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Using Child Well-Being Assessments to Track Progress in Family-Based Reintegration

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Abstract

Retrak, an international non-governmental organization operating in Africa and Latin America, prioritizes family-based reintegration for children living and working on the streets. Retrak has adopted the use of well-being assessments to monitor the progress of each child through their reintegration journey. This paper reflects upon lessons learned by Retrak and explores the challenges and the benefits of developing a body of evidence on reintegration good practice. Children's well-being assessments have revealed overall improvements during reintegration with some areas such as education and psychosocial well-being being slower to improve. Understanding how well-being changes during reintegration has provided insights to inform program planning and a platform from which to build support for reintegration with donors and policy makers. Recommendations include the need for more organizations to monitor reintegration programs and share results so that methods can be revised and improved. Information gathered through case management systems should be used to ease the monitoring of both changes in children's lives and the quality and effectiveness of reintegration processes. Weaknesses in gathering data through case management systems can be reduced by clear guidelines and triangulation with different methods.

Keywords

Children Reintegration Well-being Monitoring and evaluation

Introduction

The growing global evidence of the potential damage to children due to their separation from their families and by their placement into residential care (Williamson and Greenberg [2010](#)) has led many governments, donors, and charities to push for greater reintegration of children into family homes and communities. Research has clearly demonstrated the impact of inadequate residential care on children, especially for very young children (Johnson et al. [2006](#)). The now well-known studies by the Bucharest Early Intervention Project (e.g. Bakermans-Kranenburg et al. [2011](#); Smyke et al. [2009](#)) have shown the worrying degree to which children can be physically, cognitively, socially, and emotionally harmed. In particular, the lack of a consistent and caring attachment figure, as well as limited wider social and cultural integration, is unlikely to meet children's developmental needs and can leave children with poor emotional functioning and an

inability to form healthy relationships in the future (Bakermans-Kranenburg et al. [2011](#); Johnson et al. [2006](#)).

In 2009, the United Nations welcomed a set of alternative care guidelines (UN [2010](#)) with the aim of encouraging governments to prevent unnecessary separation of children from their families and to reduce residential care and increase reintegration and alternative care options. These guidelines have been followed by many national guidelines and policies with a similar focus (e.g., Republic of Kenya [2014](#); Federal Democratic Republic of Ethiopia [2009](#)). While these policy-level documents have served to push the agenda forward, there remains a lack of practical guidance and evidence of best practice. The reviews of evidence undertaken in preparation for the US Government *Evidence Summit on Protecting Children Outside of Family Care* held in 2011, have highlighted many limitations (Maholmes et al. [2012](#)). These limitations include evidence which is focused on single vulnerability categories such as child soldiers (e.g., Boothby et al. [2006](#); Betancourt et al. [2008](#)), is focused on high income countries (Coren et al. [2013](#); Fluke et al. [2012](#)) or remains as gray literature published by non-governmental organizations (NGOs) (e.g., Terre des homes [2009](#), Schrader McMillan and Herrera [2014](#) and Ager et al. [2012](#)). There is little evidence of children's experiences post placement and the long-term impact of reintegration (Ager et al. [2012](#); Fluke et al. [2012](#); Wedge [2013](#)). Furthermore, children living on the streets are often overlooked in reintegration programs and research as they are seen as too difficult to work with due to their perceived negative experiences and behaviors (Smith and Wakia [2012](#)).

Retrak is an international NGO with a vision of no child being forced to live on the streets. Retrak has its headquarters in the UK and operates directly or through partnerships in Brazil, Democratic Republic of Congo, Ethiopia, Kenya, Malawi, and Uganda. A key part of Retrak's strategy is providing children with alternatives to street life primarily through family-based reintegration, alongside the alternatives of foster care and supported independent living. Retrak's work began in Uganda in response to a large number of children on the streets in Kampala and has expanded to other countries in the region in response to the needs of children and at the invitation of local organizations. It recently began working with a partner in Brazil where there was a desire to learn from the African experience of family-based reintegration.

