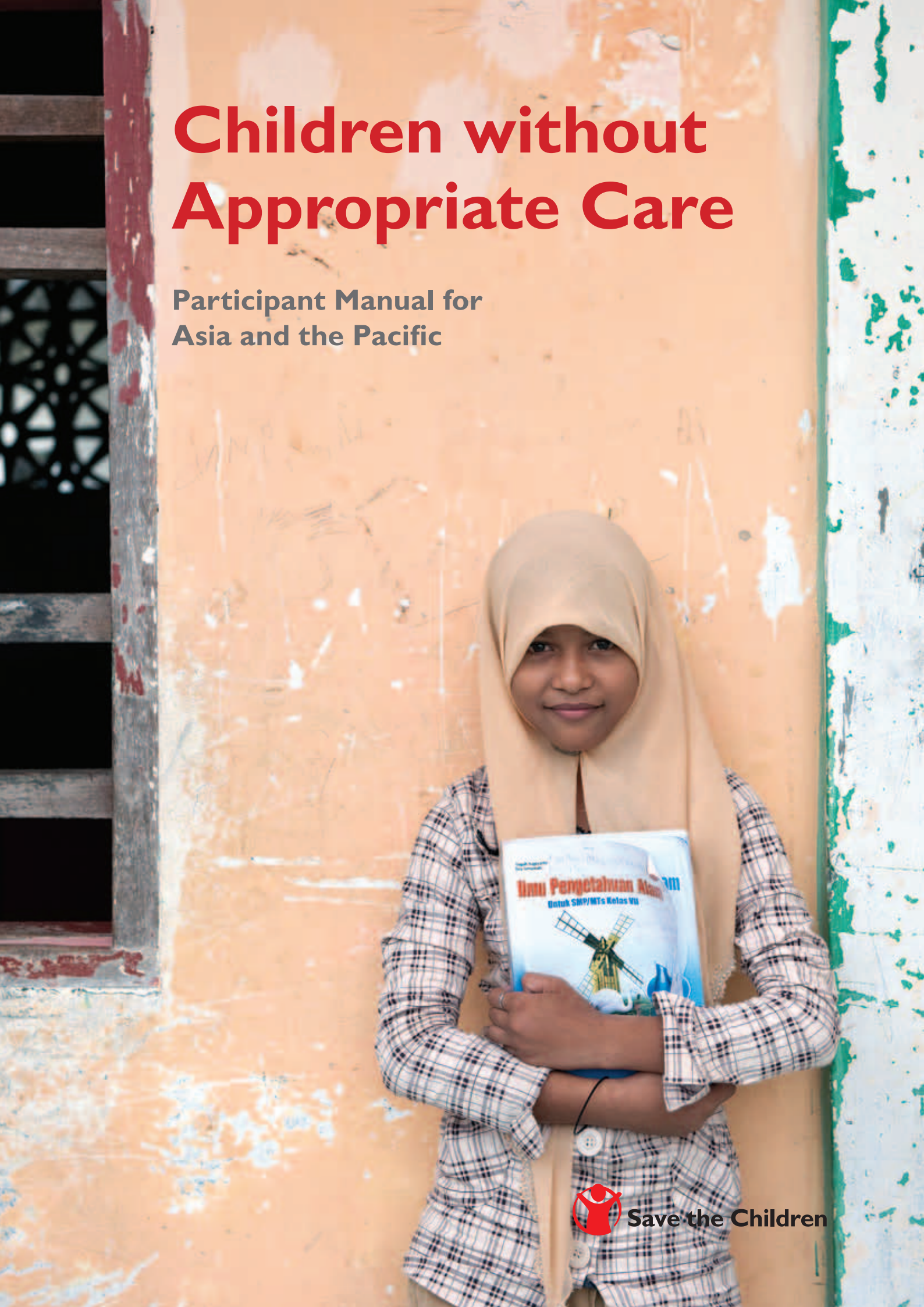
# Children without Appropriate Care

## Participant Manual for Asia and the Pacific




Save the Children

# Children without Appropriate Care

## Participant Manual for Asia and the Pacific

Save the Children

- Our vision is a world in which every child attains the right to survival, protection, development and participation.

- Our mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives.

- Our values;
  - Accountability
  - Ambition
  - Collaboration
  - Creativity
  - Integrity



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# Background to the Training

## 1. Children without appropriate care and Save the Children

Save the Children defines 'Children without appropriate care' (CWAC) as children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social and psychological level from either their families or from other primary carers who are meant to replace the family environment and who are responsible for their well being and development. This definition includes children within their own families, children in alternative care, and children who have become separated, either voluntarily or involuntarily, from their families, including children on the move. It also refers to children in developed, developing, fragile and emergency contexts.

'Children without appropriate care' is one of the two priority result areas identified, for Save the Children's Child Protection Initiative (CPI) for the period 2009-2015. The overall goal of this priority result area is to enable 8-10 million children without appropriate family care and their families, including children on the move, to benefit from care and protection services by 2015. Whilst a broad range of issues are included in the scope of the work of the CPI, 'Children in - or at risk of requiring - alternative care (with a focus on institutional care)'[1] is a priority for CPI attention and resources.

## 2. Original training event and adaptation of the training pack

This training was originally developed for a three-day workshop in Bandung, Indonesia, for Save the Children staff members working to support CWAC in countries across Southeast Asia, South and Central Asia, and the Pacific. The focus of country presentations was on the developments made in Indonesia by the Government, in partnership with Save the Children, to transform their care system. This training package has now been adapted to make it applicable for both Save the Children staff and non-staff members across Asia, with a focus on Indonesia. It is intended that the delivery of this training in other regions will include country presentations from that region to highlight the theory presented here. The Indonesia examples included in this pack serve as an example of the types of handouts and presentations that may be developed.

## 3. Aims of the training

This training is targeted at policy makers, professionals and para professionals who are already working on programs to support children without appropriate care, or who may begin work in this area. It is designed as the first stage in a series of capacity building events which will support the development and implementation of improved care and protection systems for vulnerable children.

This workshop focuses on children in developing contexts, who require support within their families and those who need an alternative care placement. It does not address children on the move or children in fragile or emergency contexts.

[1] *'Institutional Care' are settings where children are looked after 24/7 for at least one month due to the temporary or permanent inability or unwillingness of their parents to provide care, in any public or private facility with a capacity of more than 10, staffed by salaried carers working pre-determined hours/ shifts, and based on collective living arrangements. Source: Cantwell N (Sept 2010) Refining Definitions for Formal Alternative Child Care Settings: DRAFT*

The training is designed to:

- Provide a strong foundation of knowledge and understanding care policy and practice, based on international legislation, guidance and regional experience
- Provide an overview of Save the Children's strategy and policy positions regarding children without appropriate care[2]
- Give participants information, tools, and guidance on how to develop and implement programs - combining operational work, policy development and advocacy to support the care of children within their families, reduce reliance on residential care, and support quality family-based alternative care
- Present detailed information on the experience of the work in Indonesia in beginning their reform of the national care system, with guidance on the process and lessons learnt
- Assist in the development of agency, country and regional strategies to improve the care of children.

2 *Save the Children defines Children without Appropriate Care as 'Children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social and psychological level from either their families or from other primary carers that are meant to replace the family environment and are responsible for their well being and development... This definition includes children within their own families, children in alternative care, and children who have become separated, either voluntarily or involuntarily, from their families, including children on the move. It also refers to children in developed, developing, fragile and emergency contexts'. For this training however, guidance relating specifically to children on the move, and children in fragile or emergency contexts, is not included.*

# Aims of the Training Sessions

The following is a description of each of the sessions in this workshop.

## Session 0:

WELCOME AND INTRODUCTIONS

**Aim: To present the workshop agenda and introduce participants to each other.**

This session provides an overview of the situation of children without appropriate care, and asks participants to consider what they know already about such children and the policies and practices which are required to support the care and protection of children. It looks at the agenda for the training and the topics that will be covered in this course.

## Session 1:

INTRODUCTION TO THE CARE STRATEGY OF SAVE THE CHILDREN (OR THE CARE STRATEGY OF THE ORGANISATION OF THE PARTICIPANTS)

**Aim: To provide an overview of the Care strategy and activities of Save the Children (or the organisation of the participants).**

In order to ensure all Save the Children participants understand their role in helping children without appropriate care in their country settings, this session presents Save the Children's organisational strategy for supporting children without appropriate care and the ways in which this strategy can be realised at the country level. For non- Save the Children staff, this presentation provides an opportunity to learn about the ways in which an international organisation is trying to make significant changes to the care and protection of vulnerable children. (The content of this session may be adapted to focus on the strategies of other organisations working to support children without appropriate care).

## Session 2:

WHO ARE CHILDREN WITHOUT APPROPRIATE CARE? UNDERSTANDING THE MEANING AND CAUSES OF A LACK OF APPROPRIATE CARE

**Aim: To understand how children without appropriate care are defined and to highlight the root causes of their care and protection problems within the national context.**

This session is designed to help participants understand the different terms used by agencies to describe children with care issues; to explore the core components of a lack of appropriate care; and to consider which children in their contexts are likely to be included. It then looks at the reasons for poor parental care and the required balance between services and care placements in order to respond at the care system level.

## Session 3a:

THE LAWS AND POLICIES THAT PROTECT CHILDREN WITHOUT APPROPRIATE CARE

**Aim: To provide information on the laws, policies, and principles that protect the rights of children to appropriate care and which define best practices.**

This session highlights the international and regional laws and policies that relate to children without appropriate care, and explores in detail the development of and key principles enshrined in the Guidelines for the Alternative Care of Children (United Nations, 2009).

## Session 3b:

THE GUIDELINES FOR THE ALTERNATIVE CARE OF CHILDREN

**Aim: To review the content of the Guidelines for the Alternative Care of Children and to share experiences and lessons learnt regarding its application in different countries.**

This session is designed to help participants recall the key principles of the Guidelines, to learn about how the Guidelines have been applied in different countries, and to use this information to consider how to promote their use in their own contexts.

## Session 4a:

THE CARE SYSTEM AND ITS PLACE WITHIN THE BROADER CHILD PROTECTION SYSTEM

**Aim: To define key elements of a Care System and its relationship within a national Child Protection System.**

This session explains what a child protection system is comprised of; how the care system fits within the child protection system; and the key elements required for an effective care system. Participants are also invited to map out the care system for their location.

## Session 4b:

EXPLORING THE PRACTICE ELEMENTS OF NATIONAL CARE SYSTEMS

**Aim: To review national care system functioning and to consider the practice elements that define how a child enters and leaves alternative care.**

This session asks participants to identify the gaps within their care systems from the maps that were developed in the previous session. It explores in detail the practice elements that determine the child's journey through the care system and it encourages participants to consider how these processes work in their settings.

## Session 5a:

UNDERSTANDING QUALITY ALTERNATIVE CARE

**Aim: To provide an overview of the family-based and residential forms of alternative care and the appropriate use of each.**

This session looks in detail at different types of alternative care placements, their advantages and disadvantages, and the policy and practice considerations for ensuring that the placement provides quality care.

## Session 5b:

THE MISUSE AND OVERUSE OF RESIDENTIAL CARE

**Aim: To explore the misuse of institutional forms of residential care and present a variety of family-based or family-like care alternatives from different country contexts.**

This session looks at the ways in which institutional forms of residential care can harm young children in particular and outlines the options for reducing and improving the use of residential care. It provides guidance on determining which type of placement may be most appropriate for the individual child. Finally, country presentations are used to illustrate how family-based alternatives to residential care have been developed in different settings.

## Session 6a:

TRANSFORMING THE CARE SYSTEM

**Aim: To provide an overview of the process and challenges to transforming the care system.**

This session gives detailed information on the key stages to care system development and identifies the common pitfalls to avoid. Participants are asked to apply this learning in order to begin to plan how to develop their own national care systems.

## Session 6b:

THE INDONESIAN EXPERIENCE OF CARE SYSTEM REFORM

**Aim: To provide detailed information on the steps taken in Indonesia to reform the National Care System.**

This session is designed to enable participants to get an in-depth understanding of how one country, Indonesia, has made concerted efforts to begin the process of transforming their national care system, the key reforms that have taken place, and the learning from this process.

## Session 7a:

SUPPORTING THE CARE OF CHILDREN WITHIN THEIR OWN FAMILIES

**Aim: To present the range of interventions and policies that can support the care of children within their own families.**

This session provides an overview of the social services and financial supports that can help to prevent and respond to care and protection issues. It looks at what is required to make such services more effective and invites participants to apply this learning to their own settings.

## Session 7b:

EXAMPLES OF FAMILY STRENGTHENING WITHIN COUNTRIES IN THE REGION

**Aim: To provide practical country examples of the development of social and financial services and supports to children and their families.**

This session looks at the Indonesian and other country experiences of creating and improving the supports available to help families care for their own children and invites participants to consider how these examples and the learning can be applied to their own country contexts.

## Session 8:

WHERE TO BEGIN? UNDERTAKING AN ASSESSMENT OF THE NATIONAL CARE SYSTEM

**Aim: To give practical guidance on assessing the national care context and its key components.**

This session provides an overview of the key resources available to help in assessing the national care system and its components. The Indonesian experience of assessing their use of residential care is given in a DVD presentation.

## Session 9a:

NATIONAL AND REGIONAL CARE STRATEGY PLANNING

**Aim: To plan the next steps in the development of national care strategies.**

This session provides information from a range of countries within the region on the development of national care strategies and asks participants to clarify key goals for their own national context and the ways in which this work can be co-ordinated at the regional level.

## Session 9b:

NEXT STEPS FOR AGENCIES AND INDIVIDUALS TOWARDS NATIONAL CARE STRATEGY DEVELOPMENT

**Aim: To continue the process of development of next steps at agency, national and regional level.**

This session invites participants to plan the actions that are needed by their agency in order to further national care developments. Information is provided on the supports that exist to help individuals and agencies in their care work.

