

Community Based Care for Separated Children

by David K. Tolfree



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- *a world which respects and values each child*
- *a world which listens to children and learns*
- *a world where all children have hope and opportunity*

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Foreword

All over the world, children are separated from their parents, caretakers and communities due to - among other things - armed conflict, natural disasters, pandemics and various forms of exploitation and abuse. The prevailing response to those who cannot return to their family and/or place of origin by authorities and aid agencies has been some kind of residential care. In this report from Save the Children Sweden, the shortcomings of this model are discussed in relation to community based care approaches, e.g. (extended) family and foster home solutions for separated children. It identifies a series of critical issues for those who wish to promote and protect the best interest of the separated child.

Executive Summary

Research has clearly established that institutional forms of care for children can often have a serious and negative impact on children's development and on children's rights. Partly in response to this, recent years have seen an increasing emphasis on the development of community-based approaches, both to prevent separation, and to ensure that children who lose, or become separated from their own families, can have the benefits of normal family life within the community.

This paper offers a ten-point analysis of the typical negative features of institutional care, indicating how these impact both on child development and on children's rights. These are illustrated from the research, mainly in the words used by children themselves. These include the segregation, discrimination and isolation that institutionalised children often experience; the fact that admission is often based on the needs of parents, not the interests of children; the lack of personal care and stimulation; the lack of opportunities to learn about the roles of adults; the high risk of institutional abuse; the lack of attention to specific psychological needs; and finally, reflecting all of these features, the fact that institutionalised children often experience problems in adjusting to life outside of the institution.

The paper looks at community-based care first under the heading of preventive approaches which aim to avoid the unnecessary separation of children from their families. It then looks at alternative care strategies: in the light of anthropological knowledge about traditional patterns of fostering, it is pointed out that some traditional forms of substitute family care are not based on the best interests of the child and may both have a negative impact on child development and infringe children's rights. It suggests that fostering programmes need to be firmly embedded in the local community and supported by an agency with a solid knowledge of child development and child rights. The preparation of the foster family (including other children and the extended family) and the active participation of the child are important aspects of good practice. The issue of monitoring and support to fostered children and their carers is a difficult and vital programme component in ensuring that children's rights are protected. In emergency situations, the capacity of the community to exercise ownership of separated children may be limited: this may call for an initial period of agency support coupled with a long-term community-mobilisation approach to facilitate the gradual community assumption of responsibility for separated children.

Despite these difficulties, community-based care is likely to be a more appropriate and a more cost-effective response than residential forms of care. However, there may be a few circumstances under which residential care may be preferred in meeting specific objectives, and in others there may be little choice. But the dangers in reproducing some of the damaging effects of institutional care are great.

The paper concludes with some pointers towards the need for further research, and identifies the need to place much more emphasis on what children themselves have to say in research, in policy formulation and in developing good practice.

I. Introduction

A distinction is sometimes made between “institutional” or “residential” care² on the one hand, and “community” care on the other. Although it is quite possible for residential care to be firmly rooted within the community (there have been various experiments in small, family-like groups of children living in children’s homes within the local community) these are very much the exception to the rule. In the vast majority of cases, institutional care involves large numbers of children living in an artificial setting which effectively detaches them not only from their own immediate and extended family and from their community of origin, but also from meaningful interaction with the community in which the institution is located. The long-term effects of this on children’s development can be profound - hence the importance of preventing separation and the search to devise, develop and promote community-based forms of care for separated children. Such an approach is not straightforward, however, and in the research into the Care and Protection of Separated Children in Emergencies (CPSC) it has been revealed that community-based forms of care can also seriously infringe the right to development of potentially vulnerable children.

This paper begins with an overview of the empirical evidence about the impact of institutional forms of care on children: this is based on a review of the literature, and is illustrated, as far as possible, by the voices of young people who have experienced residential forms of care. It continues with an analytical description of community-based care: as well as considering the advantages of child care in the community, there will be a discussion of some of the constraints and difficulties, and some conclusions will be drawn concerning the safeguards required to ensure that children’s rights are respected. The paper will then consider whether there are some situations in which institutional forms of care are either appropriate or unavoidable, and finally some unresolved questions will be posed.