In response to the lack of guidance and evidence surrounding the reintegration of children from the streets, Retrak has developed standard operating procedures (SOPs) and an accompanying case management toolkit, which includes adapted child well-being assessments. Retrak has used the results of these well-being assessments, combined with other evaluation techniques, to gain a better understanding of the impact of its reintegration programs. Retrak's SOPs for family reintegration build on the UN Alternative Care Guidelines (UN [2010](#)) and wider research to propose step-by-step guidelines for helping children return from the streets to their families. These SOPs were published in 2013 alongside results from an initial 2-year period of monitoring children's well-being during their reintegration journey (Corcoran and Wakia [2013](#); Retrak [2013](#)). Since then, Retrak has continued to use the SOPs to directly implement projects and with partner organizations to monitor children's well-being and to look for ways to better understand and evidence children's journeys off the streets.

Retrak has implemented these SOPs in projects in Ethiopia and Uganda with children who have lived on the streets and has provided training and guidance to partners across Eastern and Southern Africa. Requests to share the SOPs and the accompanying training and monitoring materials have been received from across the globe for use with varied groups of children separated from their family. The feedback from those trained and the wider interest in learning more about family-based reintegration demonstrates that there is a desire for guidance and a need for tools to build capacity and track the progress of children's reintegration.

This paper is a reflection on the lessons learned from Retrak's monitoring and evaluation of family-based reintegration over the last 4 years and what the challenges are for continuing to build evidence of good practice and success in this area. This paper will focus on Retrak's work in Ethiopia, one of Retrak's largest projects, where most work has been done to evaluate and improve reintegration practice.

Family Reintegration

Retrak's model for enabling children to return to safe and caring families is centered on family-based reintegration: defined as the process through which a child is returned back to their immediate or extended family (either where they lived before or with another family member), and is able to reintegrate into family and community life where they receive the necessary care and protection to grow, develop, and reach their potential. Retrak treats this form of reintegration with biological family members separately from foster care and other forms of alternative care.

Children end up on the streets for many and varied reasons. In Retrak's and others' experience, poverty and marginalization are underlying reasons, usually aggravated by a breakdown of family relationships leading to the neglect and/or abuse of children (Csáky [2009](#); Smith and Wakia [2012](#); Thomas de Benítez [2011](#)). Therefore, for family-based reintegration to be successful, it is important to address not only the child's experiences on the streets but also their family's situation.

Retrak's SOPs recognize that reintegration is often a long and complex journey for both the child and their family and community. Support is needed to help children and their families to overcome the challenges from the past and to build on strengths and assets in order to succeed in the future. The SOPs (Retrak [2013](#)) set out the key steps in the reintegration process as:

- Building trusting relationships with children and working with them individually to determine their best interests;
- Assessing the family's situation, providing support, and building understanding of the child's experiences;
- Supporting the child and family through placement;
- Regularly following-up and assessing needs and wellbeing, and taking swift action if a child is at risk; and
- Gradually phasing out support.

Across the steps in Retrak's SOPs, there are recommendations to interweave support to meet both children's and families' needs. This includes psychosocial support to prepare

both child and family for the transition ahead. In addition, the SOPs highlight that children often need support to return to school or move into skills training and age-appropriate work. Caregivers may need to receive business and parenting skills training and guidance, to ensure they can provide financially for children's needs and create a safe and caring home. Direct financial support to families assessed to be in need can be provided through payment of school fees, provision of goods (including clothing, bedding and school materials), and access to small grants to develop income generating activities such as small-scale trading.

Follow-up support allows for continued monitoring and assessment of placements to ensure they remain the children's best interests. This is provided by Retrak during the initial 6 months, both through visits and phone calls, and may be continued for longer as necessary. Additional support can be provided by local formal and informal child protection and family support structures, such as government social worker, community leaders, or religious groups. One of the key challenges to family-based reintegration is dealing with families who are dispersed over a large geographic area, which can limit regular monitoring in person, especially when resources are limited. In such circumstances, follow-up may need to be provided more by local stakeholders or remotely over the phone. This geographic dispersal is often the case for programs targeting children living on the streets of large cities, where children have gone through a series of migrations via other smaller towns (Van Blerk [2005](#)).