## Session 10:

EVALUATION, FEEDBACK AND CLOSURE

**Aim: To evaluate the learning from the training.**

This session asks participants to review the information provided in this training, the methodologies used, and the areas in which they would like more guidance or training.

# Agenda Template

**DAY 1**

**Morning**

| | |
|---|---|
| 0800-0830 | **Registration** |
| 0830-0850 | **Security Briefing** |
| 0850-0950<br>60 minutes | Session 0:<br>WELCOME AND INTRODUCTIONS<br>AIM: To present the Workshop Agenda and introduce participants to each other |
| 0950-1030<br>40 minutes | Session 1:<br>INTRODUCTION TO THE CARE STRATEGY OF SAVE THE CHILDREN (OR OTHER ORGANISATION)<br>AIM: To provide an overview of the care strategy and activities of Save the Children (or the organisation of the participants) |
| 1030-1100 | **Break** |
| 1100-1245<br>105 minutes | Session 2:<br>WHO ARE CHILDREN WITHOUT APPROPRIATE CARE? UNDERSTANDING THE MEANING AND CAUSES OF A LACK OF APPROPRIATE CARE<br>AIM: To understand how children without appropriate care are defined and to highlight the root causes of their care and protection problems within the national context |
| 1245-1400 | **Lunch** |

**Afternoon**

| | |
|---|---|
| 1400-1530<br>90 minutes | Session 3a:<br>THE LAWS AND POLICIES THAT PROTECT CHILDREN WITHOUT APPROPRIATE CARE<br>AIM: To provide information on the laws, policies, and principles that protect the rights of children to appropriate care and which define best practices |
| 1530-1600 | **Break** |
| 1600-1730<br>90 minutes | Session 3b:<br>THE GUIDELINES FOR THE ALTERNATIVE CARE OF CHILDREN<br>AIM: To explore the content of the Guidelines for the Alternative Care of Children and to share experiences and lessons learnt regarding its application in different countries |
| 1830-2000 | **Welcome dinner** |

## DAY 2

### Morning

| | |
|---|---|
| 0900-1030<br><br>90 minutes | Session 4a:<br>THE CARE SYSTEM AND ITS PLACE WITHIN THE BROADER CHILD PROTECTION SYSTEM<br>AIM: To define key elements of a care system and its relationship within a national child protection system |
| 1030-1100 | **Break** |
| 1100-1230<br><br>90 minutes | Session 4b:<br>EXPLORING THE PRACTICE ELEMENTS OF NATIONAL CARE SYSTEMS<br>AIM: To review national care system functioning and to consider the practice element s that define how a child enters and leaves alternative care |
| 1230-1400 | **Lunch** |

### Afternoon

| | |
|---|---|
| 1400-1530<br><br>90 minutes | Session 5a:<br>UNDERSTANDING QUALITY FAMILY-BASED ALTERNATIVE CARE<br>AIM: To provide an overview of the family-based and residential forms of alternative care, and the appropriate use of each |
| 1530-1600 | **Break** |
| 1600-1730<br><br>90 minutes | Session 5b:<br>THE MISUSE AND OVERUSE OF RESIDENTIAL CARE<br>AIM: To explore the misuse of institutional forms of residential care and present a variety of alternative family-based or family-like care placements from different country contexts |
| 1730-1800 | **Resource Fair**<br>Display of national and international resources and documents relating to Children without Appropriate Care |

## DAY 3

### Morning

| | |
|---|---|
| 0900-1030<br><br>90 minutes | Session 6a:<br>TRANSFORMING THE CARE SYSTEM<br>AIM: To provide an overview of the process and challenges to transforming the care system |
| 1030-1100 | **Break** |
| 1100-1230<br><br>90 minutes | Session 6b:<br>THE INDONESIAN EXPERIENCE OF CARE SYSTEM REFORM<br>AIM: To provide detailed information on the steps taken in Indonesia to reform the national care system |
| 1230-1400 | **Lunch** |

**Afternoon**

| | |
|---|---|
| 1400-1530<br><br>90 minutes | Session 7a:<br>SUPPORTING THE CARE OF CHILDREN WITHIN THEIR OWN FAMILIES<br>AIM: To present the range of economic and social interventions and policies that can support the care of children within their families |
| 1530-1600 | **Break** |
| 1600-1730<br><br>90 minutes | Session 7b:<br>EXAMPLES OF FAMILY STRENGTHENING WITHIN COUNTRIES IN THE REGION<br>AIM: To provide practical country examples of the development of social and financial services and supports to children and their families |

**DAY 4**

**Morning**

| | |
|---|---|
| 0900-1030<br><br>90 minutes | Session 8:<br>WHERE TO BEGIN? UNDERTAKING AN ASSESSMENT OF THE NATIONAL CARE SYSTEM<br>AIM: To give practical guidance on assessing the national care context and its key components |
| 1030-1100 | **Break** |
| 1100-1230<br><br>90 minutes | Session 9a:<br>NATIONAL AND REGIONAL CARE STRATEGY PLANNING<br>AIM: To plan the next steps in the development of national care strategies |
| 1230-1400 | **Lunch** |

**Afternoon**

| | |
|---|---|
| 1400-1530<br><br>90 minutes | Session 9b:<br>NEXT STEPS FOR AGENCIES AND INDIVIDUALS TOWARDS NATIONAL CARE STRATEGY DEVELOPMENT<br>AIM: To continue the process of development of next steps at agency, national and regional levels |
| 1530-1600 | **Break** |
| 1600-1700<br><br>60 minutes | Session 10:<br>EVALUATION, FEEDBACK AND CLOSURE<br>AIM: To evaluate the learning from the training |

# Glossary of Key Terms

**Best Interests Determination (BID)**
A formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child. Is can be used as an alternative form of decision making when governments are unable or unwilling to make appropriate decisions for children. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise, and balance all relevant factors in order to assess the best option.[3]

**Adequate Care**
Where a child's basic physical, emotional, intellectual and social needs are met by his or her caregivers and the child is developing according to his or her potential.[4]

**Adoption**
Adoption is generally considered the permanent placement of a child in a family, whereby the rights and responsibilities of biological parents are legally transferred to the adoptive parent(s). National adoption or its equivalent (e.g. kafala) for children who cannot be reunified with their families or where it is not in the child's best interests to be reunified offers the best long-term, permanent solution for children.

For children separated in an emergency, it will take time to determine whether the child's family can be traced and the child reunited, and therefore adoption or other form of permanent care is not recommended until all such efforts have been exhausted, typically after two years. [5]

**Alternative Care[6]**
Alternative care may take the form of Informal or Formal care. Alternative care may be Kinship care; Foster care; Other forms of family-based or family-like care placements; Residential care; Supervised independent living arrangements for children.

**Caregiver**
A person with whom the child lives who provides daily care to the child, without necessarily implying legal responsibility. Where possible, the child should have continuity in who provides their day to day care. Frequent changes of placement and caregiver should always be avoided.[7] The Caregiver should not be the child's key worker or child protection worker.

The child's customary caregiver is the child's usual caregiver. This person has a parental role but may or may not be related to the child, and may not be the child's legal guardian. In an emergency context, this would typically mean the child's caregiver prior to the emergency.[8]

**Care Planning[9]**
This is the process of determining why it is in the child's best interests to be in alternative care; identifying the child's assessed needs and the services which will be provided to meet those needs; and setting the framework for the services provided to the child and family to enable the desired goals and outcomes to be achieved for the child. A Care plan is a written document which outlines how,

[3] *UNHCR (2008) Guidelines on Determining the Best Interests of the Child, UNHCR4*

[4] *Tolfree, D (2007) Protection Fact Sheet: Child protection and care related definitions, Save the Children*

[5] *Melville-Fulford L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response, DRAFT, Interagency Working Group for Separated and Unaccompanied Children*

[6] *United Nations (2009) Article 28 (b), Guidelines for the Alternative Care of Children, United Nations*

[7] *Ibid.*

[8] *Melville-Fulford L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response, DRAFT, Interagency Working Group for Separated and Unaccompanied Children*

[9] *Melville-Fulford L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response, DRAFT, Interagency Working Group for Separated and Unaccompanied Children*

when and who will meet the child's developmental needs, both in the short- and long-term. Care planning should involve the participation of children, parents and other relevant stakeholders and should result in a written document that is regularly updated and reviewed by all those involved.

**Case Management**
The definition of case management varies greatly across professions. For the purposes of this training, case management is the method of assessing the needs of the child and the child's family and current caregiver, and advocating for, arranging, coordinating, monitoring and evaluating a package of services, as required to meet the child's complex needs.[10] It is carried out by the child's caseworker and requires the worker to work closely with the child, the caregivers, the legal guardians, and others involved in the child's care and protection.

**Caseworker[11]**
The caseworker is the adult who is allocated by a designated body or agency, to a registered child, in order to carry out care planning and case management responsibilities. This may be a government social worker, an NGO child protection worker, or an adult member of a child protection committee. It should not be the child's caregiver. This person should have received training in their responsibilities, should be under professional supervision, and should not have a conflict of interest in working with the child.

**Child**
Every human being below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier.[12]

**Community-Based Child Protection Mechanisms**
This may be a child protection committee, child welfare committee, or other such group, mandated within their community to take responsibility for the protection and care of children and families. A mandate to operate may be obtained by direct election by the community or by accepting powers delegated by a village, refugee camp or community committee. A child protection committee should ideally have child and adult representatives from the community. [13]

**Emergency Shelter[14]**
Shelter that is temporary and makeshift. This may be a tent, building, or other form of shelter used to accommodate adults and children overnight or for a few days. It is not form of alternative care placement.

**Family-based placements[15]**
A short- or long-term care arrangement agreed with, but not ordered by, a competent authority, whereby a child is placed in the domestic environment of a family headed by parents other than his/her own who have been selected and prepared to provide such care, and are supported in doing so

**Family-like care settings[16]**
Arrangements, in the community or within a larger facility, whereby children are cared for in small groups by one or more specific parental figures, but not in those persons' usual or previous domestic environment, in a manner and under conditions that resemble those of an autonomous family.

[10] *Adapted from the National Association Definition of Social Work, http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp#def accessed on 23/09/10*

[11] *Melville-Fulford, L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response, DRAFT, Interagency Working Group for Separated and Unaccompanied Children*

[12] *United Nations (1989) Article 1, Convention on the Rights of the Child, United Nations*

[13] *Tolfree, D (2007) Protection Fact Sheet: Child protection and care related definitions, Save the Children*

[14] *Melville-Fulford, L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response, DRAFT, Interagency Working Group for Separated and Unaccompanied Children*

[15] *Cantwell, N (Sept 2010) Refining Definitions for Formal Alternative Child Care Settings: DRAFT*

[16] *Ibid*

**Formal care**
All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.[17]

**Foster care**
A care arrangement ordered by a competent authority, whether on an emergency, short-term or long-term basis, whereby a child is placed in the domestic environment of a family headed by parents other than his/her own who have been selected, prepared and authorised to provide such care, and are supervised and supported in doing so. [18]

Informal foster care is where the child is taken into care without third party involvement. This may also be spontaneous fostering if it is done without prior arrangement. [19]

**Gate keeping**
Gate keeping is the prevention of inappropriate placement of a child in formal care. Placement should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, matched to whether the placement can meet these needs based on its functions and objectives.[20]

**Informal care**
Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.[21]

**Interim care**
This is defined in the Alternative Care Toolkit for Emergency and Post Emergency Response (IAWG, 2010) as 'Alternative care provided on a temporary basis for up to 12 weeks'. The placement may be formal or informal. The child may be with relatives, foster caregivers, or in residential care such as an interim care centre. Once an initial 12-week review has taken place, the placement can then be referred to as Longer-term care.[22]

This definition is based on the concerns arising from previous emergency responses, whereby children remained in temporary care for months and even years without any review of the suitability of the placement and the need for it. The Guidelines for the Alternative Care of Children[23] stipulates that children should have a review of their care placement every 3 months (or 12 weeks). By defining interim care as lasting up to 12 weeks, this highlights the fact that the care is temporary and a review of the placement has yet to occur and a longer-term child care or reunification plan is to be developed. [24]

**Institutions**
Settings where children are looked after 24/7 for at least one month due to the temporary or permanent inability or unwillingness of their parents to provide care, in any public or private facility with a capacity of more than 10, staffed by salaried carers working pre-determined hours/shifts, and based on collective living arrangements. [25]

[17] *United Nations (2009) Article 28 (b), Guidelines for the Alternative Care of Children, United Nations*

[18] *Cantwell, N (Sept 2010) Refining Definitions for Formal Alternative Child Care Settings: DRAFT*

[19] *Tolfree, D (2007) Protection Fact Sheet: Child protection and care related definitions, Save the Children*

[20] *UNICEF (2009) Manual for the Measurement of Indicators for Children in Formal Care, UNICEF*

[21] *United Nations (2009) Article 28 (b), Guidelines for the Alternative Care of Children, United Nations*

[22] *Melville-Fulford, L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response*

[23] *United Nations (2009) Guidelines for the Alternative Care of Children, United Nations*

[24] *Melville-Fulford, L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response, DRAFT, Interagency Working Group for Separated and Unaccompanied Children*

[25] *Cantwell, N (Sept 2010) Refining Definitions for Formal Alternative Child Care Settings: DRAFT*

Clarifying note: Residential facilities for the physically or mentally disabled or for the chronically or long-term ill are therefore be included,[26] as are general-type boarding schools to the extent that placement of children without parental care in these facilities is common.[27]

**Kafala**
A form of family based care used in Islamic societies that does not involve a change in kinship status, but does allow an unrelated child, or a child of unknown parentage, to receive care, legal protection and inheritance. Islam prohibits breaking the blood tie between children and their birth parents. As a result, change of parental status, name, inheritance rights, guardianship requirements (including for marriage purposes) are not allowed and adoption is rarely accepted in Islamic societies. Some Islamic countries and countries with large Muslim communities do have adoption legislation, but these tend to stipulate that the blood tie to the birth parents is not severed by adoption.[28]

**Kinship care**
Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.[29]

**Legal Guardian[30]**
The term Guardian has different meanings in different countries. It may be used to refer to a legal guardian who has legal rights and responsibilities towards a child. The legal guardian would normally be the child's mother and father, unless they have had their parental rights removed by a court order. A court or other legal body may also appoint a legal guardian.