² These two terms are used interchangeably

2. *The Impact of Institutional Care on Children*

The research literature on residential care provides a high degree of convergence on the principal disadvantages and negative impacts of residential care. Significantly, there is virtually no empirical evidence to contradict these findings. At the worst end of the spectrum, serious violations of children's rights are found, whether in the form of systematic sexual abuse, exploitation, life-threateningly poor nutrition, hygiene and health care, educational deprivation or strict, regimented and harsh discipline. At the more positive end of the spectrum, physical conditions may be good, the standard of education may be excellent but a number of problems are almost inevitably associated with residential forms of care. The table overleaf depicts some of these, with illustrations drawn mainly from children themselves. Age is a key variable: the research evidence strongly suggests that the experience of institutional care is most psychologically damaging for children aged under 5 or 6 years. Personality and individual characteristics are also important variables; gender appears not to be a significant variable³. None of the features of institutions in the table is invariably present but the research suggests that it is extremely rare to find any residential institution for children which fully respects children's rights and which offers adequate conditions for child development. *See figure*

If these are not sufficient reasons for seeking community-based alternatives, issues of costs and sustainability provide an added and compelling argument. Not only is residential care a much more expensive⁴ way of meeting children's needs than either supporting the child in his or her own family, or by providing family-based care in the community: residential centres tend also to act as magnets for resources because of their high visibility and donor-appeal. As a response to the huge problem of children rendered homeless by HIV/AIDS, for example, residential care is patently unaffordable and unsustainable: it is estimated that by 2010 there will be 13 million children who will have lost one or both parents to AIDS, 95% of these in Africa. It is inconceivable that residential care could provide a solution to a problem on this scale.

³ Gender differences have been less extensively researched than age

⁴ It has been estimated that residential costs between 5 and 10 times more than foster care

Institutional Characteristic	Relevant Articles from the CRC	Examples of Child Development Impact	Illustration
1. Institutions tend to segregate children leading to a powerful sense of discrimination and stigma	The Principle of non-discrimination (Article 2)	Stigma and discrimination have a powerful effect on the growing child's identity and self-esteem	<i>"We always felt humiliated because of living in the home". "They would always treat us like orphans"</i>
2. The placement of the child in an institution is frequently driven by the wishes of the family, not the best interests of the child	The principle of the child's best interests (3)	Placement in an institution may be perceived by the child as a form of rejection by the family, resulting in feelings of abandonment and loss of self-esteem	<i>"Admission was sought partly because their children were assured of a good diet and access to a quality of education unavailable in refugee camps"</i>
3. Even if the child has one or both parents, the evidence suggests that contact with parents and the wider family decays over time	The right to maintain contact with both parents on a regular basis (9.3). The right to preserve his or her identity (8) and to family reunification (10)	Loss of personal and family identity, of a sense of belonging to a community and consequent loss of support networks for the future	<i>"I felt I needed my family, even though I always had other people around me". "We didn't have any relatives visit"</i>
4. The lack of individual and personal care, attention and affection, with institutional needs taking precedence over those of individual children	The right to grow up in an atmosphere of happiness, love and understanding (Preamble). The right to express an opinion (12)	Opportunities for attachment and for reasonably continuous relationships with parental figures are fundamental to child development, especially in the early years.	<i>"We never had any affection; we had all the material things - a bed, food, clothing - but we never had love"</i>
5. Many institutions do not provide adequate stimulation and purposeful activity for children	The right of leisure, play and recreational activities appropriate to the age of the child (31)	Stimulation is vital for the development of motor skills, intellectual capacity and social skills. Deprivation can have profound and long-term effects	<i>"It was like a prison". "The babies... were left in their cots most of the day"</i>
6. Children who grow up in institutions may be denied opportunities to learn about the roles of adults within the particular culture	The child should be fully prepared to live an individual life in society (Preamble)	Childhood experiences are partly aimed at equipping the child with the knowledge and skills required of adulthood	<i>"I have no idea what it is like to live in a family" "We called the director 'Daddy'... but he really had little time for us"</i>
7. Institutions frequently provide little or no opportunity for mixing with children outside of the institution	The right of freedom of association (15)	A variety of peer-group relationships and exposure to "normal" family life are important for children's development	<i>"A large children's village... has the appearance of a homely fortress surrounded by a high barbed-wire fence"</i>
8. Child abuse of various kinds is common in institutions – even in well-resourced institutions in the industrialised nations – and often persists for years without being revealed to the outside world	The right of protection from all forms of abuse and neglect (19) and from sexual exploitation (34)	Child abuse has been demonstrated to have a devastating impact on children's development and well-being, often with long-term implications	<i>"They would beat us even with the iron, with no clothes on" "The priest...started to touch my stomach and private parts... Several others said he had sexually abused them"</i>
9. Residential institutions often fail to respond adequately to the psychological needs of children	The right to rehabilitative care (39) which specifically includes recovery from the effects of armed conflict	Experiences such as separation, loss and exposure to frightening events can have a seriously negative impact on children's development	<i>"They told me I should try to forget every-thing. And I told them 'How can I forget this? Could you forget your own child's death?'"</i>
10. Many institutionalised children experience considerable problems in adjusting to life outside the institution. Many end up in prisons or psychiatric institutions	The right to assistance to enable the child to fully assume his or her responsibilities within the community (Preamble and 18)	Institutions tend to encourage dependence and discourage children from thinking and solving problems themselves, leaving them ill-equipped to live independently	<i>"They don't give proper tools to survive in society" "They throw you out into society with no kind of structure to survive"</i>