Methodology

Well-Being Assessments

As part of its SOPs, Retrak developed a case management toolkit to guide social workers in their decision-making process and to ensure each step of the process was adequately documented. It was also intended that this information would also be useful in assessing the changes in children's lives as they progress through the reintegration process, thus providing a means to determine program performance which could inform planning.

Although some tools are available to assess children's needs, there were no clear tools available to monitor reintegration in an easy and cost-effective way (Ager et al. [2012](#)). Therefore, Retrak decided to look for a way to monitor children's wellbeing, which had already been outlined as the intended outcome in Retrak's overarching model (Retrak [2011](#)). Since many factors combine to push children to the streets, a successful reintegration process must also consider these multiple influences. Well-being is intrinsically multidimensional, with changes in one area of well-being automatically impacting on other areas (Ayala et al. [2011](#); Barnes et al. [2009](#); Barrientos and Lasso de la Vega [2011](#); Noble et al. [2006](#); [2007](#)). Therefore, monitoring multidimensional well-being would also reflect the complexity of the reintegration process, which affects all areas of a child's life, from the place where they live and go to school, to the friends they leave behind and the sense of belonging in a community which may now feel unfamiliar and potentially unwelcoming.

Several tools were considered that cover multiple aspects of children’s lives, but social work staff at Retrak felt the Child Status Index was user-friendly, the easiest to adapt and allowed all the key areas of well-being to be assessed through a process that could be integrated into their case management toolkit. The Child Status Index was developed by Measure Evaluation with the US Government’s President’s Emergency Plan for AIDS Relief (PEPFAR) funding and was originally designed to track the well-being of children made vulnerable by HIV/AIDS (O’Donnell et al. [2013](#)). It was intended to be low cost and accessible to community workers with low literacy levels. In its early development the tool was verified for inter-rater reliability and construct validity, and since then, further studies have demonstrated consistency with child self-reports (O’Donnell et al. [2013](#)).

In 2011, shortly after Retrak began using the tool, Measure Evaluation undertook an evaluation to understand how the Child Status Index should be best used based on the diverse experiences of the user since the tool was designed. This led to recommendations that the tool should be used primarily for case management, in order to guide decision-making about services needed by an individual child or household. It was highlighted that it could also be useful for monitoring and program planning by tracking levels of needs and services provided in a local area (Measure Evaluation [2012](#)). It was noted that although the tool was designed for use globally, that it must be contextualized and incorporate local norms. This means that comparison of well-being scores or use in targeting services beyond a local area is not recommended. The evaluation also highlighted that the quality of results also relies on assessors having a shared understanding of child well-being in their local context, achieved through adequate training, mentoring, and discussion (Measure Evaluation [2012](#)).

Given these findings, Retrak provided clear guidance on the use of the Child Status Index within Retrak programs, as well as ensuring all staff were adequately trained and had opportunities for reflection and discussion on the use of the tool. Furthermore, within Retrak’s programs, assessments using the Child Status Index within the reintegration process were undertaken by professional social work staff, not community volunteers for whom the original tool was designed, and usually by two staff together or in a group setting such as a child care review meeting. Finally, since the results of Child Status Index assessments are always context specific, when analyzing results for program monitoring purposes only results from children in the same programs were combined. Results were not compared across program locations.

The Child Status Index covers 12 areas of well-being as shown in Table [1](#). Each area of well-being has a measurable goal, accompanied by definitions for four scores ranked from *good* to *fair*, *bad* and *very bad*. A child scoring *bad* or *very bad* is at risk and immediate action should be taken.

