support existing government structures to carry out their statutory responsibilities for overseeing the care of children in alternative care;
4. The aspiration of the framework is to ensure no child is placed in any form of institutional care, especially children under the age of three\(^7\).

The Framework is complemented by clear regulations and standards set out for children who are living in approved homes, complemented by tools to ensure minimum standards in such institutions\(^8\).

Remand homes, however, are not included explicitly in the Alternative Care Framework and the standards refer to entry into remand homes but do not reference processes for family reintegration from remand homes. Remand homes are different from other child care institutions (CCIs) in many ways – overall accountability is managed differently, children in remand homes have entered the institution through different routes to that of children in other CCIs, and the range of services available and reporting arrangements are quite different.

Lesson learned

National laws and policies for vulnerable children and alternative care do not appear to include children who are living in detention, who tend to be addressed primarily through juvenile justice policies. However, they have an equal need for and right to family-based alternative care as other children living without family care and they, and their caregivers in homes, should be included in the development and implementation of alternative care policies and guidelines.

3.2 Remand homes processes

Remand homes are child care institutions where children who are suspected of having committed an offence are housed in the pre-trial period. After sentencing, convicted children are moved to Kampiringisa National Rehabilitation Centre, in Mpigi District, to serve their sentence. Currently there are five remand homes in Uganda (four which the DOVCU project are working with Naguru, Mbale, Fort Portal and Gulu, and a newly opened home in Arua), with construction of a sixth remand home in Kabale District to serve the south-western region already underway (see figure 1).
According to Article 91 of the Children’s Act, children should not stay in remand homes longer than 6 months for capital offences or 3 months for any other offence. However, Retrak found that many children stay longer in remand homes than they should – mainly because courts, especially the High Court that judges capital offences, have a backlog of cases, and juvenile cases are not always given the priority they should receive. Children are tried by a Family and Children Court. While the maximum sentence a child can receive is 3 years for a capital offence, it was noted that a number of children in the national rehabilitation centre had been there for 4 years or longer.

The Naguru Remand Home and the national rehabilitation centre house substantial numbers of street children. However national guidelines state that children from the streets should not be housed in remand homes but instead should receive care and protection services through, for example, drop-in centres. Staff in these institutions acknowledged that street children should not be there but recognised that police round-ups of street children continue to take place on a regular basis, and the police have nowhere else to take these children.

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Figure 1: Location of remand homes and national rehabilitation centre in Uganda

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Upon entry, children are accompanied by a police officer or Probation and Social Welfare Officer (PSWO). Children cannot be brought in by their parents or other relatives (although some parents or relatives do try). Committed children have a court file that accompanies them to the remand home and the national rehabilitation centre. Street children’s information is only recorded in a register of children receiving ‘Care and Support’.

If a child has been acquitted of an offence they are free to go home. It was found that while staff in some remand homes engage in the preparation and facilitation of children’s return home, this is not always the case. In one remand home visited, unless an external NGO provided rehabilitation support or staff were able to facilitate a home visit using extremely scant resources, acquitted children are released outside the remand home gate. It should be noted that external NGO support for rehabilitation of children from remand homes is not mandatory and when this is provided it is done through their own commitment.

In some of the centres staff give much attention to preparing the children for reintegration, however they are unable to conduct any pre-reintegration preparation visits to the family of the child as the staff have limited time and resources to do this. Any family-level preparation is ultimately the responsibility of the local PSWOs. While collaboration between remand home/national rehabilitation centre social workers and local PSWOs does happen in some individual cases in order to prepare families and supervise children when they return home, this collaboration is often not straightforward. PSWOs report to district authorities and not to the institution from which the children have been reintegrated. Officially PSWOs receive supervision from a senior PSWO at the national-level ministry, however in practice reporting about caseloads is done to the district authorities as PSWOs are very busy carrying out diverse assignments.

Lesson learned

National laws and policies for vulnerable children and alternative care do not appear to include children who are living in detention, who tend to be addressed primarily through juvenile justice policies. However, they have an equal need for and right to family-based alternative care as other children living without family care and they, and their caregivers in homes, should be included in the development and implementation of alternative care policies and guidelines.
3.3 Current reintegration practice at remand homes

Remand homes are child care institutions where children who are suspected of having committed an offence are housed in the pre-trial period. After sentencing, convicted children are moved to Kampiringisa National Rehabilitation Centre, in Mpiги District, to serve their sentence. Currently there are five remand homes in Uganda (four which the DOVCU project are working with Naguru, Mbale, Fort Portal and Gulu, and a newly opened home in Arua), with construction of a sixth remand home in Kabale District to serve the sou

Children and staff in remand homes, and other key stakeholders such as district social workers and NGOs, highlighted important areas for improvement:

• **Most children are supported during care, but want more support at reintegration.** Many children appreciate the support provided by staff in the remand homes and rehabilitation centre, and in many cases there appears to be close relationships between staff and children. Children who have been through the court process and actually placed into detention in particular find that they are well supported. In many cases, children want the support of social workers in the process of family reintegration, but that is often not available.