3. Community-Based Care

Community-based care may be defined as a range of approaches which are designed to enable children either to remain with their own (or extended) families and to prevent the need for separation, or to be placed with an alternative family, if possible within his or her community.

3.1 Preventive Approaches

Research demonstrates that the vast majority of children in institutional care do have families, and that the reasons for admission are more to do with family poverty and the availability of residential care than unavoidable separation. Many admissions could be prevented if the family received even minimal support. There are many possible components to a preventive strategy, depending on an assessment within the particular context: the following is intended as an illustration of some of the possible components of a preventive approach:

- Material support to families, e.g. in the form of loans for micro-enterprise, support to set up work cooperatives etc., possibly coupled with vocational training.
- The provision of day-care facilities – both to promote child development and to enable parents to work. Children with disabilities may particularly benefit from day care.
- The provision of clubs or other facilities for children to receive social, cultural, educational and recreational opportunities.
- Sexual health education and programmes designed to reduce unwanted pregnancies.
- Resources targeting single mothers or other families who are likely to place their children in residential care: programmes might include training in child care, job training, counselling etc.
- Educational support (e.g. the payment of school fees or the provision of school materials).
- Advocacy and legal support – for example, in obtaining birth certificates for children, securing school access or obtaining specific resources for children with a disability.
- Community awareness-raising and education – for example, in child rights and children's needs, and specifically in the importance of family- and community-based care.
- Programmes to assist and support parents caring for a child with a disability.

One factor to be considered is the sustainability of such interventions, especially if there are long-term revenue implications. In this context, for example, the provision of loans for micro-enterprise may be considered as more sustainable than any form of welfare benefits. On the other hand, where children are being cared for within the extended family, and in other situations where the child is in danger of being placed in an institution, the provision of quite modest support may make a considerable difference to the capacity and willingness of the family to continue to provide care.

It is important to recognise the important and active role which children themselves can play: the mobilisation of young people to identify and respond to their own problems and needs can be an important programme strategy. Advocacy for community-based strategies is also vital, whether at local level (e.g. lobbying for the waiving of school fees or advocating for the admission to school of children with disabilities) or at national level (e.g. for the registration and control of private and voluntary institutions).

3.2 Alternative Care Approaches

Clearly some children will experience unavoidable separation from their parents or other traditional care-takers, either through death (for example, from HIV/AIDS) or because of accidental separation resulting from armed conflict or forced migration. The tracing of the family of origin, or of other members of the extended family, is clearly the first choice, enabling the child to live with familiar adults and to retain his or her sense of family belonging and identity. In some cases, however, the child may remain vulnerable because of family poverty and other circumstances, in which case community-based support services may be needed in order to ensure that the child does not become vulnerable to further separation.