Table 1

Child Status Index domain goals adapted from O’Donnell et al. ([2013](#))

Domain	Subdomain	Goal
1. Food and nutrition	1a. Food security	Child has sufficient food to eat at all times of the year.

Domain	Subdomain	Goal
	1b. Nutrition and growth	Child is growing well compared to others of his/her age in the community.
2. Shelter and care	2a. Shelter	Child has stable shelter that is adequate, dry, and safe.
	2b. Care	Child has at least one adult (age 18 or over) who provides consistent care, attention, and support.
3. Protection	3a. Abuse and exploitation	Child is safe from any abuse, neglect, or exploitation.
	3b. Legal protection	Child has access to legal protection services as needed.
4. Health	4a. Wellness	Child is physically healthy.
	4b. Healthcare services	Child can access health care services, including medical treatment when ill and preventive care.
5. Psychosocial	5a. Emotional health	Child is happy and content with a generally positive mood and hopeful outlook.
	5b. Social behavior	Child is cooperative and enjoys participating in activities with adults and other children.
6. Education	6a. Education performance	Child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.
	6b. Education access	Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.

An assessment is based on information gathered through an informal interaction with the child and their family and friends, and not through a formally structured interview. Through general conversation, some specific open-ended questions, and observation, an assessor is able to obtain the necessary information. With such information the assessor then proceeds to use their judgment of the child's situation within the local context to allocate a score for each of the 12 areas of wellbeing.

In line with the UN Guidelines on Alternative Care, this form of assessment allows the child to directly participate in the decision-making process regarding their care (UN [2010](#)). Familiarity with the child and a relationship of trust can create an opportunity for a child to provide insights even on sensitive areas such as abuse or emotional health. The combination of sourcing information through talking to the child and those around them,

along with observation of the living environment and behavior of the child and family members, increases the reliability of the results.

At Retrak, the well-being assessments begin when a child first enters Retrak's care, usually as part of an initial one-to-one counseling session during the child's first week at a transition center. For comparison purposes, the first assessment reflects the child's situation on the streets so it can be used as a baseline. Once as the child begins the process to return home, further assessments are taken. Firstly, an assessment is undertaken at placement, during the child's initial return home. This assessment allows the social worker to judge that the placement is still in the child's best interests and to identify any immediate action needed to ensure the family is adequately supported. Subsequent assessments are undertaken during each follow-up intervention and form part of the decision-making process to determine whether future follow-up is needed, when and in what format.

Recently, Retrak has also started using well-being assessments as part of Child Care Reviews for children in transition centers. These are usually undertaken every 2 months for the duration of a child's stay. Data from these assessments are not included here as such assessments are only available for those children who have stayed at Retrak's centers since late 2013.

Sampling

Monitoring the well-being of children who have lived on the streets is complicated due to the mobile and hard-to-reach nature of these children's lives (Fluke et al. [2012](#); Hatløy and Huser [2005](#)). Programs for such vulnerable children often experience high attrition rates and have to deal with families with a variety of needs and, as mentioned, over widely dispersed areas (Ager et al. [2012](#); Coren et al. [2013](#); Fluke et al. [2012](#)). Such complications have particular consequences for program monitoring when data collection is part of the case management system, as in the case of Retrak's well-being assessments. Nonetheless, data drawn from case management processes can be valuable, although few studies adopt this approach (Ager et al. [2010](#), [2012](#)).

Retrak's programs are flexible, allowing interventions to be tailored to each child's and family's individual needs. Unlike a community household survey, for instance, which can take place at regular intervals separately from program activities, the data gathered through a case management system varies in frequency and in completeness depending on program interaction. Within Retrak's programs, children may stay in transition centers for varying lengths of time, with some returning home quickly in a few days. A few children will begin the reintegration process but not complete it. In some cases, parents come to collect their children so no placement visit in the home takes place. Most flexible of all is the amount, frequency, and format of follow-up interventions. Some children and families receive only one or two follow-up interventions, which may be spread out over several months; others require an intense period straight after placement and fewer later on, and others again require follow-up for several years.