Children without a legal guardian will require representation in decision making processes to ensure that their rights, opinions, and best interests are protected. The State or defacto authority should ensure that such representation exists, in accordance with national legislation and procedures; that this person is independent of the placement agency; and that the child's wishes are taken into account in keeping with the child's evolving capacities.

**Orphans**
This term is used to describe children both of whose parents are known to be dead.[31] In some countries, a child who has lost one parent may also be called an orphan. This can result in children being unnecessarily placed in alternative care, rather than having support provided to the surviving parent. For this reason, children placed in an 'orphanage' should be registered and an assessment made regarding their status, and whether he or she has a surviving parent or other relative. The term 'orphan' can be highly stigmatising. It is therefore very important to use this phase carefully, taking into account the local context and understanding.[32]

**Permanent placement**
Adoption, kafala or other care arrangement that is stable, and expected to continue until the child reaches adulthood.

**Reintegration of Children[33]**
Child-centred reintegration is multi-layered and focuses on family reunification; mobilising and enabling care systems in the community; medical screening and health care, including reproductive health services; schooling and/or vocational training; psychosocial support; and social, cultural and economic support.

26 *Based on the Manual for the Measurement of Indicators for Children in Formal Care, UNICEF/BCN January 2009*

27 *Based on Gate keeping Services for children and vulnerable families, Changing Minds, Policies and Lives Toolkit, privy, quoted in Selection of useful child-care related terms (draft) UNICEF CEE/CIS RO 2008*

28 *Tolfree, D (2007) Protection Fact Sheet: Child protection and care related definitions, Save the Children*

29 *United Nations (2009) Article 28 (b), Guidelines for the Alternative Care of Children, United Nations*

30 *Melville-Fulford, L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response, DRAFT, Interagency Working Group for Separated and Unaccompanied Children*

31 *IAWG (2004) Interagency Guidelines on Unaccompanied and Separated Children, IAWG*

32 *Melville-Fulford, L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response, DRAFT, Interagency Working Group for Separated and Unaccompanied Children*

33 *UNICEF (2007) Introduction to Child Protection in Emergencies, an inter-agency modular training package. UNICEF, CCF, IRC, Save the Children, Terre des Hommes and UNHCR*

**Residential Care**[34]
Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.

The Guidelines emphasise that only forms of residential care which provide small group care should be promoted:

Article 23: While recognising that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalisation strategy, with precise goals and objectives, which will allow for their progressive elimination.

Article 123: Facilities providing residential care should be small and be organised around the rights and needs of the child, in a setting as close as possible to a family or small group situation. Their objective should generally be to provide temporary care and to contribute actively to the child's family reintegration or, if this is not possible, to secure his/her stable care in an alternative family setting, including through adoption or kafala of Islamic law, where appropriate.

Article 154: prohibit the establishment of new residential facilities structured to provide simultaneous care to large groups of children on a permanent or long-term basis.

Residential care has been further defined by Nigel Cantwell as[35]: A group-living arrangement in a specially designed or designated facility where salaried staff ensure 24/7 care on a shift basis for children who cannot be looked after by their family due to the latter's inability or unwillingness to do so.

**Reunification**[36]
The process of bringing together the child and family or previous care-provider for the purpose of establishing or re-establishing long-term care.

**Separated children**
Children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.[37]

**Supervised independent living arrangements**[38]
Post-care settings where children and young persons, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society.

**Unaccompanied children** (also called "unaccompanied minors")
Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.[39]

**Vulnerable children**
Children whose rights to care and protection are being violated or who are at risk of those rights being violated. This includes children who are separated or unaccompanied, poor, abused, neglected, or lacking access to basic services, ill or living with disabilities, as well as children whose parents are ill, who are affected

[34] *United Nations (2009) Article 29 (c iv), Guidelines for the Alternative Care of Children, United Nations*

[35] *Cantwell, N (Sept 2010) Refining Definitions for Formal Alternative Child Care Settings: DRAFT*

[36] *ICRC (2004) Interagency Guiding Principles on Unaccompanied and Separated Children, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision*

[37] *ICRC (2004) Interagency Guiding Principles on Unaccompanied and Separated Children, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision*

[38] *Cantwell, N (Sept 2010) Refining Definitions for Formal Alternative Child Care Settings: DRAFT*

[39] *ICRC, (2004) Interagency Guiding Principles on Unaccompanied and Separated Children, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision*

by fighting forces or who are in conflict with the law. Determination of a child's level of vulnerability is usually determined via an assessment of the child, their family, and circumstances.[40]

**Youth/Young People**

Youth are identified as those between 15 and 24 years of age. It should be recognised however, that the age at which children are defined as youth or young people can vary considerably between one context and another. Social, economic and cultural systems define the age limits for the specific roles and responsibilities of children, youth and adults.[41]

(For more definitions please refer to the following document on your Resource CD/Flash drive: Save the Children (2007) Care and Protection Definitions, Save the Children).

40 *Tolfree, D (2007) Protection Fact Sheet: Child protection and care related definitions, Save the Children*

41 *UN (2006) Integrated Disarmament Demobilisation and Reintegration Standards, United Nations*

# Acronyms

| | |
|---|---|
| BCN | Better Care Network (www.bettercarenetwork.org) |
| BID | Best Interests Determination |
| CBO | Community Based Organisation |
| CDOPC | Children Deprived of Parental Care |
| CPI | Child Protection Initiative (Save the Children) |
| CRC | Convention of the Rights of the Child |
| CWAC | Children without Appropriate Care |
| DEPSOS | Indonesian Ministry of Social Affairs |
| FBO | Faith Based Organisation |
| Guidelines | Guidelines for the Alternative Care of Children, United Nations, 2009 |
| MOSA | Ministry of Social Affairs (Indonesia) |
| NGO | Non-Governmental Organisation |

## Handout 0.1: The Situation of Children without Appropriate Care Globally

- Many millions of vulnerable children are in inadequate care situations as a result of natural disasters, chronic poverty, lack of access to services especially education in their communities, migration and displacement, disability, parental illness, abuse, or conflict.
- In many countries there are no statistical surveys relating to children without parental care.
- Children without adequate parental care are at greater risk of: Dropping out of school – Malnourishment – Disease – Abuse/Neglect – Child labour – Discrimination

### Children who have lost one or both parents

- Latest estimates from the US government suggest that there are approximately 163 million orphans in the world today. 18.3 million of these children have lost both parents.
- 15 million children have lost one or both parents due to AIDS.[42]
- The highest number of orphans in SCUK or SCUK-supported country programs are – in descending order - Indonesia, India, Nigeria, DRC, Bangladesh, Indonesia, Tanzania, Uganda, Ethiopia, Kenya and Zimbabwe.
- The vast majority of all orphans are cared for by extended family.

### Children in residential care

- The UN estimates that up to 8 million children around the world are living in care institutions.[43] The actual figure is likely to be much higher, due to the proliferation of unregistered institutions and the lack of data on vulnerable children.
- According to incomplete information, the 10 SCUK or SCUK-supported country programs with the highest number of children in institutions are – in descending order – Indonesia, India, Ethiopia, Vietnam, Brazil, Colombia, South Africa, Sri Lanka, Mozambique and Peru (N.B. data is not available for a number of potentially important countries such as Bangladesh and Pakistan).
- In many countries the use of care institutions continues to rise with the increasing impact of conflict, climate change and the HIV and AIDS pandemic on the poorest and most vulnerable families.
- The overwhelming majority of children (at least four out of five) in care institutions have one or both parents alive.
- Emergencies, especially natural disasters, play a key role in increasing the numbers of children in institutions. Every year there are approximately four emergencies, each affecting 100,000 children. Recent emergencies such as the tsunami response in Aceh, the earthquake response in Pakistan, and the Haiti earthquake have all drawn attention to the range of financial and other incentives that drive the growth of institutional care in such situations (including the demand for intercountry adoptions). The chronic long-term emergency that is the HIV/AIDS pandemic has also shown how institutional care continues to be a first line response to the situation of orphaned, abandoned and separated children.

[42] *UNAIDS (2008) 'Report on the global AIDS epidemic'*

[43] *P S Pinheiro, World Report on Violence against Children, UNICEF: New York, 2006*

- In many institutions, the standard of care is poor. Many children are abused and neglected. Children under three, in particular, are at risk of permanent developmental damage by not being cared for in a family setting. For all children, long-term stays in institutions can have a lasting negative impact. The harm that can be caused to children by institutional care has been documented since the early 20th century.[44]

**Children in alternative family-based care**

- Kinship care, otherwise known as care by relatives or family friends, is the most significant form of out-of home care globally for children who are unable to live with their parents. This form of care remains largely unregulated, with most families organising alternative care for their children without contact with external agencies.

- In the USA, an estimated 1.3 million children in the black community alone are in the care of relatives, as opposed to 300,000 in group care facilities and 290,000 in non-kinship foster care. In many African countries, more than 90 per cent of orphaned children are living with extended families, with most cared for by their grandparents.10 It is a similar picture in Asia; in Funan (Cambodia), for example, more than 90 per cent of orphaned children are cared for by extended families. In India, kinship care for children without adequate parental care is the most common form of care in almost all regions, religions, castes and ethnic groups. [45]

[44] *Csaky, C (2009) Keeping Children out of Harmful Institutions: Why we should be investing in Family-based Care, Save the Children; Browne K (2007) The Risk of Harm to Young Children in Institutional Care, Save the Children*

[45] *Broad, B (2007) Kinship Care: Providing positive and safe care for children, Save the Children*

## Handout 2.1: Defining Children without Appropriate Care

Many key texts such as the Guidelines for the Alternative Care of Children (UN, 2009) refer to Children without Parental Care, focusing on children who are already in alternative care or who require alternative care. Save the Children however refers to Children without Appropriate Care. This broader definition includes children who are not receiving appropriate care:

- In residential care
- With substitute families
- Living on their own on the street, in independent living or in child and peer headed households
- In their own families

This means that strategies to address the needs of children without appropriate care must therefore include broader protection actions to support the care of children within their own families, as well as improve the provision of alternative care and associated services.

### Explaining Save the Children's definition

> Save the Children's Definition of Children without Appropriate Care:
>
> 'Children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social, and psychological level from either their families or from other primary carers who are meant to replace the family environment and who are responsible for their well being and development'

Appropriate care for children is about the provision of an environment where children's fundamental developmental, cognitive and emotional needs are met including physical needs such as adequate nutrition, a clean and safe living environment that provides the stimulation and opportunities for learning and intellectual development, and also psychosocial needs such as nurture, love, attachment, security and safety, guidance and the provision of a legal, social and cultural identity. The specific needs of the child will differ in relation to their age, the particular challenges that boys and girls face, and the child's evolving capacity to participate in decision making around their situation.

| Save the Children term | Definition |
|---|---|
| Suitable | • Within community and ethnic norms in accordance with child's best interests |
| Continuous | • With stable with consistent caregivers |
| Quality care, nurture and guidance at a physical level | • Adequate nutrition<br>• A clean and safe living environment that provides the stimulation and opportunities for learning and intellectual development |
| Quality care, nurture and guidance at an emotional, social, and psychological level | • Nurture<br>• Love<br>• Attachment<br>• Security and safety<br>• Guidance<br>• And the provision of a legal, social and cultural identity |

Children without appropriate care are children who are not receiving care which fulfils these needs either due to the fact that they are separated from or lost their families[47] or primary carers, have been abandoned or due to the fact that their families or primary carers are, actively or passively, acting in ways that are harmful towards them. In some cases, despite still being within the care of their own families, children might be denied appropriate care when the entire family is deprived of the possibility of adequately caring for their children for example, because of poverty, conflict, when they are detained due to their migration status or because they are subject to extreme forms of discrimination or exploitation.

Thus, children may face many different situations of inadequate care, often simultaneously. These include neglect[48], harmful or risky separation and lack of accompaniment, abandonment, relinquishment[49] and harmful removal from their families. Many children are also care providers themselves.

This definition includes children within their own families, children in alternative care, and children who have become separated, either voluntarily or involuntarily, from their families, including children on the move. It also refers to children in developed, developing, fragile and emergency contexts.

[47] *This includes orphans – children who have lost both parents.*

[48] *Neglect is deliberately, or through carelessness or negligence, failing to provide for, or secure for a child, their rights to physical safety and development (Save the Children).*

[49] *Relinquished children are those given up by the parents into alternative care e.g. because of poverty, social stigma, or material or non-material incentives*

## Handout 2.2: The Root Causes of a Lack of Appropriate Care

### Lack of Appropriate Parental Care

While poverty is the principal reason for a lack of appropriate care of children within families and the driving force for children's inappropriate placement into alternative care, there are a range of issues which can result in children not receiving the level of care required for their social, emotional, intellectual and physical development by their parents or primary caregivers. These include:

children who are vulnerable to a lack of appropriate parental care include children living in extreme poverty; Children living with ill or dying parents; children who have lost one or both parents single/double orphans); children living in armed conflict; children affected by HIV/AIDS; children living and working on the streets; children on the move; children with disabilities; child victims of trafficking; children associated with armed groups; separated or unaccompanied children; children who have been neglected, abandoned or abused.