While family tracing is being pursued, and in the event of this not proving successful, placement within a family setting is almost always preferable to institutional care, and avoids many of the negative impacts on child rights and child development. However, before initiating any kind of fostering programme, a careful assessment is required to understand fully the cultural norms regarding the care of children by unrelated adults. Anthropological studies demonstrate that in some cultures, the care of children by strangers is an unfamiliar practice: in others, it may be culturally acceptable but may not be based on the best interests of the child. In West Africa, for example, many children are cared for by unrelated families, but the arrangement is often based on a notion of *exchange*: for example, the child benefits from the teaching or training of the carer, and the carer benefits from the labour of the child. Young children receive care and nurturing, especially

from older women, releasing the child's mother for productive work, and in exchange there is an expected obligation when the child grows up that he/she will support the foster carer in her older years. What also emerges from the research is that some cultures sanction the less favourable treatment of fostered children – and may even positively value this as illustrated by the Mende proverb “No success without hardship”. In child rights terms, however, this may involve discrimination or even exploitation.

If children's rights are to be protected, it is vital that there is an acknowledgement of the potential risk to children and that steps are taken to minimise these. In western societies, where fostering by strangers is well-established, the failure rate is high and fostered children are known to be at enhanced risk of abuse. Research undertaken in developing countries suggests that fostering is most likely to be effective in meeting the care and protection needs of separated children if the following four conditions are met: first, that the programme is firmly embedded within the local community, with a strong sense of community ownership of responsibility for care and protection. Second, that the programme is supported by an agency with detailed knowledge of the cultural norms concerning the care of parentless children and a solid knowledge of child rights and child development. Third, the available evidence suggests that the preparation of foster carers for their task is associated with favourable outcomes. This process will often include an element of education in some of the expected difficulties, with an emphasis on their role as “duty-bearers” in respect of children's rights. The involvement of the carers' own children and the extended family is also important. Finally, evidence emerges that children often have a very clear picture of what arrangements for their care they would prefer, and a remarkable capacity for weighing up the various options open to them. Their active participation in the process of planning for their care is a vital and often neglected aspect of good practice.

While there is no universal programme template that can be applied to all fostering programmes, the following are the typical components of such a programme:

- Effective community mobilisation work to identify separated children, to advocate for family-based care and protection, to identify families willing to foster children, and to mobilise networks of support for both children and families.
- Some system of approving and preparing foster carers – this would normally involve both some individual assessment and ensuring the approval of the wider community.
- The identification and preparation of children for fostering. The active participation of children, using methods appropriate to their age and stage of development, will be vital.

- The placement of the child: the involvement of the wider community – for example by the use of some kind of ceremony involving community leaders and neighbours – may be important.
- Continuing monitoring and support of the child and the family: again child participation will be a centrally-important aspect of this.

Fostering in the Sinje Refugee Camp, Liberia

Save the Children UK were responsible for child protection functions in this camp and worked mainly through three social structures – the Child Welfare Committee (CWC), the Concerned Carers (foster carers) and Boys' and Girls' Clubs. An extensive pattern of training workshops was undertaken with these organisations, covering a range of topics including child rights and different aspects of child care and protection. Work with separated children was integrated into a wider child protection strategy, implemented primarily by members of the Child Welfare Committee. Fostered children were visited formally by members of the CWC, but additional support was offered by Concerned Carers, who also had a responsibility for identifying new foster homes. Fostered children were also supported by the Children's Clubs, both formally through the pattern of child advocates in each block within the camp, and informally by other young people, who had been sensitised in child rights and child protection issues. Despite the high incidence of child rights abuses in the early stages of the camp, an overall improvement in the quality of care and protection of separated children was observed.

The last of these is possibly the most important and usually the most difficult. Continuing responsibility for fostering may be located within the community, with the agency, or with the government, according to the particular context. The capacity for a real sense of community ownership for separated children may be limited by the local circumstances: political or ethnic divisions, for example, may severely inhibit a sense of community responsibility, while chronic poverty may inhibit people's capacity to look beyond their own immediate survival needs. Traditional communities often have the potential to be both protective towards and exploitative of children. And while legislation may confer responsibility upon government structures, the reality is that sometimes these are not, and have limited potential to be, effective in supporting potentially vulnerable children. What is clear is that children living with unrelated families may be vulnerable to abuse, exploitation and discrimination, and that continued monitoring and support will be vital in order to minimise this danger and to protect their rights. It is particularly important for children to have access to one or more trusted people outside of the family. Please see illustration in the box.