Between October 2011, when Retrak began using well-being assessments, and December 2014, 431 children were reintegrated from Retrak's center in Addis Ababa. Of these children, 82 % had a baseline assessment when they entered the transition center; 69 % also had a placement assessment, but only 16 % also had one or more follow-up assessments. Very few of these follow-up assessments took place 6 months after the child returned home due to a determination by social workers to phase out support. Therefore, the children who have assessments at baseline, placement, and follow-up are not a random sample, but rather a reflection of both the children's decisions to move forward and the decisions made by social workers as to the nature of support needed by the child and his/her family.

Retrak's projects reach out to children in particular areas of each city, based on need assessments and the experience of outreach staff. For example, in Addis Ababa an initial analysis of the situation (Crewes [2006](#)) and a street headcount (UNICEF et al. [2010](#)) led to Retrak targeting boys who live on the streets and can often be found around the bus station where many children first arrive or find work. This specific focus means that the children whom Retrak supports are not necessarily representative of the wider street population. There is also a self-selection process since children access services at the transition centers through their own choice, and they will continue to be very active in deciding how and when each step of the reintegration process happens. The nature of Retrak's programs, from targeting of street outreach, through children's choice to join transition centers and the child-centered nature of the reintegration process, means that the results in this study cannot be applied to children more broadly. Nonetheless, the results are useful in providing insights into children's well-being as they progress through a reintegration program in order to inform service provision.

Data Analysis

The data from well-being assessments are collected regularly from each program in an Excel spreadsheet and are then cleaned and checked for completeness (requirement of child's ID, age, region of origin, date of assessment and type of assessment, and at least nine scores of the well-being indicators out of the possible 12). Children with multiple assessments at the different reintegration journey points (on the streets, placement, and follow-up interventions) are then identified. As explained above, some children may not have completed all the steps in the reintegration process and some assessments, especially at follow-up, may have been missed due to timing or format of interventions.

Well-being data is then analyzed by plotting levels of well-being on spider diagrams. These spider diagrams show all 12 well-being goals on different axes that share a common origin. Each axis shows the percentage for each score of *very bad*, *bad*, *fair* and *good*, with a line drawn to connect each score on every axis. The resulting polygons reflect the cumulative percentage of children with that score and the scores below it. Spider diagrams were chosen to visualize well-being data as they create a multidimensional snapshot of children's wellbeing. Each well-being goal is still individually visible on each axis. While the polygons pull all the goals together to give a sense of the overall wellbeing. When viewed together a series of spider diagrams for each step in the reintegration process can highlight the trends in well-being during that journey (see Fig. [1](#)).

[Open image in new window](#)