• **Children who have been detained often face particular risks when returning home that are distinct from those of other children in residential care.** In particular, many children – as well as staff working directly with them – reported that children face severe hostility from parents and their communities of origin. In Retrak Uganda’s experience, children from the streets also often face hostility from their parents and communities of origin, yet for children in remand homes the level of hostility seems to be more severe than that of many other street children. The principal of the national rehabilitation centre mentioned that some children even face the threat of lynching. This highlights the importance of initial close monitoring of rehabilitated children’s safety, and the need to consider placing children who face such hostility into an independent living arrangement. Reasons for this severe hostility are not fully clear but seems to be partly a lack of understanding of adolescent behaviours and breakdown of adult-teen communication, coupled with hostility associated with the crime the child committed and the fear of repeat offending.

• **Remand homes and the national rehabilitation centre are severely understaffed.** Social workers in remand homes and the national rehabilitation centre have a diverse range of training, experience and capacity to support children: ranging from very low to high levels of competency. The care provided to children in remand homes varied widely from committed and dedicated support and creative ways of addressing resource constraints, to disengaged and harmful attitudes and practices relating to children in their care. Whilst many examples were found of social work staff who are very are committed and engaged, understaffing means that it is currently not possible to provide adequate counselling and support to children.
• Lack of clarity and insufficient funding to undertake safe family tracing, preparation and follow-up. Children who are placed in remand homes and especially the national rehabilitation centre are often a long distance from their homes. Many children had previously broken away from their family a long time before being placed in remand homes and may therefore have lost contact with them. Many have troubled relationships with their families and have limited or totally broken contact with their families. This makes it especially important that work is undertaken with the children and family prior to and after family placement. This is complicated since remand homes’ and the national rehabilitation centre’s social workers do not have the mandate for home visits prior to placement. This responsibility lies with district level PSWOs, who may have limited relationships with the children in remand homes. It was found that collaboration between social workers and PSWOs is challenged by decentralisation and different oversight bodies, although in some individual cases, this is improving. In addition, both the remand homes and district officials have very restricted budgets for work with families and little or no time to travel to often distant places with children.

• Remand homes are often excluded from interventions supporting children in other child care institutions, largely run by NGOs. As government institutions, remand homes tend to have more limited access to capacity building and other resources. It is also possible that assumptions about ‘delinquency’ mean that NGOs working with children in institutions are less confident about, or do not realise there is a need for, reintegration from remand homes.

• Age of the children is different in remand homes when compared to other CCIs. Children in remand homes are older (10-18 years old) while the majority of children in other child care institutions are younger. An analysis of alternative care in Uganda\textsuperscript{11} indicates that both CCIs and PSWOs find it more difficult to reintegrate older children. This is particularly seen to be a problem for children who have spent time on the streets.

Lesson learned

Many children are provided with good care within remand homes and the national rehabilitation centre and when they exit to be reintegrated. However there are limitations on this provision due to understaffing and under-resourcing. Limited understanding of reintegration processes and difficult collaboration with other social welfare officials means that vulnerable children may be put at risk when they return home. The special needs of adolescents and the potential for hostility and stigma are not always adequately provided for in the support offered to children being reintegrated from remand homes and the national rehabilitation centre.

\textsuperscript{10} ibid

\textsuperscript{11} Riley, M (2011) Uganda’s National Framework for Alternative Care: Capacity Analysis & Gap Filling Plan
4. Conclusion and Recommendations

Reintegration of children from remand homes and the national rehabilitation centre follows, in theory, the same process as reintegration from other CCIs. Uganda’s Alternative Care Framework, the National Operating Procedures for Youth, Probation and Social Welfare Officers and Retrak’s Family Reintegration SOPs are already in place and should be used as a foundation to guide reintegration from remand homes and the national rehabilitation centre. However, children in these institutions face particular challenges during reintegration and have specific needs that must be addressed if the reintegration is to be a success in the long-term. Currently children’s experiences of care and reintegration vary widely, dependent on the institution and district staff and wider support that is available.

The following are priority areas to be addressed, as identified by this study, if the quality of care and children’s and families’ reintegration experiences are to be standardised and improved.