Fostering will not be appropriate for all children: some adolescents, for example, may prefer to live alone, or in small groups. Evidence from the CPSC study suggests that though this may be the most acceptable option for some older children, they are likely to need support, ideally from sympathetic adults in the

local community, and advocacy to facilitate the acceptance of what may be an unconventional living arrangement. Integration of young people living without adult care into activities involving other young people may also be important. The protection and livelihood needs of girls may need particular attention.

4. The Advantages of Community-Based Approaches

The advantages of community-based approaches are that children continue to be cared for by familiar adults (as far as possible) and that they remain within their own communities: family-based care is not only more likely to meet their developmental needs, but is also more likely to equip them with the knowledge and skills required for independent life in the community. By remaining within their own communities they both retain a sense of belonging and identity and also benefit from the continuing support of networks within that community. Although there may be risks attached to fostering with unrelated families, with appropriate external monitoring and support, it is more likely that their rights will be respected than if they are placed in institutions. Finally, community-based approaches benefit from being potentially far less expensive than residential care, and hence more sustainable.

5. Is Residential Care ever the Preferred (or only) Option?

There may be a few occasions when residential care is the chosen form of care and protection for children. One example is in work with children demobilised from armed forces: in Liberia and Sierra Leone, it was argued that young people needed a period of adjustment from harsh military life before attempting integration into more normal life within the family and community. Moreover, it was also necessary to undertake the preparation of the family and the local community to receive back a young person who may be held responsible for killings and atrocities. It was argued that an adjustment period in a temporary form of group care with a purposeful programme of education, psychological adjustment and personal support was the most appropriate way of planning for the children's future and working towards family/community rehabilitation.

In other situations, group living may be considered an appropriate approach, for example in providing training and support for teenage mothers, or for enabling children who have experienced a breakdown in a foster home to recover psychologically before a further family placement. In some situations of conflict and displacement (as in Rwanda following the genocide), the sheer numbers of unaccompanied children were perceived as an unavoidable reason for the introduction of interim care centres. In all of these instances, however, there are dangers in using residential forms of care: as well as drawing in children who do not need to be separated from their families, residential care tends to breed dependence, and both children and staff may become resistant to moves to enable the children to leave, either to return to their own families or to be placed in substitute family care. To be effective, residential centres need to have clear and enforced admission criteria, the programme must be directed towards specified and time-limited objectives, and integrated with other programmes (e.g. family tracing, fostering etc.) to ensure that children move on in a timely and appropriate manner. Steps need to be taken to ensure that staff are fully committed to the centre's philosophy and objectives and possess the skills to carry them out. Experience demonstrates how difficult this can be to achieve, and that residential centres can readily develop many of the negative features depicted in Section 2. Unfortunately it has often been found that institutional care generates publicity, especially in emergencies, generating a "common sense" appeal to donors which believes its negative impact on children and which further reinforces the proliferation of residential care rather than community-based alternatives.

6. *Unresolved Issues*

The continuing emphasis on community-based forms of care needs to be underpinned with further research. There have been no studies into the long-term impact of fostering in situations of armed conflict and forced migration, and in HIV/AIDS epidemics: in particular, we need to know more about how fostered children, disaggregated by gender, fare during their adolescence and how they, and their carers, cope with their entry into adulthood, raising questions of marriage, economic self-sufficiency and inheritance. It is also important to know the extent to which community-based support structures continue to provide effective monitoring and support to young people and their carers. In situations of armed conflict and forced migration, large numbers of separated children are placed with the extended family – sometimes quite distant relatives. Little is known about how these arrangements actually work out, and where they do not, what kind of support systems might have enabled the child's situation to endure. Finally, throughout the research into care and protection issues for separated children, little emphasis is placed on what the children themselves think, and few programmes involve children systematically in framing policy and in determining the elements of good practice. The Save the Children initiative "Care and Protection of Separated Children in Emergencies" is making a small contribution in rectifying this.