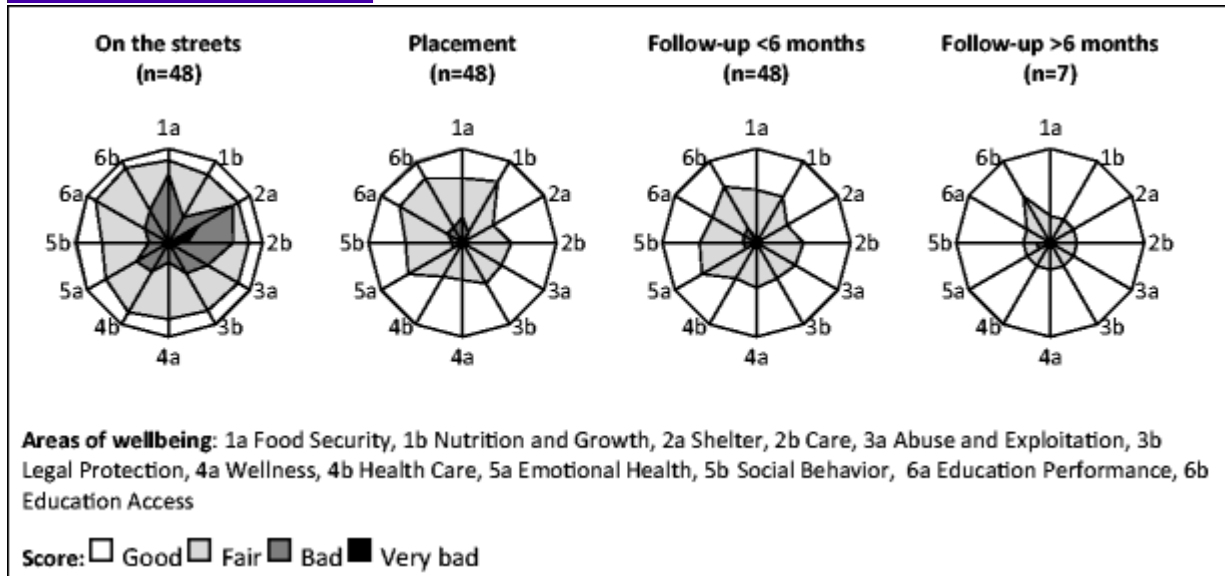


Fig. 1

Spider plots showing changes in well-being by Retrak Journey in Ethiopia 2011–2012

Ethics

Confidentiality and anonymity is always maintained when using information from case management records for program monitoring purposes, in line with Retrak’s Child Protection and Vulnerable Adults Policies. Paper records of the well-being assessments, completed by social workers, are kept in the children’s files in locked cabinets. When data is shared for analysis the child’s ID number is the only identifying information (beyond age, gender and town of origin). The use of Child Status Index as a measure of well-being is in line with government policies for vulnerable children (e.g., Ministry of Gender Labour and Social Development [2011](#); Federal Democratic Republic of Ethiopia et al. [2010](#)) and Retrak has made appropriate authorities aware of its use of this tool.

Findings

This section considers findings from the analysis of data gathered from case management records for children who accessed Retrak services in Addis Ababa and went on to return to the care of their families across Ethiopia, between October 2011 and December 2014 (Fig. 1). Children were only included if they had a baseline assessment on the streets, a placement assessment and a follow-up assessment with 6 months of placement. A few children also had follow-up assessments more than 6 months after placement if a longer period of support and monitoring was deemed necessary.

The first spider diagram in Fig. 1 highlights the high levels of risk (*bad* or *very bad*) for children on the streets. In Addis Ababa, the highest levels of risk are in the areas of food (1a), shelter (2a), and care (2b) with 70 % or more of children being at risk in these areas. The lowest levels of risk are found in the areas of social behavior (5b) and wellness (4a), affecting around 20 % of children. Thirty to fifty percent of children are at risk in the remaining areas of well-being.

When children are placed in the care of their families, the level of risk decreases. Only 20–30 % of children experience medium risk (bad) in the areas of education performance and access (6a, b) and food (1a), and a smaller proportion (less than 15 %) experience risk in a few other areas. The only high-level risk (very bad) is reported for education performance and access (6a, b).

As children's placements progress, the level of good well-being improves. At the 6-month point, risk has almost completely disappeared, with a small proportion (less than 20 %) still experiencing challenges in relation to social and emotion health (5a, b) and education performance and access (6a, b). The number of children being followed-up beyond 6 months decreases: thus reducing the sample size to just seven children, those still needing support (final spider diagram in Fig. 1). Well-being overall has improved at this point, with assessments only showing minimal risk in the areas of social and emotion health (5a, b). When compared to the other areas of well-being, it is clear that access to and performance in education continues to be an area of struggle for children during reintegration. Only 10 % of children are regularly attending school 6 months after placement (good/green), with a further 50 % attending irregularly. Social and emotional well-being is also slow to improve during reintegration.

Discussion

The assessments of children's well-being while they are on the streets clearly reflect the dangers they are experiencing every day. Children on the streets have limited care and protection and are struggling to meet their basic needs (Schimmel [2006](#); Van Blerk [2013](#)). However, the low level of risk in social behavior reflect the strong peer dynamics found on the streets. Children often form close friendships and networks which are key to survival and emotional support (Beazley [2003](#); Davies [2008](#)).