**Causes of a Lack of Appropriate Parental Care:**

- Poverty and poor social conditions
- Lack of social supports
- Absence of basic services
- Social exclusion
- Environmental stress factors and instability
- Family dysfunction or breakdown
- Substance abuse
- Lack of parenting skills
- Mental health problems
- Behavioural problems
- Child abuse, exploitation and neglect
- Separation, death, rejection by a parent/customary caregiver
- Disability
- Chronic or serious ill health
- Domestic violence
- Cultural or religious beliefs which support physical punishments or harsh treatment of children

### Lack of Appropriate Alternative Care

In developed countries, the vast majority of children in alternative care are placed there by social services as a result of abuse or neglect. In developing countries, the situation is more complex. Where families are experiencing poverty, ill health, disability, displacement, or discrimination, children are likely either to remain in their current situation and without access to needed services or supports, or to be placed unnecessarily in alternative care, and typically residential care. For example, studies focusing on the reasons for institutional placements consistently reflect that poverty is the driving force behind their placement.[50] A study based on case studies of Sri Lanka, Bulgaria and Moldova found, "that poverty is a major underlying cause of children being received into institutional care and that such reception into care is a costly, inappropriate and often harmful response to adverse economic

[50] *Williamson J & Greenberg A (2010) Families not Orphanages, Better Care Network*

circumstances."[51] The use of alternative care therefore is often not appropriate to the needs of the child, does not address the root causes of family-based care problems, and can exacerbate problems e.g.:

- If resources available in residential care are greater than those available to the average family household, then parents may choose to place their children in a children's home in the hope that they will receive better care.
- Resources invested in residential care can draw investment away from the development of family and community-based services and supports.
- If formal and informal foster and kinship caregivers are eligible for significantly more services and supports than those available to children in need or at risk within their own parents, then this can encourage people to take in additional children for economic purposes.

The care children receive in formal and informal care is also often inadequate in countries where there are weak child protection systems. Children in informal care may not be identified or monitored, resulting in the risk that they may be poorly treated, abused, or exploited for many years, and may not have the opportunity to return to their birth families. There is a huge body of literature to show that there are significant risks for young children and children who grow up in institutional care (where care is provided simultaneously to large groups of children). Residential care providers are frequently unregistered and do not have regular inspections of the care provided. Many countries do not have standards for care providers and even when these exist, they may not be applied. For more information on the risks to children from inappropriate use of residential care, and the care problems associated with other forms of alternative care, please refer to the following resources in your accompanying CD/Flash Drive:

Broad B (2007) Kinship Care: Providing positive and safe care for children, Save the Children

Browne K (2007) The Risk of Harm to Young Children in Institutional Care, Save the Children

Csaky C (2009) Keeping Children out of Harmful Institutions: Why we should be investing in Family-based Care, Save the Children

Oswald E (2009) Because We Care: Programming Guidance for Children Deprived of Parental Care, World Vision

Williamson J & Greenberg A (2010) Families not Orphanages, Better Care Network

[51] *Bilson, Andy and Pat Cox, 'Caring about Poverty', Journal of Children and Poverty, Vol. 13, No. 1, March 2007, pp. 37 and 49, available at <http:// www.crin.org/docs/Caring%20About%20Poverty.pdf>, accessed 24 November 2009 in Williamson J & Greenberg A (2010) Families not Orphanages, Better Care Network*

## Handout 2.3: Strategies for Responding to a Lack of Appropriate Care

Without action taken to address the root causes of a lack of appropriate care, children are likely to remain without support or protection within their families, or on their own; or to be inappropriately placed in alternative care.

### The Problem with Current Care Systems

In many countries the care and protection systems are hugely underdeveloped and under resourced. Resulting in the following problems:

- Many children are in serious need or at risk without protection or support
- Many care placements are avoidable
- Children are removed and then returned to birth families without the root problems being addressed
- Lack of a range of care options
- Over-use of residential care
- Inappropriate conditions in residential facilities, including lack of contact with parents
- Inadequacies in foster care and adoption systems
- Lack of supervision of care providers, especially in informal care and private facilities
- Difficulty in leaving formal and informal care placements and returning to birth families
- Lack of preparedness for independent living

### Care and Protection Strategies

Strategies to address the needs of children without appropriate care must therefore prioritise actions which will prevent as well as respond to the care needs of children. This will require working across sectors, particularly when addressing poverty as a primary issue. As shown in the diagram below, ideally the national care system should have an emphasis on a strong legal and policy framework; effective case management systems; co-ordinated and targeted services and supports; and data collection, research and evaluation of the effectiveness of services and the outcomes for children. In so doing, the system would be able to limit its use of alternative care only for children who could not be adequately supported or protected by their own parents or primary caregivers.

## Handout 3.1: Key Legal and Policy Framework relating to Children without Parental care

In addition to national policies and laws, the following are the principal laws and policies which relate to Children without Parental Care.

**Convention on the Rights of the Child (1989)**
The CRC is the most widely ratified convention relating to the rights of children. It offers the highest standards of protection and assistance for children on issues relating to their care and protection. It emphasises that the family is the natural environment for children and that parents have the primary responsibility for the care and protection of their children (preamble, articles 18 & 27). It stipulates that it is the duty of the State to ensure that parents and legal guardians receive the assistance they require to be able to care adequately for their child. The State is also obliged to provide special protection for a child deprived of his or her family, and to ensure that appropriate alternative care is available (article 20). See Handout 2:2 for additional information on the CRC.

**Guidelines for the Alternative Care of Children (2009)**
The Guidelines are the most comprehensive international guidance for the development of quality alternative care services, placements and policies. A resolution 'welcoming' the Guidelines for the Alternative Care of Children was adopted by UN General Assembly (UNGA) on 20 November 2009. The Guidelines are intended to enhance the implementation of the UN Convention of the Rights of the Child 1989, and other relevant provisions of international and regional human rights law in matters of protection and well-being of children who are in need of alternative care, or who are at risk of so being. It focuses on two main aspects:

1. Ensuring that children do not find themselves placed in alternative care unnecessarily;
2. Where out-of-home care is provided, it is provided in appropriate conditions and of a type that responds to the child's rights, needs and best interests.

The Guidelines are available in all UN languages and can be found in your Resource CD/Flash drive. The Resource CD/Flash drive also contains:
ISS & SOS Children's Villages (2009) Guidelines for the Alternative Care of Children: A United Nations Framework, ISS & SOS Children's Villages
ISS (2009) Factsheet on Guidelines for the Alternative Care of Children, ISS
(See Handouts 2:3 and 2:4 for additional information on the Guidelines

**Hague Convention on Inter Country Adoption (1993)**
This is the international regulation that sets standards for how adoption should be carried out between countries. It provides the framework for international cooperation to ensure that inter-country adoptions take place in the best interest of a child and with respect to his or her fundamental rights. These safeguards are intended to prevent the abduction, sale, trafficking or other abuse of children placed in adoption.

The Convention stresses the need for States to take appropriate measures to enable the child to remain in the care of his or her family; for competent authorities of the State of origin to establish that the child is adoptable; for placement of the child within the State of origin to be given due consideration (i.e. national adoption or its equivalent): that intercountry adoption is in the child's best interests; and that the free and informed consent of the legal guardians have been given for adoption. A copy of the Convention is contained in your Resource CD/Flash drive.

**Interagency Guiding Principles on Unaccompanied and Separated Children**
These are the guiding principles that form the basis for action regarding unaccompanied and separated children, based on international human rights, humanitarian and refugee law. It seeks to ensure all actions and decisions taken are anchored in a protection framework and respect the principles of family unity and the best interests of the child. The document examines the following issues in order to address all stages of an emergency:

- Preserving family unity
- Tracing and family reunification
- Interim care arrangements
- Long-term solutions

**African Charter on the Rights and Welfare of the Child (ACRWC)**
The African Charter on the Rights and Welfare of the Child (also called the ACRWC or Children's Charter) was adopted by the Organisation of African Unity (OAU) in 1990 (in 2001, the OAU legally became the African Union) and was entered into force in 1999. Like the United Nations Convention on the Rights of the Child (CRC), the Children's Charter is a comprehensive instrument that sets out rights and defines universal principles and norms for the status of children. The ACRWC and the CRC are the only international and regional human rights treaties that cover the whole spectrum of civil, political, economic, social and cultural rights.

**South Asian Regional Convention on Child Welfare**
The SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia reaffirm adherence by Member States to the Declaration of the World Summit for Children and their commitment to the UN Convention on the Rights of the Child.

The purposes and objectives of the Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia are to:

* Work together with commitment and diligence, to facilitate and help in the development and protection of the full potential of the South Asian child, with understanding of the rights, duties and responsibilities as well as that of others;
* Set up appropriate regional arrangements to assist the Member States in facilitating, fulfilling and protecting the rights of the Child, taking into account the changing needs of the child.

**The Hague Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Cooperation in Respect of Parental Responsibility and Measures for the Protection of Children (1996)**
This treaty has special relevance to situations where children are in need of alternative care by virtue of being outside their country of habitual residence.

## Handout 3.2: The Convention on the Rights of the Child (CRC), 1989[52]

**The principal rights relating to children without appropriate care are as follows:**

- The right to have all actions based on the child's best interests (article 3)
- The right to adequate alternative care where necessary (article 20)
- The right to birth registration, and to know and be cared for by his or her parents (article 7)
- The right to have his or her identity preserved (article 8)
- The right to live with his or her parents unless this is deemed incompatible with the child's best interests (article 9)
- The right to maintain contact with both parents if separated from one or both (article 9)
- The right to family reunification, including the right of children and their parents to leave or enter a State Party for purposes of reunion or the maintenance of the child-parent relationship (article 10)
- The right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child. (article 12)
- The right of parents, legal guardians and others responsible for the child to have support in fulfilling their child-rearing responsibilities and in ensuring living conditions are adequate for the child's physical, mental, spiritual, moral and social development.(article 18, 27)
- The right to protection from abuse, neglect, and exploitation by parents or others responsible for the care of the child (articles 19, 32, 33, 34, 35, 36)
- The right to physical and psychological recovery and social reintegration for child survivors of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts (article 19, 20, 39)
- The right for adoption to be carried out in accordance with the child's best interests, and then only with the authorization of competent authorities, and safeguards for the child (article 21)
- The right to regular evaluation of the child's care placement (article 25)
- The right to education and access to leisure, play and recreational facilities appropriate to the age of the child (article 28, 29, 31)

In regards to children without appropriate care, the CRC is clear that:

- The family environment is best for the child (Preamble)
- Children have the right to be brought up by parents where possible (Art 7.1)
- Assistance should be provided to parents/legal guardians in the upbringing and care of their children (Arts 18, 27 etc.)
- Removal from parental care should only be if it is in the best interests, and is subject to judicial review (Art 9.1)
- The State has a responsibility to 'ensure' alternative care for children deprived of family environment (Art 20)
- Family-based alternative care is preferable (Art 20)
- States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent (Art 3.3)
- There should be periodic review of placements (Art 25)

[52] *Melville-Fulford, L (2010) Alternative Care Toolkit for Emergency and Post Emergency Response, IAWG for Separated and Unaccompanied Children*

The CRC however is less clear on specific areas relating to how alternative care should be provided e.g.

- What is the relationship between 'parental care' and child's 'family envi ronment'? What are the obligations regarding 'informal' or 'kinship' care
- When are the 'best interests' of the child 'the paramount consideration' (1986 Declaration) and when they just 'a primary consideration' (CRC Art 20)?
- What are the goals of alternative care?
- What does the term 'institutions' cover? …
  … What determines their 'suitability'?
  … And what makes their use 'necessary'?

The Guidelines for the Alternative Care of Children (UN, 2009) are designed to resolve some of these ambiguities, while remaining in line with the provisions of the CRC. See Handouts 2.3 and 2.4.

## Handout 3.3: ISS Factsheet on Guidelines for the Alternative Care of Children

**Millions of children in alternative care**

Millions of children around the world live in informal or formal foster care, in institutions, or are otherwise separated from their parents; many more are at risk of separation, due to difficulties within the family, the impact of HIV, armed conflict, natural disasters and poverty. The UN Convention on the Rights of the Child (UNCRC) recognises the child's right to be cared for by his or her parents, and sets out States Parties' obligations to provide suitable alternative care. However, current international instruments offer only partial and limited guidance on steps to prevent family separation and to ensure adequate care.

**What are the risks faced by children now?**

- Children who are informally cared by relatives or unrelated families are usually well loved and cared for, but their risk of discrimination, inadequate care, abuse and exploitation is greater than those who live with their parents. This situation is exacerbated by factors such as HIV/AIDS, armed conflict, and economic migration. Across Asia, Africa and Latin America, 13.4 million children have lost at least one parent to AIDS.
- Children are often placed within the formal care system (as ordered by a competent authority) unnecessarily and for longer periods than needed. The risk of abuse and neglect in poorly resourced and monitored foster and residential care is well documented as in the UN Study on Violence against Children at http://www.violencestudy.org/r242.
- Without appropriate prevention and reintegration mechanisms, children without any form of care are amongst those most at risk for abuse and exploitation. These children may be forced to live on the street and work in harmful conditions. Every year, 1.2 million children are trafficked and another 2 million children are forced to work in the commercial sex industry. Few children in any of the above situations have the opportunity to participate in decisions about their care arrangements. Their voices must be heard.

**Why are existing instruments insufficient?**

The UNCRC establishes a useful framework, but does not provide guidance or set minimum standards. The Guidelines set out desirable orientations for policy and practice to deal with issues such as prevention, the conditions for children to be removed from parental care, the provision of a range of care options to meet individual children's needs, the criteria for determining out-of-home care options as well as the selection, training, monitoring and support for alternative carers. The full text is available in all the UN languages at: http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/11/L.13

**Why address these concerns through Guidelines?**

Experience has shown that such guidance can be extremely useful to States seeking to implement the UNCRC. UN Rules, developed in the area of juvenile justice, for example, have proved to be extremely useful in defining standards and guiding implementation. The Guidelines on alternative care are already demonstrating their value for professionals, judicial authorities and other administrators working in child protection in Eastern European and Latin American countries as they guide their activities. Having had the Guidelines approved at the level of the General Assembly in 2009 will help protect children and families facing extreme problems better than the inadequate piece-meal coverage of current texts. Children in different countries share common problems of stigma, isolation, lower rates of education attainment and higher rates of homelessness after leaving care. These Guidelines on alternative care can give each of these children a better opportunity to reach their full potential and transition successfully into adulthood.