4.1 Ensure safety during the family placement process

Children and staff in remand homes and the national rehabilitation centre, as well as PSWOs, all expressed a shared and critical concern for the safety of children returning home. A high number of the children face severe hostility from their parents and local community members, and could be in physical danger. There is therefore a need for:

- more intensive preparation of receiving families and communities prior to placement – described by some children currently in remand homes as a need for the families to ‘cool down’ before the child comes home. This includes strategic behaviour change interventions to build an enabling environment at community level and positive and supportive attitudes towards children in contact with the law;

- a process to accompany children when they go home and directly facilitate their reunification;

- provision of very close and regular follow-up support to the child and the receiving family and community from the time of deinstitutionalisation until about three months thereafter (this is suggested to be throughout the first week, then every 2 or 3 days for the next 2 weeks, then weekly for up to 3 months) to monitor the safety and wellbeing of the child and, if there is any sign of danger, intervene for their protection.

Given the lack of data on violence against children reintegrated from remand homes, it is recommended that the monitoring of the reintegration of these children include documentation of children’s fears prior to reintegration, attitudes of parents and community members at the time of reintegration, and the occurrence of any violence against the child after reintegration.
4.2 Tackle the stigma experienced by girls and boys from remand homes

There is a need to raise awareness within communities, not only about the alternative care framework and the importance of family-based options, but also of the particular stigma faced by both girls and boys returning from remand homes. For example, children (in the national rehabilitation centre) reported that they are likely to be ostracised when they return home, with girls often being called prostitutes and accused of having HIV, while boys are called thieves. They are likely to face extreme violence and exclusion from family and community, making it extremely hard to return to school or get an income. These children’s already high levels of vulnerability, together with this further potential exposure to neglect and violence, physically, emotionally and sexually, needs close monitoring and response. Such monitoring should be done sensitively and generally (not alongside reintegration activities) to avoid worsening stigma for individual children.

4.3 Enable routine coordination between remand home and district social welfare staff and other social workers, police and justice staff

There is a particular need to work with social workers and PSWOs, the Child and Family Protection Unit of the police and justice sector staff to ensure wide understanding of the principles of the Alternative Care Framework, the related regulations, and ways of collaborating. In particular, all staff need to understand the regulations relating to which children can be placed in remand homes, and when. Clear routes of communication need to be established to allow staff to work together to protect children from being inappropriately placed in remand homes and to facilitate joined-up care and support when children are leaving care.
4.4 Provide capacity building focused on the parenting of adolescents to remand home staff and to family and community members

Both in the remand home setting and at community level, there is an important need to increase awareness, support, and an enabling environment for positive parenting and disciplining of children, in particular adolescents, which are the largest age group in remand homes. Adolescence is a key developmental stage as children begin to seek their independence, amid physical and hormonal changes. This requires parents to recognise children’s right to take part in decisions that concern them, more so than with younger children for whom the ‘nurturing’ aspects of parenting are key and are often easier for parents to manage. In the initial stages of working with remand homes, Retrak provided training on the particular challenges and opportunities of working with adolescents. This was very much welcomed by the remand home staff. They noted that they often struggle with issues related to fighting and aggression, withdrawn or antisocial behaviour and sexual and reproductive health. Many of the staff had not themselves received such training or support and so they valued the opportunity to practice skills such as intensive counselling, negotiating behaviour and working together to respect rules.

4.5 Provide for children’s vocational and educational needs

Children’s access to meaningful and productive employment or training becomes particularly important for children exiting the remand homes and the national rehabilitation centre. Many of these children may have already chosen not to return to school due to their age and many will already have experienced earning a living, albeit precarious and risky. Ensuring that these vulnerable children have the skills to earn a living is an important factor in empowering and helping them to develop positive relationships within their family and community. Retrak’s experience of reintegration has shown that educational needs are often slow and difficult to improve during reintegration, unless they are specifically addressed. Older children will need appropriate support to navigate both their return to family and community and their journey into independence and adulthood.

4.6 Consider non-family options

When family placements fail, return to remand homes should not be an option. Alternative temporary and long-term care options need to be available. Foster care and adoption become more difficult as children get older. Therefore, finding options to support children for whom there is no feasible family placements will need to be explored in Uganda. The Ugandan Alternative Care Framework has not laid out options for Supported Independent Living. Although the UN Alternative Care Guidelines do mention this form of care, it is quite common for it to be overlooked or not explored deeply in national guidelines. There is a need for Uganda, and other countries, to re-examine options and guidelines for supported independent living, and for service providers to support the development of a range of independent living options for children who are deinstitutionalised from remand homes.

13 Kuligowska, A (2015) Independent Living, Manchester, Retrak
14 Csáky, C (2009), Keeping children out of harmful institutions: why we should be investing in family-based care, London, Save the Children UK
15 Kuligowska, A, op cit