Once children return to family care, their well-being overall improves. However, there is a persistence of risk in the area of education. At placement, the risk reflects the difficulty children face returning to school. In Ethiopia, re-entering school mainly happens in September at the beginning of the academic year. It is difficult for children to join at other points. The continued risk in the area of education recorded during follow-up, of 60 % of children attending consistently or irregularly, is similar to the national net attendance rate for primary school of 65 %, defined as children who have attended formal academic school at some point during the school year (CSA & ICF [2012](#)). Despite increased investment in education by the Ethiopian government over the last 20 years (EMOE [2010](#)), primary school attendance continues to be a challenge for many children. Children on the streets often give an inability to attend school as a reason for coming to the streets (Wakia [2010](#)), a situation which can be difficult to change when they return home.

Acceptance by family and community members is key to enabling a child to build positive relationships and self-esteem as they settle back at home. The slow improvement recorded by this study in social and emotional well-being demonstrates that stigma towards children from the streets can be hard to overcome. The negative perception of children from the streets can be especially hard to surmount if it is combined with other hurdles such as addictions, ties to their peers on the street, and "identities of exclusion" due to street

experiences (Corcoran [2015](#); Karabanow [2004](#), [2008](#)). Other groups of children, such as those associated with armed groups or affected by sexual exploitation, have also been shown to struggle with stigma and acceptance when they are returning home (e.g., Betancourt et al. [2010](#); Wedge [2013](#)).

Limitations

As noted above, there is a non-random, self-selection process at play in gathering well-being data through a case management process. Not all children at Retrak's centers are included in all stages of the assessments. In addition, there is no comparison group. Furthermore, within a reintegration process there are many factors at play at a family and community level which impact a child's situation. While Retrak has facilitated children's journeys away from the streets, the resulting changes in well-being are not solely attributable to Retrak's reintegration programs. Indeed, Retrak encourages children and their families to seek support amongst their peers and within their communities as this is key to their long-term success.

The child well-being assessments in this study are informed by conversations with the child and family members; however, the allocation of scores relies on the judgment of the person undertaking the assessment. This person must interpret the situation, within its socioeconomic and cultural context, in order to decide on a score. Therefore, this process is subjective and open to bias. Recognizing this potential weakness, Retrak has put in place several measures to minimize bias as described above.

Child well-being assessments, like those in this study, are not the ideal tool for tracking changes in children's lives during reintegration. They are essentially a case management tool, as well as being context-specific and relying heavily on individual judgment. There are also other areas which could be monitored to understand the impact of reintegration on children and their families, especially how well children themselves feel they are accepted and integrated into their family and community. Currently, no other low-cost and accessible tools are available.

Policy and Practice Implications

Due to the complexities of reintegration programs for children separated from their family, such as those living on the streets, it is essential that implementers are able to monitor the progress of children and their families in order to inform policy and practice. There is increasing interest in generating evidence in this area, yet very few easy-to-use and cost-efficient tools exist to help small organizations collect regular monitoring information. Retrak's use of child well-being assessments has highlighted one option to track children's well-being as they move away from the streets and return to home. The availability of this information has allowed Retrak to review its programs, often in combination with information gathered through other means, such as beneficiary focus group discussions, case studies and surveys (Retrak [2014](#); Retrak [2015](#)).

Findings from the last 4 years demonstrate that family-based reintegration can bring about overall improvements in wellbeing, while also highlighting that some areas of well-being may be slower to change. It is clear that support for reintegration must be long-term.

Changes at the family level which can support children's well-being take time, such as the development of income-generating activities or improvements in parenting skills. Therefore, Retrak is reviewing its financial support to families and using innovative means to deliver training such as through solar-powered digital audio players. Findings have also shown that children themselves also need time to settle socially and emotionally after returning home, especially if they are faced with building broken relationships with family members or with dealing with hostility from their community. In response, Retrak is building closer working relationships with local authorities and local leaders who can provide more regular monitoring and hosting community education workshops to improve understanding of street life.