## Handout 3.4: Case Studies

In your small groups consider the following 3 scenarios. a) For each is alternative care necessary and what type of placement would be appropriate? b) What should happen to ensure these 2 principles are upheld?

1. Mia (girl, aged 2) has been severely beaten by her stepfather. Mia's mother is also hit on a regular basis by her husband. Mia's mother fears for her life as well as her daughter's.

2. Mohammad (boy, aged 14) has been living on the street for 2 years. He does not have contact with is family and claims that they treated him badly and kicked him out of the home. His family live some distance from his current location. He has strong peer relationships and spends his days attending part-time school and street selling. His living conditions are appalling and he is highly vulnerable to sexual abuse and exploitation.

3. Hilal (boy, aged 6) and Mena (girl, aged 8) have been taken to the local orphanage for admission by their mother. Their father died recently and their mother has 4 other children to look after (ages 12 months, 2 years, 12 years and 14 years). She relies on her 2 older children to work in order to have sufficient income.

## Handout 3:5 Assessing National Policy against the Guidelines for the Alternative Care of Children

Source: ISS & SOS Children's Villages (2009) Guidelines for the Alternative Care of Children: A United Nations Framework, ISS & SOS Children's Villages

The following provides guidance in assessing national law and policy against the Guidelines for the Alternative Care of Children

### THE PRINCIPLE OF NECESSITY

This principle presents a clear preventative role for national policy and the need for resources to ensure supportive social work services that seek to prevent the separation of children from their families.

Does national policy ..

- clearly establish that the removal of a child from the family should be an action of necessity and last resort?
- dictate that poverty alone is never the primary justification for children being removed from their family and placed in alternative care?
- ensure that comprehensive criteria are used to assess the capacity of the family to care for the child when a risk to the child in that family has been identified?
- promote and support the development and implementation of a range of appropriate family support services as preventative measures to ensure children can be cared for within their families?
- guarantee that parents and children fully participate in the decision-making process and are kept informed of their rights, particularly their right to appeal against a decision to remove a child?
- provide for parenting education, and other relevant supports to parents in particular, for example, adolescent parents, to prevent child abandonment?
- guarantee that any placement of a child in alternative care is subject to periodic reviews to assess the continuing necessity for a placement outside the family, and the possibility for reunification with the family?

### THE PRINCIPLE OF APPROPRIATENESS

In cases where alternative care is deemed necessary, and in the child's best interests, the Guidelines seek to ensure that the choice of the care setting and the period spent in care are appropriate in each case and promote stability and permanence.

Does national policy ..

- ensure the availability of a suitable range of alternative care options appropriate to the individual needs of children requiring care and protection?
- include a clear National Plan for the de-institutionalisation of the care system and the development of family-based and other appropriate alternative care options?
- obligate care providers to conduct appropriate background checks to ensure the suitability of potential carers?
- include the need to consider the desirability of keeping siblings together in alternative care settings as a key requirement in assessing appropriateness?
- obligate care providers and carers to ensure the full participation of the family and the child in planning, reviewing, and other decision-making processes regarding the alternative care placement?
- provide a rights-based framework that takes a holistic approach to ensuring the rights of the child taking into account not only care and protection but also, for example, education, health, identity, faith, or privacy?

## PROMOTING PARENTAL CARE

Emphasising the preventative role of social work, the Guidelines present the need to support and empower vulnerable families with the necessary capacities to care for children themselves.

Does national policy ..

- ensure the systematic collection of relevant data on the causal factors of family vulnerability and ensure that relevant data informs service delivery in support of families?
- foresee appropriate interventions to support and strengthen families in order to prevent separation and ensure that these interventions are consequently resourced, targeted, and implemented?
- guarantee that family-oriented policies are in place and implemented to strengthen family environments without discrimination based on, for example, marital status, birth status, poverty or ethnicity?
- recognise and promote the common responsibilities of mothers and fathers and ensure that they are equally empowered with the relevant attitudes, skills, capacities, and tools to provide a caring environment for the child?
- ensure coordinated service provision and a range of relevant services to ensure tailored and appropriate responses to families facing difficulties?

## PREVENTING FAMILY SEPARATION

In line with the principle of necessity, the prevention of family separation focuses on ensuring sound and rigorous decision-making processes.

Does national policy ..

- ensure that assessment processes are informed by multi-disciplinary perspectives on, for example, education, health, and other relevant areas of concern?
- require assessment processes to give all due consideration to identifying necessary supports for the family and make referrals to relevant services as an alternative to separation?
- guarantee that assessment processes identify and seek to address root causes for the unnecessary separation of children, such as discrimination, poverty, or disability?
- support and encourage the training of professional groups, such as teachers and doctors, in identifying children at-risk and oblige them to make referrals to relevant services and responsible authorities?
- ensure vulnerable parents seeking to relinquish their children have access to counselling and financial or material support to care for children to prevent child abandonment?
- make provision for procedures which support those children who have been abandoned in gaining confidential access to relevant and appropriate information on their background?

## PROMOTING FAMILY REINTEGRATION

For children who are in alternative care, and in line with ensuring the placement is appropriate, options to reintegrate children in their families are a key part of a care review process.

Does national policy ..

- facilitate families and children in exercising their right to appeal a decision to place a child in alternative care and thereby to seek reintegration on their own terms?
- ensure that care placements are suitably close to the child's family and community in order to minimise disruption and enable the child to maintain regular contact with the family to support potential reunification?
- emphasise the desirability and need to consider the option to reunify children with their families as a key consideration within the regular reviews of the care placement?
- guarantee that children and families are actively involved in decision-making on the possibility of, and planning for reunification?
- ensure that the decision to reunify a child with his/her family leads to a planned and gradual process during which the family is provided with relevant support?

## DETERMINING APPROPRIATENESS

In cases of necessity the question of assessing which alternative care option is appropriate is the next step.

Does national policy ..

- oblige care providers to ensure the implementation of rigorous, multi-disciplinary approaches to decision-making that includes the informed participation of children and their families?
- provide a suitable regulatory framework to ensure authorisation, registration, monitoring and accountability of care providers?
- oblige care providers to ensure that comprehensive records are kept from the outset so that, for example, the initial decision-making process provides a solid foundation for future care planning and regular reviews?
- dictate that periodic reviews of the care placement give all due consideration to the general conditions of care experienced by the child, the continued necessity of the placement, and take account of the views of the child?
- oblige care providers to ensure individualised care solutions that promote stability and permanence in planning care, through reunification with the family, or the continued provision of alternative care?

For a full list of national policy assessment questions, please refer to the document in your Resource CD/ Flash drive: ISS & SOS Children's Villages (2009) Guidelines for the Alternative Care of Children: A United Nations Framework, ISS & SOS Children's Villages

## Handout 3:6 Summary of the Guidelines for the Alternative Care of Children (UN, 2009)

The Guidelines outline the need for relevant policy and practice with respect to two basic principles: Necessity and Appropriateness.

Necessity: Children should be supported to remain with, and be cared by their family. Removal of a child from his family should be considered an option of last resort and for the shortest possible duration. Any decisions should be based on a rigorous, participatory assessment.

Appropriateness: Any alternative care placement has to be tailored to the individual needs of the child and should respond to the best interests of the child concerned, in consultation with the child. The suitability of the placement and the continued need for it should be regularly reviewed by qualified professionals.

### GENERAL PRINCIPLES

- The State should ensure families have access to forms of support in the care-giving role. Only where the family is unable, even with appropriate support, to provide adequate care for the child, the State is responsible, for ensuring appropriate alternative care.
- The State should develop and implement comprehensive child welfare and protection policies in order to improve the existing alternative care provision, reflecting the principles contained in the Guidelines. This includes ensuring the welfare and protection of children looked after informally by relatives and others.
- Financial and material poverty should never be the only justification for the child being placed in or remaining in alternative care.
- No child should be without the protection of a legal guardian or competent public body.
- Any decision on the child's alternative care ought to take account of the following factors:
  - the desirability of maintaining the child as close as possible to his usual place of residence in order to facilitate contact and possible reintegration into his family, and to minimise disruption in his educational, cultural and social life – i.e. community and domestic solutions, rather than international options;
  - permanency as a key objective, rather than temporary measures;
  - the need for care to be provided in family-type settings (especially those under 3 years), rather than in residential institutions, except where this is specifically appropriate, necessary and constructive for the individual child – i.e. the institutionalisation of children should be an option of last resort.
- States should, to the maximum extent possible, allocate sufficient human and financial resources to ensure the implementation of these principles and Guidelines.

### PREVENTING THE NEED FOR ALTERNATIVE CARE

- States should ensure policies and measures that provide support for families in meeting their responsibilities towards the child. These should address the root causes of abandonment, relinquishment and separation. These should include family support, family strengthening services, supportive social services, and youth policies.
- Special attention should be drawn to the establishment and promotion of assistance and care services for single-parent families, adolescent parents and their children, siblings who have lost their parents, as well as for child-headed households.
- In all cases, an assessment of the child and the family's situation should be carried out, so as to guide the decisions concerning the withdrawal or the reintegration of the child in his family.
- States should act as promptly as possible in order to prevent family breakdowns, and if necessary, as early as pregnancy, through counselling and social support activities.
- Decisions regarding removal or reintegration should be based on sound professional principles and assessment of the child and family's situation, including the family's actual and potential capacity to care for the child. Decisions must be made by suitably qualified and trained professionals, on behalf of

an authorized authority, in full consultation with all concerned and bearing in mind the need to plan for the child's future.
- The aims of reintegration and the tasks of all involved should be set out in writing and agreed. Regular and appropriate contact between the child and his/her family should be supported and monitored.

## FRAMEWORK OF CARE PROVISION

- States should take all necessary measures to ensure that the legislative, policy and financial conditions exist to provide for adequate alternative care options, with priority to family and community-based solutions.
- States should ensure the availability of a range of alternative care options, for emergency, short-term and long-term care.
- States should ensure all those providing alternative care are accredited and regularly monitored and reviewed according to set criteria, in keeping with the Guidelines.
- Informal carers should be encouraged to notify the competent authorities so that they and the child may receive any necessary financial and other support, and to enable formalization of the care arrangement if this is in the best interests of the child.

## DETERMINATION OF THE MOST APPROPRIATE FORM OF CARE

- Decision-making on alternative care in the best interests of the child should take place through a judicial or other adequate and recognized process, including legal representation on behalf of children in any legal proceedings.
- Decision-making should be based on rigorous, assessment, planning and review, through established structures and mechanism, and carried out on a case-by –case basis, by suitably qualified professionals and in full consultation with the child, and his /her parents or legal guardians.
- Frequent changes in care setting should be avoided. Planning for care provision and permanency should be carried out ideally before the child enters care. Permanency for the child should be secured without undue delay through reintegration, or, if this is not possible, in an alternative stable family setting.
- States should ensure the right of any child who has been placed in temporary care to reviews at least every three months.
- The child should be prepared for all changes of care settings resulting from the planning and review process.

## PROVISION OF ALTERNATIVE CARE POLICIES

- The State should endure co-ordinated policies regarding formal and informal care, based on sound information and statistical data.
- Policies should define a process for determining who has responsibility for a child.
- Special attention should be paid to the quality of alternative care provision, both in residential and family-based care.
- Policies should define the professional skills, selection, training and supervision of carers, their roles and functions.
- There should be a national document setting out the rights of children in alternative care, in keeping with the Guidelines.
- All alternative care provision should be based on a written statement of the provider's aims and objectives and the nature of their responsibilities to the child, in keeping with the CRC, applicable law, and the Guidelines.
- A regulatory framework should be established to ensure a standard process for the referral or admission of a child to alternative care.
- When a child is placed in alternative care, contact with his or her family and other persons close to the child, should be encouraged and facilitated, in keeping with the child's protection and best interests.

- Children should receive adequate food, access to education and vocational training, and should have medical care, counselling and support as required.
- Children should be allowed to satisfy the needs of their religious and spiritual life; they should have appropriate privacy, and facilities for their hygiene and sanitary needs; they should have adequate, secure and accessible storage space for their personal belongings.
- Alternative care settings must meet health and safety requirements, and afford children protection from abuse, abduction, trafficking, sale and other forms of exploitation.
- Measures should be taken to ensure children in alternative care are not discriminated against, stigmatised, or receive any cruel, inhuman or degrading treatment.
- Children in care should be offered access to a person of trust in whom they can confide and to a mechanism for complaints and concerns regarding their treatment or conditions of placement.
- A life-story book should be maintained.

**LEGAL RESPONSIBILITY**

- A designated body or judicial authority must be designated in situations when the child's parents are absent or incapable of making decisions in the best interests of the child.
- All agencies and facilities must be registered and authorized to operate (reviewed on a regular basis) on the basis of standard criteria, and must have written policies and practice statements, including code of conducts, consistent with the Guidelines. They must have comprehensive and up-to-date records on all children in their care, staff employed and financial transactions.
- Training should be provided to all carers on the rights of children without parental care; the specific vulnerability of children, and dealing with challenging behaviours.
- The competent authority should devise a system, and should train staff accordingly, to assess and match the needs of children with the abilities and resources of potential foster carers; to identify a pool of accredited foster carers; to prepare all concerned for the placement.

**RESIDENTIAL CARE**

- Facilities providing residential care should be small, in a setting as close as possible to a family or small group situation. Their objective should be to provide temporary care. There should be sufficient carers to allow individualized attention.
- Laws, policies and regulations should prohibit the recruitment and solicitation of children for placement in residential care by agencies, facilities or individuals.

**INSPECTION AND MONITORING**

- An independent monitoring mechanism should be in place to which agencies, families and professionals involved in care provision should be accountable.
- There should be frequent inspections, involving discussion with and observation of the staff and children.

**SUPPORT FOR AFTERCARE**

- Agencies and facilities should have a clear policy and carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate after care and/or follow-up.
- Throughout the period of care, children should be prepared to assume self-reliance and to integrate fully with the community.

## Handout 3:7 Examples of the Use and Implementation of the Guidelines for the Alternative Care of Children (BCN, 2010)

The UN General Assembly Resolution A/C.3/62/L.24/Rev.1 on the Rights of the child and the Human Rights Council have encouraged States to adopt and enforce laws and improve the implementation of policies and programs to protect children growing up without parents or caregivers, as well as the advancement of the guidelines for the appropriate use and conditions of alternative care for children. The NGO Subgroup on Children without Parental Care is pursuing its advocacy activities and intends to ensure the wide dissemination of the Guidelines and to support initiatives at country level.

**Haiti Earthquake Response Efforts: (BCN, 2010)**
The Guidelines for the Alternative Care of Children were used for advocacy and policy positions during the immediate aftermath of the Haiti earthquake. E.g. In the immediate aftermath of the Haiti earthquake, the NGO Group for the Convention on the Rights of the Child's Working Group on Children without Parental Care (Geneva) and the NGO Committee on UNICEF Working Group on Children without Parental Care (New York) issued a joint statement calling for the humanitarian response to uphold recommendations set forth in the Guidelines for Alternative Care in regards to care for children in emergencies, preventing family separation and promoting family based care in their community of origin where possible. To read the full statement, visit: http://bettercarenetwork.org/bcn/details_news.asp?id=21576&themeID=1001&topicID=1007

**Namibia**
The Ministry of Gender Equality and Child Welfare, Government of Namibia, referenced the Guidelines for the Alternative Care of Children during the drafting process of the 2009 "Minimum Standards for Residential Care Facilities in Namibia."

**Chile**
The nationally implemented SENAMA program, which is committed to deinstitutionalisation and family-based care, is modelled after the Guidelines.

**Universal Periodic Review (UPR), Geneva**
In the 2010 Universal Periodic Review (UPR),[53] the Government of Brazil made a general recommendation to Albania to take measures to implement the Guidelines. Albania also received specific recommendations on relevant issues from Austria, Czech Republic, Uruguay, Slovakia and Norway. All of these were accepted by Albania. As such Albania made a voluntary commitment to take action on those recommendations over the next 4 years, i.e. up to the next UPR.

**UN Committee on the Rights of the Child**
The Guidelines are now being used by the Committee for both developing and industrialised countries in their concluding observations e.g. The Committee recommends that the State party:
(a) Urgently develop an effective alternative care strategy and monitoring systems, taking into account the Guidelines for the Alternative Care of Children contained in General Assembly resolution 64/142 adopted on 20 November 2009; http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G10/406/17/PDF/G1040617.pdf?OpenElement (to Burkina Faso in Jan 2010)

[53] *The Universal Periodic Review (UPR) is a new and unique mechanism of the United Nations which started in April 2008 and consisting of the review of the human rights practices of all States in the world, once every four years. Source: http://www.upr-info.org/*

## Handout 4.1: Key Components of a National Child Protection System

Save the Children defines child protection as "measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children. The goal of child protection is to promote, protect and fulfill children's rights to protection from abuse, neglect, exploitation and violence as expressed in the 1989 UN Convention on the Rights of the Child and other human rights, humanitarian and refugee treaties and conventions, as well as in national laws".[54]

### The Purpose of a Systems Approach to Child Protection

Recently there has been a shift towards the development and strengthening of national child protection systems by agencies working to protect children, such as Save the Children, UNICEF, and UNHCR. Such an approach emphasises prevention, coordination between sectors and integrated responses that benefit all children, rather than a focus on individual protection concerns.

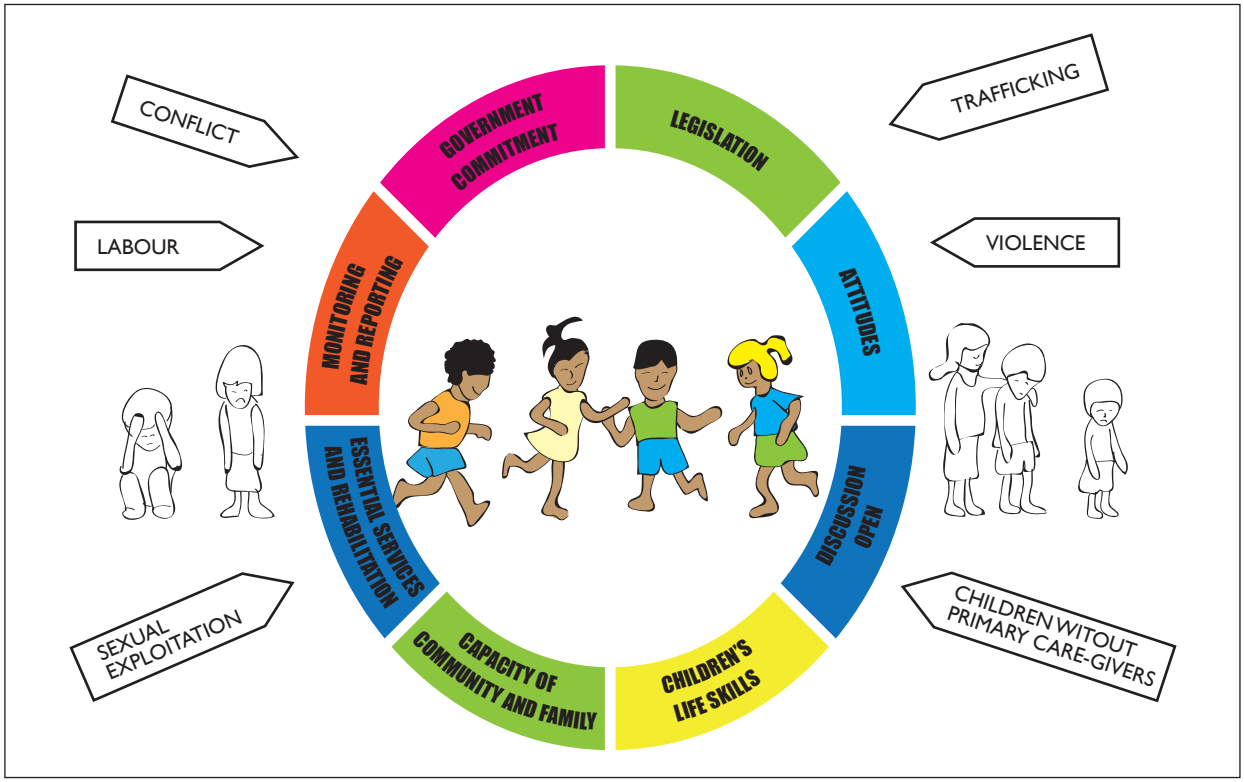



Diagram: UNICEF's Protective Environment

As the diagram above depicts, children face multiple protection problems, for example, a child who has been abused at home may now be working and living on the streets and in conflict with the law. Fragmented child protection responses may deal with one of these problems but rarely provide a comprehensive and sustainable solution to child protection risks. Nor do they ensure that all children at risk of being neglected, abused or exploited can be protected, rather than just a few.[55] What is needed is a broader, co-ordinated approach to be able to create a protective environment for children, and one which recognises, analyses and addresses the range of interrelated factors that contribute to violations of children's rights. This is the systems approach to child protection.

[54] *Child Protection Initiative (2010) Building Child Rights Based National Child Protection Systems: A concept paper to support Save the Children's Work. Save the Children*

[55] *Ibid*

## The Core Components of a Child Protection System

An effective national child protection system recognises the state's ultimate responsibilities and human rights obligations to children. It consists of: [56] It must involve relevant sectors and collaboration between government, civil society and the private sector at village, provincial and national levels, mandated by law and supported by the public in a commitment to ensure that children are protected from all forms of harm in all settings. It will include: [57]

- laws and policies that protect children from abuse, neglect, exploitation and violence and respond in the best interests of the child when violations occur
- a central government coordination mechanism for child protection, bringing together central government departments, different provinces, central and local levels of government and civil society
- effective regulation and monitoring at all levels of child protection standards, for instance, in childcare institutions and schools
- a committed workforce with relevant competencies and mandates.

The following diagram shows the ways in structures, functions, and capacities of a system are interlinked in order to create a child protection system. [58] The system operates at several levels and relies on different actors, including children, the family, the community, and the state. They each belong to formal or informal structures which can contribute to the protection of children either via promoting the protection of children, or through prevention of rights violations or services which respond to protection concerns.

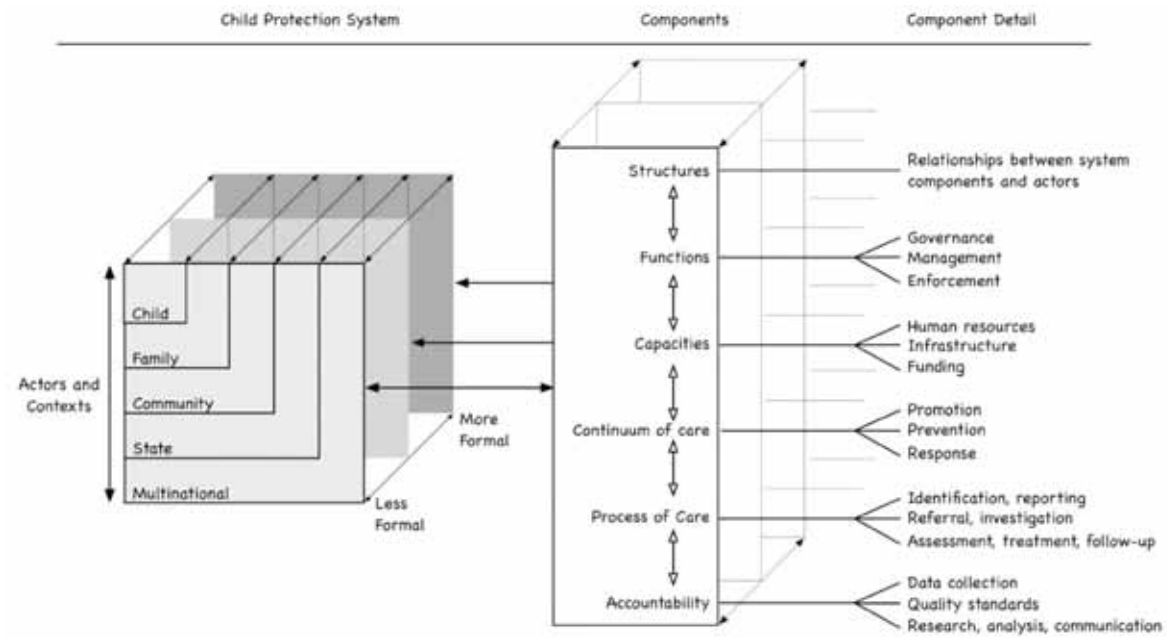



Diagram: Child Protection Systems: Actors, Contexts and Components. Source: Chapin-Hall, p. 22. in UNICEF (2010) Child Protection Systems Mapping and Assessment Toolkit: User's Guide, UNICEF

A systems building approach to child protection emphasizes preventive measures from a broad social welfare approach, recognizing the impact of poverty and social exclusion on the capacity of families and communities to care for their children. A range of complex contributing factors are also recognized, including the lack of access to quality education, rural-urban migration, displacement due to armed conflict or natural disaster, trafficking, harmful traditional practices, gender based violence, and discrimination due to gender, ability, political, ethnic and religious background. It also seeks to address the root causes of child protection failures which make children more vulnerable – for example, poverty, gender and other forms of discrimination, power imbalances

[56] *Ibid*

[57] *ibid*

[58] *UNICEF (2010) Child Protection Systems Mapping and Assessment Toolkit: User's Guide, UNICEF*

between adults and children, violence in society and social acceptance of certain forms of violence, such as corporal punishment.[59]

**Save the Children's Description of an Effective National Child Protection System**
Save the Children describes an effective and functioning rights based national child protection system as consisting of components that, when properly coordinated, work together to strengthen the protective environment around each child and its family.