In addition to helping Retrak adjust its own programs, demonstrating the impact of reintegration has provided a platform for Retrak to engage with donors and policy makers—locally, nationally and internationally—to build support for reintegration work. For instance, the combination of SOPs and the documentation of changes in well-being have, in part, helped to build Retrak's reputation with the Government of Uganda and other key stakeholders, leading to the formal adoption of Retrak's SOPs for the deinstitutionalization of children from the justice system, many of whom were rounded-up from the streets.

Given the widespread lack of evidence and documentation regarding processes and impact of reintegration programs, especially for children who have lived on the streets, it is essential that more organizations monitor their work and share the results. While there may be monitoring of reintegration happening, as with much of the child protection sector, very little practice is being documented, refined and shared (Ager et al. [2010](#)). Retrak's experience has shown that it is possible to generate useful information about children's reintegration journeys through simple and low-cost tools embedded in a case management system. By using and sharing the results Retrak has been able to engage in discussions internally and externally which have led to improvements in both the practice and monitoring of reintegration programs. To aid this process of revision and improvement, further opportunities should be created for non-governmental organizations to have their research evaluated, such as through assessments against agreed standards (e.g., Bond's evidence principles¹) or via peer review (e.g., CP MERG's peer review process²).

Many stakeholders involved in reintegration struggle to adequately resource monitoring and evaluation activities (Wedge [2013](#); ITAD [2014](#)). Therefore, it is recommended that innovative ways be sought to capitalize on information that can be gathered through case management systems. But utilizing a process which is already ongoing it is possible to avoid monitoring activities being seen as an additional burden and low priority. In addition, the use of case management tools allows tracking of both changes in children's lives, such as well-being, and the process itself. Questions need to keep being asked about the quality and effectiveness of reintegration programs, and why for some children and families the support on offer is not able to meet their needs and help them stay at home together.

Despite these advantages, it is also important to recognize the limitations of case management systems, such as restrictions on sampling or frequency of data collection points, and seek ways around these. There is a need for guidance on how to aggregate data from

case management systems, along with how to undertake quality checks and ensure usability in program decision-making (Ager et al. [2010](#)). Combining case management monitoring with other methods, especially qualitative and participatory methodologies, to allow triangulation would further strengthen the evidence base.

Finally, there is a great need for longitudinal assessments of children's progress during and after reintegration programs (Wedge [2013](#)). Such assessments should include children who have reintegrated by themselves or who have returned to the streets or moved away from home in another way.

Footnotes

[1](#) Bond is a UK membership body for organizations working in international development. As part of a focus on effectiveness and transparency, Evidence Principles have been developed as a checklist for assessing and improving the quality of evidence in NGOs' evaluations, research reports and case studies (further information at www.bond.org.uk).

[2](#). The Child Protection Monitoring and Evaluation Reference Group (CP MERG) was established in 2010 to provide a space for collaboration and learning on child protection monitoring, evaluation and research. The group offers a peer review service for new tools, methodologies and learning products with the aim of improving standards and promoting high quality products (further information at www.cpmerg.org).

Notes

Compliance with Ethical Standards

Ethics

Confidentially and anonymity is always maintained when using information from case management records for program monitoring purposes, in line with Retrak's Child Protection and Vulnerable Adults Policies. Paper records of the well-being assessments, completed by social workers, are kept in the children's files in locked cabinets. When data is shared for analysis the child's ID number is the only identifying information (beyond age, gender and town of origin). The use of Child Status Index as a measure of well-being is in line with government policies for vulnerable children (e.g., Ministry of Gender Labour and Social Development [2011](#); Federal Democratic Republic of Ethiopia et al. [2010](#)) and Retrak has made appropriate authorities aware of its use of this tool.

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