These components include:

| Key Elements | Child Protection System |
|---|---|
| **1. Laws and policies** | Child protection laws and policies, including customary law, are all compliant with the UNCRC and other international and regional standards and good practice, and a plan of action exists to prevent, protect and respond to all forms of violence against children. |
| **2. Co-ordination mechanisms** | There are coordination mechanisms across government, with civil society, human rights bodies and mechanisms, international organisations and between sectors at different level, with a framework for reporting and referral of child protection issues for each agency involved in working with children's rights and wellbeing, in emergency as well as development context. |
| **3. Data collection and research** | A centralised data collection system ensures regular information on both prevalence and knowledge of child protection issues, and good practices. The information collected is relevant and is used to make required adjustments to improve the protection of children. |
| **4. Regulation and oversight** | Services and responses are effectively regulated, including through accreditation and licensing of care providers, enforced minimum standards of care. |
| **5. Preventative and responsive services** | There is a range of preventive and responsive child-friendly services that recognise the need to support and strengthen the role of families in the care and protection of their children, and which can intervene when families are unable or unwilling to fulfil their role appropriately. |
| **6. Human resources** | A skilled and committed child protection workforce has the mandate to respond effectively to issues faced by children, their families and communities. |
| **7. Financial resources** | Adequate and appropriate resource allocation underpins effective children's and family services at all levels, including within the child's community. |
| **8. Participation** | Children have genuine opportunities to express their views and be involved in responses and interventions deployed to protect them and in the development of policies and services relevant to their protection and the fulfilment of their rights. |
| **9. Public Support** | An aware and supportive public is engaged and involved in efforts to prevent harm to children and respond to child protection issues in their communities and neighbourhoods and in wider society. |

[59] *See document: CPI (2009) Building Rights Based National Child Protection Systems: A concept paper to support Save the Children's Work, Save the Children*

## Handout 4.2: The Care System

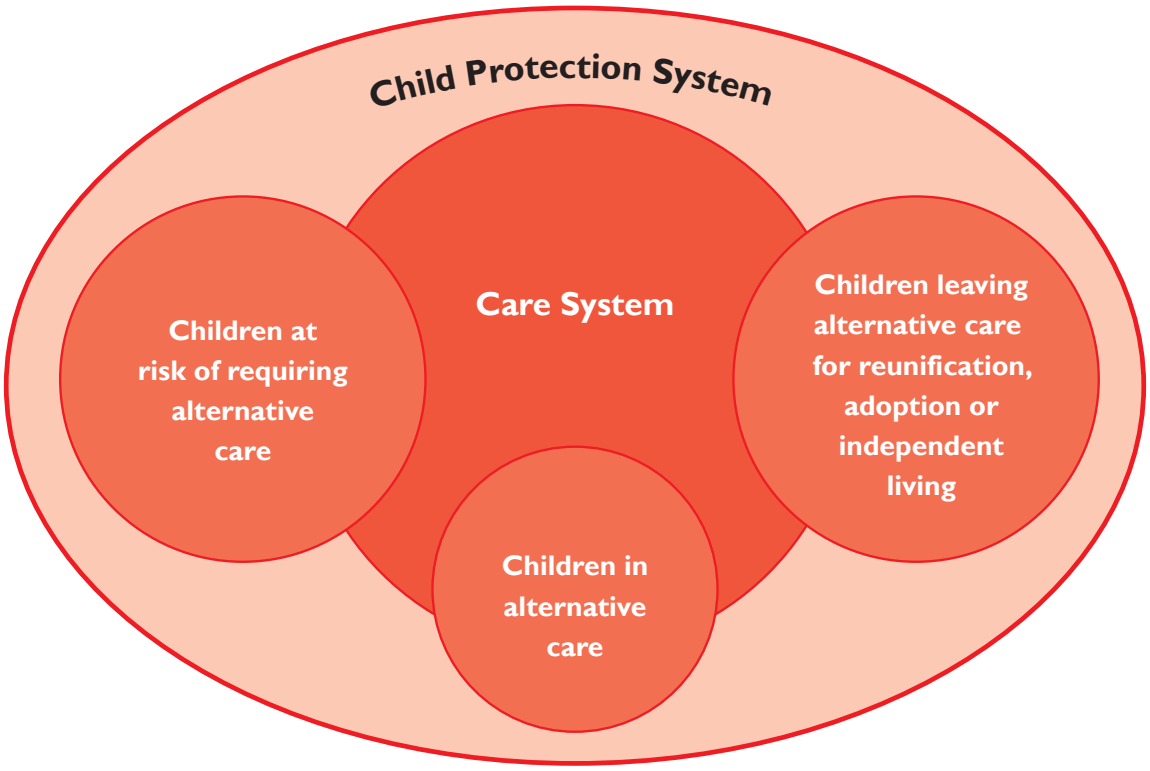
### The Child Protection System and other Systems

The child protection system complements, and leverages, other key systems that alleviate poverty, such as health, education and social protection systems. It is distinct from those systems in that it focuses directly on protection of children from abuse, neglect, exploitation and violence. Effective systemic response to these issues has significant broader social benefits which will have an impact on these other systems, including more effective and efficient use of scarce public and private resources, improved developmental outcomes for children, lower incidence of lifetime disorders resulting from abuse, and less reliance on costly justice interventions including incarceration. It is important to recognize that the social sectors work in a complementary way – for example, studies have shown that girls who are educated are much less likely to become married before the age of eighteen, and effective pre-natal care can reduce the incidence of disabilities.

Within the child protection system there will be subsystems which will relate more specifically to addressing certain rights violations, such as children involved in hazardous labour, or children in conflict with the law. These sub systems will overlap in terms of the children they work with, the people involved in protecting children, and the related laws, policies and services, however they will also have certain distinctions in terms of the ways in which particular protection issues are addressed. Children without appropriate care are included as one such sub system.

### The Relationship between the National Child Protection System and the Care System

The care system sits within the broader national child protection system but its components relate specifically to the protection and well-being of children who are deprived of parental care or who are at risk of being so. This therefore includes children who are already in formal or informal alternative care, AND children who are living with their parents/customary caregivers/legal guardians who are at risk of requiring alternative care, as well as children leaving alternative care for independent living, adoption, or family reunification (see diagram below).



**Key Elements of a National Care System**

The specific components that should exist in an effective national care system are outlined below. This table follows the same format as Save the Children's child protection system components in order to show how the elements of this subsystem relate to the broader protection system framework.

| Key Components | A National Care System |
|---|---|
| **1. Laws and policies** | There are applicable laws, policies, and customary practices for children in need of, and in formal and informal care, including those regarding the provision of alternative care, specific child custody laws, inheritance rights, parental rights, guardianship, child protection or welfare laws, and relevant government policies or directives. These comply with the CRC and the Guidelines for the Alternative Care of Children, and The Hague Convention on Intercountry Adoption.<br><br>The policies identify the structures, regulations and procedures relating to:<br>• Identification, assessment, care planning, review, and monitoring of a child in relation to provision of adequate care<br>• Provision of supports to the child and his or her customary care-givers<br>• Provision of emergency, short and long-term alternative care<br>• Guardianship<br>• Decision making processes, including the role of the court or other legal body, and the legal rights of the child and his or her legal guardian or customary caregiver<br>• Child Protection Procedures<br>• Tracing, Reunification, reintegration and after-care<br>• Permanent placement decisions |
| **2. Co-ordination mechanisms** | There is co-ordination of all actors at policy level as well as co-ordination of all actors involved in preventing, identifying and responding to child protection threats/violations within and between both the formal and informal care systems e.g. service users, service and care providers, social workers, community based committee members or other volunteers, and all involved professionals.<br><br>Co-ordination mechanisms include but are not limited to, outreach and advisory committees, case supervision and regular case reviews, child protection panels, interagency meetings etc. |
| **3. Accountability** | There are mechanisms (including complaints procedures) for children, their legal guardians, service users, care-givers, employees, contractors etc to hold decision makers, service and care providers to account, particularly in relation to:<br>• Provision of a service in accordance with agency mandate and requirements<br>• Decision-making and review processes relating to a child's care plan or any mandated intervention or alternative care placement<br>• The quality of service and alternative care provision<br>• The protection of the child and adherence to national and international laws and policies<br>• Resource allocation<br>• Non-discrimination |

| | |
|---|---|
| **4. Data collection and research** | Mechanisms for recording disaggregated data exist to measure and track<br>• Children entering and leaving formal care<br>• Children living in formal and informal care<br>• Ratio of children in residential vs. family based care<br>• Number of child deaths in formal care<br>• Children leaving residential care for a permanent family placement Contacts with parents and family<br>• Existence of Individual care plans<br>• Use of assessment on entry to formal care (gate-keeping)<br>• Review of placement<br>• Children in formal care attending local school<br>• Staff Qualifications<br>• Foster and Adoption rates<br>• Length of time in placement<br>Examples of such mechanisms include standardized assessments and care plans, reporting on regular reviews, and electronic data collection systems e.g. the Interagency Information Management System.[60]<br><br>Research is undertaken and acted upon into the issues relating to child and family outcomes and the degree of effectiveness in the functioning of the care system. This will include for example, the push and pull factors relating to the use of alternative care; services which can support the care of children within their families, and the standards of care provided in formal and informal family-based and residential care. |
| **5. Regulation and oversight** | There are laws and procedures relating to the registration, accreditation and licensing, and inspecting of service and care providers (including social workers or their equivalent); national standards for all residential care facilities and formal care providers; national standards relating to case management procedures etc.<br><br>There are bodies and professionals responsible for assessing and enforcing regulation and oversight. |
| **6. Preventative and responsive services, including alternative care placements** | A range of services exist, including:<br>a)Universal services which support the care of all children and their families e.g. education, health care, day care<br><br>b)Preventative, supportive and rehabilitative services directed at children without appropriate care, children in alternative care, their customary and current caregivers, and care-leavers e.g. parenting classes, day-care, respite care, drug rehabilitation, cash transfers, vocational training, economic strengthening<br><br>c)Alternative care placements (e.g. foster care, residential care etc) |
| **7. Human resources** | A full range of human resources are able to adequately to serve vulnerable children and their families/caregivers:<br>a) Social work professionals and paraprofessionals who work with children and families at risk, children without adequate parental care , children in alternative care, reunified children, and children moving out of alternative care into independent living or adoption<br>b) Professionals and volunteers in referral services and other sectors e.g. teachers, activity leaders, counselors, judges, tribal, religious and spiritual leaders<br>c) The administrators, supervisors and managers within the human services systems serving children<br>d) Formal and informal care-givers |

[60] *See UNICEF & the BCN (2009) Manual for the Measurement of Indicators for Children in Formal Care, UNICEF & the BCN*

| | |
|---|---|
| | Mechanisms exist to help build and maintain the capacity of the human resources such as:<br>• Informational newsletters and fact sheets<br>• Curriculum development that includes a participatory process and training of trainers to build local trainers<br>• Regular trainings and workshops<br>• Regular supervision that has administrative, supportive and educational functions |
| **8. Financial resources** | There is a process of costing out the required resources and associated infrastructure (including the management and administration of the system) required as part of strategic planning of service and placement provision which meet quality standards. Investment mechanisms should favour family based preventative, rehabilitative, and support services and placements over residential care.<br><br>Financial resources to help families care for their children would include social protection measures e.g. cash transfers, in-kind payments, social welfare benefits. |
| **9. Participation** | There are mechanisms for (current and former) children, their legal guardians, and care-givers to participate, throughout the care planning process, in any assessments, care planning and case management decisions, as well as provide feedback on and to influence the development of services, supports, or placements.<br><br>Research supported mechanisms for planning and evaluating services include, but are not limited to family-group decision-making; child and parent/caregiver conferences, focus groups for children, caregivers, and community leaders. The mechanisms for reporting individual child protection concerns might include a hotline, crisis intake unit or specially trained staff such as social workers, psychologists or counselor at schools, hospitals and clinics. |
| **10. Public Support** | Public and government knowledge, practices, and attitudes are addressed in relation to the care of children e.g.:<br>• the role of families and communities in caring for children<br>• the use of residential care for children<br>• the use of forms of family-based care for children<br>• the types of support or options to be offered to families who cannot provide adequate care for their children<br>• the role of PR, media, and communications<br>Mechanisms might include:<br>• Advocacy Campaigns<br>• Social marketing campaigns[61]<br>• involvement of media in meetings and focus groups for public officials; media; community leaders<br>• media trainings<br>• public presentations<br>• regular dissemination of newsletters, publicly released reports and fact sheets. |

[61] *See document: Kang K (2008) What You Can Do About Alternative Care in South Asia: An Advocacy Kit, UNICEF*

## Handout 4.3: National Care System Template

What does the Care System look like in the national context in which you are working? Complete the following template, and/or draw a system map, following the information from Handout 3.2. This will help to identify in more detail key gaps and opportunities for system development.

| Key Components | A National Care System |
|---|---|
| **1. Laws and policies** | |
| **2. Co-ordination mechanisms** | |
| **3. Accountability** | |
| **4. Data collection and research** | |
| **5. Regulation and oversight** | |

| | |
|---|---|
| **6. Preventative and responsive services** | |
| **7. Human resources** | |
| **8. Financial resources** | |
| **9. Participation** | |
| **10. Public Support** | |

## Handout 4.4: Country Examples of System Reform (BCN, 2011)

### Child Protection System Reform

- Central and Eastern Europe:
  Countries in Eastern Europe and Central Asia (CEE/CIS) embarked on a reform of child care systems at the end of 1990s. What started as a de-institutionalisation agenda grew into a holistic reform of child care systems. There was an overall need to diversify services and introduce changes in system regulators, such as policy- and legal frameworks, financial flows and budgeting, professionals, governance, quality assurance systems to reflect modern approaches of family-based care. All of this required careful planning, monitoring and evaluation of reform benchmarks. Between 2007 and 2009, UNICEF supported a series of high-level Consultations on child care reform that took stock of progress, identified best practices and re-articulated roadmaps for the future.
  See also page 9 & 10 of Child Care System Reform in South East Europe. This details the summary of the process, key successes and challenges: http://www.unicef.org/ceecis/SEE_CC_multicountry.pdf

- Serbia
  Moving from small-scale to national de-institutionalisation programs to overall reforms of child welfare and social protection systems.
  Social welfare institutions have long been the only option for children in Serbia unable to grow up in their birth families, either because of disability, behavioural issues or due to a lack of parental care. However, reform processes in the sphere of the social welfare system have gradually been initiated since 2001. At first, these constituted only individual projects and actions, but, over time, the approach has received a planned and strategic framework. Thus, the Government of Serbia adopted the National Plan of Action for Children in 2004, the Social Welfare Development Strategy in 2005, and the Strategy for Empowerment of People with Disabilities in 2006. In practice too, the picture has changed, and from 2001 to the present day, the number of children placed in institutions for children without parental care has fallen from 1,900 to 850, while the number of children in foster families has risen from around 1,800 in 2002 to 4,200 this year. Nonetheless, this applies little, or not at all, to children with disabilities and children in conflict with the law. The capacities of institutions for children with disabilities, housing around 1,100 such children, have remained unchanged. Moreover, babies and children of low calendar age still account for almost a third of children placed in institutions for children without parental care.

  Noting the difficulties, sluggishness and challenges of reform, the Ministry of Labour and Social Policy supported UNICEF's external evaluation in 2006, resulting in short-, medium- and long-term recommendations and proposals for actions necessary to conduct a thorough and sustainable transformation of residential institutions. The Memorandum of Cooperation between the Ministry of Labour and Social Policy and UNICEF of May 2008 presented a framework for comprehensive reform of the child support system. UNICEF's project (that followed), "Transformation of Residential Institutions for Children and the Development of Sustainable Alternatives," projected to run from May 2008 to November 2010, has thus become a foundation for support to comprehensive and coordinated change, based on empirical indicators of the present and a rational projection of the future situation.

  In order for the impact to be long-term and sustainable, the transformation of institutions must include not only a reduction in placement capacities and the enhancement of the quality of protection in these capacities, but also support for the birth family, development of services in the local community, strengthening of foster care and the development of specialised foster care, as well as enhancement of the system of accountability and independent supervision, in order to ensure conditions for the protection of the rights of the child within the system.

  Part of the comprehensive plan for transformation also includes enhancement of the mechanism of work accountability and independent supervision over the work of the institutions. Protection of the rights of the child and provision of the best possible care require clear mechanisms for the

prevention, as well as sanctioning, of actions within the system that are not in the interests of the child, be it in terms of non-acting (neglect) or direct endangerment of welfare (abuse). An inclusive model with proposals at the level of legal acts and by-laws, created during the first year, will represent a basis for planning activities in the next phase, geared towards capacity building of management boards and supporting the creation of a sustainable mechanism of independent supervision, including the institution of the Ombudsman and the civil sector.

Further information: http://www.unicef.org/serbia/resources_12019.html;
See Also: Child Care Reform Process: http://www.ceecis.org/ccc/ and presentation from Prague Conference by UNICEF Serbia: https://www.quality-care-conference.org/Results/Presentations/workshops/wednesday/Documents/anna-nordenmark-sverinsson-Serbia.ppt

- West Africa: Mapping and Assessment of National Child Protection Systems
  Child Frontiers has recently concluded two-year collaboration with a consortium of international agencies (Save the Children Sweden and Finland, Plan International and UNICEF WCA) to map and assess child protection systems in West Africa. This program of study represented a significant departure from previous national mapping initiatives in that informal, family and community practices for child protection were studied in relation to formal national protection systems. The study focused on the national context and international influences that have, for various reasons, led to the adoption of particular formal child protection models in the region. These systems were juxtaposed with traditional, community protection practices to provide a picture of the congruence and convergence between the systems. With an understanding of how and why formal child protection systems are functioning (or not) in relation to informal, community-based practices, country specific recommendations for reform were shaped. The five countries involved in the study were Cote D'Ivoire, Ghana, Niger, Senegal and Sierra Leone.
  http://www.childfrontiers.com/projects.php?type=research&id=19

**Child Care System Reform**

- Ghana
  The Care Reform Initiative in Ghana demonstrates the remarkable impact that integrated and supported partnerships among bilaterals, government and non-profit sector can make to elevate care systems at national levels. The Care Reform Initiative, a multi-sectoral joint venture, promotes integrated care services for vulnerable children and families in Ghana through a partnership between OrphanAid Africa, the Government of Ghana's Department of Social Welfare and UNICEF Ghana. With the increasing momentum on social protection in Africa, this group recognised the urgent need to strengthen the relationships between cash transfers, family support services and alternative care. Efforts are aimed at strengthening the capacity of the Department of Social Welfare to deliver and coordinate comprehensive social protection - cash transfers, family support services, and alternative care - for vulnerable children and families. These efforts clearly demonstrate how social transfers, services, and alternative care can be drawn together within a child-sensitive social protection framework. Aimed to de-emphasise over reliance on care systems for vulnerable, the initiative works to move towards a range of integrated family and community based care services for those children without appropriate parental care. The goal of the Care Reform Initiative is the establishment of a more consistent and stable approach to caring for vulnerable children in Ghana so that each child will be assured of a permanent home in a supportive and loving family. This approach is based on four main components:
  - Prevention: To prevent the disintegration of families through linkages with strategies that strengthen families such as the social grant program (LEAP), scholarships, food packages, access to National Health Insurance and other support programs.
  - Reintegration with the extended family (Kinship Care): In cases where children are separated from their parents, to find loving relatives who are able to create a caring and stable environment for the child.
  - Fostering: When kinship care cannot be provided, temporary or permanent care with foster families can still provide a good home for children.

- Adoption: When the possibility of a family reunion is exhausted, to find the child a loving adoptive home, preferably with a Ghanaian family.

Among many other things OA has produced a draft of Regulations and Standards for the Operation of Residential Care Setting in Ghana and recently completed National Plan of Action for Orphans and Vulnerable Children.

See also: National Plan of Action for Orphans and Vulnerable Children: Ghana The development of Ghana's three year National Plan of Action for Orphans and Vulnerable Children (OVC) sets out time bound goals and objectives and serves as a framework for providing care and support to vulnerable children in care institutions. http://www.bettercarenetwork.org/bcn/details.asp?id=23717&themeID=1001&topicD=1006 and http://www.ovcghana.org/index.html http://www.oafrica.org/front_content.php?idcat=168

- Jamaica
  A recent study undertaken by the Jamaican Office of the Children's Advocate aimed to determine the effectiveness and the efficiency of Jamaica's Foster Care Programme, the adherence to child rights in the provision of Foster Care, and to provide policy direction for the enhancement of the program. The report concludes that the program reflects a commitment to the transformation of the child protection system in Jamaica, by strategically moving away from a system that relies on the traditional child rescue approach, to one that embraces the family support model while also proving its cost effectiveness. This targeted transformation also includes improving service delivery to children, and realising the best outcomes for each child in care, thus ensuring he or she is fully prepared for reintegration into a nurturing family setting and/or into adult society. http://www.bettercarenetwork.org/bcn/details.asp?id=23714&themeID=1002&topicID=1013

- Namibia
  The Ministry of Gender Equality and Child Welfare of Namibia recently underwent the process of drafting the Child Care and Protection Bill. By utilizing a rights-based approach, the drafting process of the Child Care Protection Bill was conducted in a participatory manner, engaging with vulnerable and marginalized stakeholders, and particularly taking into account the views of children and women. Public Participation in Law Reform: Revision of Namibia's Draft Child Care and Protection Bill provides a summary of the various forms of consultation undertaken during the revision of the Child Care and Protection Bill and provides a basis for future law reform processes and presents an excellent example of how to include children and the public in the law-making process. http://www.bettercarenetwork.org/bcn/details.asp?id=23715&themeID=1001&topicID=1006
  See also: Foster Care in Namibia: Recommendations for the Framework. This report prepared for the Namibian Ministry of Gender Equality and Child Welfare (MGECW), based on information about foster care frameworks and guardianship legislation in other countries, provides recommendations for new approaches to foster care and foster care grants for incorporation into Namibia's Child Care and Protection Act (CCPA). http://www.bettercarenetwork.org/bcn/details.asp?id=23716&themeID=1001&topicID=1010

- Bulgaria
  The Bulgarian experience in implementing a comprehensive reform of the care and protection system for children at-risk poses a range of important takeaways. It shows the achievements as well as the lessons learned during this challenging process, exploring identification and implementation of reform priorities, the Bulgarian experience of reducing rates of institutionalisation, capacitating the social welfare sector and citizen constituency to support foster care development, and responding to social attitudes around at risk children and family and community-based care.
  See: Development of Alternative Services, including Foster Care, within the Framework of Reforming Child Protection System: http://www.bettercarenetwork.org/bcn/details.asp?id=23718&themeID=1001&topicID=1010

- Sudan
  Recognising the increasing rates of child abandonment and excessive institutionalisation of children, UNICEF set out with its partners to examine the potential for an alternative to institutional care. Driving the reform approach was the Alternative Family Care Task Force, established in 2002, and involving UNICEF, The Khartoum State Ministry of Social Affairs, the Khartoum Council for Child Welfare, MSF France and the NGO Hopes and Homes for Children. This addressed two key issues: a) how to provide an effective family-based alternative to child care, and b) how to manage the stigma surrounding unmarried mothers and their offspring, which seemed to underline the huge level of abandonment. The Task Force established a number of stages to the development of an alternative family care policy, including stabilisation of the conditions in institutional care, the design of acceptable alternative family care programs, and changes in attitudes, procedures and laws relating to abandonment of babies and children.
  See Also: Sudan: Technical Briefing Paper on Alternative Family Care
  http://www.crin.org/docs/UNICEF%20Sudan%20Technical%20Briefing%20Paper.pdf

## Handout 4.5: The Processes of Care

### Child Protection System Reform

The processes of care are procedures that are put into place once a child has been identified as at risk of or without adequate parental care. The diagram below highlights the headline procedures that should be in place in a Care System. Such procedures are an essential component to ensuring that actions are being taken in the child's best interests, and to enable effective gate-keeping. Where these processes are absent, incomplete, or poorly carried out, children may be left without protection or support, and may be placed in and remain in alternative care unnecessarily for long periods.


**Figure 1 Care Processes**
The diagram above shows the main care processes. How these processes work in any given context will depend on the knowledge, attitudes and practices, the national legal and policy framework, and the resources available. The description below serves as an example of how these processes may work in relation to an individual child identified as at risk.

**1. Identifying the need for intervention in order to support the child's care and protection:**
There are several ways that concerns regarding the care of a child may be raised e.g. the child reports problems directly to a child protection worker or social worker; the parent or caregiver refers him or herself for help; a child protection officer or social worker notices there may be a problem when doing their routine work; or a neighbour, teacher, doctor, community worker etc. notices that the child or family may be at risk or in need of help. People who come into contact with children and parents or caregivers should have had training in identifying child protection concerns e.g. police, teachers, doctors, midwives, health visitors, nursery workers, youth workers, community workers and volunteers, social workers etc. Ideally there would also be awareness raising for children and families regarding how to access help. This may include a confidential child helpline.

The person who has identified that the family needs help would hopefully contact the professionals or organisation that have a responsibility to respond. This would typically be a social work office, a child protection committee, or a support service. There should be mechanisms for referral to identified people/ organisations, each with a mandate to respond in a way that supports the protection of a child in a timely fashion. The referral pathways should be written down and highlight who is responsible for what and by when.

**2. Assessment:**

If a social worker professional or paraprofessional feels that there may be cause for concern, they should undertake an initial assessment of the child within his or her family (or other environment). The assessment should focus on the child as client and his or her best interests and should focus on identifying risks to the child, as well as family strengths and resources to mitigate such risks. In a child protection system, there have to be professionals or paraprofessionals trained in assessing risk and need and mechanisms for discussing concerns and co-ordinating actions e.g. case conference, BID process[62] , child protection committee meeting, supervision sessions. Other sectors should have training in their responsibilities in reporting concerns and in co-operating in assessments. There should also be a legal mandate for assessment, in order to be able to respond if the legal guardian refuses to be interviewed or for the child to be questioned or examined. The law should also spell out the rights of the legal guardian and the child. The diagram shows the types of information that may be sought initially or over time in ongoing assessments/reviews of the child's situation.

The assessment should identify:

- Any grounds for concern
- The needs of the child and family
- The strengths and resources of the child, family and local community
- Desired outcomes for child and family
- The necessary action to safeguard the child. This includes the provision of services and the initiation of child protection procedures, as well as the need for a more comprehensive assessment
- The desired resources

For some children the assessment may indicate that there are no protection concerns and therefore no further action is taken. For others, services may be required to support the child and/or to enable the family to adequately care for their child. Where the family are unwilling or unable to provide adequate care, even with the provision of supports or other services, the child may need to be placed in alternative care.

**3. Care Planning**

Where an assessment indicates that alternative care is required, a care planning process should begin in order to determine the time frame for the placement; the type of placement and services which will be required to meet the child's needs; the work that may be done with the child's parents/customary caregiver to enable them to care adequately for their child; and/or any work required to find a permanent placement for the child if he or she cannot return home. This plan must be based on the best interests of the child, and in participation with the child, his or her legal guardian, and other relevant stakeholders. This process should result in a written document which is regularly updated and reviewed by all those involved.

[62] *Best Interests Determination – see UNHCR (2008) Guidelines on Determining the Best Interests of the Child, UNHCR*

**4. Referral and Support Service**

If it has been assessed that a child is not being adequately cared for within the home, the first consideration should be whether there are services or supports that can be put in place to improve the care of the child at home. Some examples include: respite care, whereby regular breaks are planned for parents struggling to care for a child with disabilities; parenting education to improve how the carers interact with the child; counselling for mental health or relationship issues; day care; support with access to housing, health care or education; income support.

If such services would not be enough to enable the child to be adequately cared for at home, then protective services may be required. Before a child is removed temporarily from a family, consideration would go first to whether the abusive or neglectful parent can be removed from the home either permanently or temporarily for treatment e.g. drug rehabilitation and/or whether the non-abusing parent can be rehoused with the child e.g. if victims of domestic violence. If this option is not feasible then it is likely the child would be placed in alternative care e.g. foster care. Once in alternative care, there should be ongoing and regular reviews of the child's well being and the developments within the child's family, as well as services and supports to both to enable safe and stable reunification, or to help prepare the child for independent living. The child should not be reunified until it has been determined that child protection concerns have been addressed.

On reunification, services and supports would continue as necessary, with ongoing reviews of the need for help. If the child cannot be safely reunified despite services and supports to address protection issues, a legal process may be initiated to place the child in a permanent placement, according to the best interests of the child.

**4. Monitoring and Review**

All children in alternative care will require monitoring, with support provided or child protection procedures followed where necessary. This includes ensuring the child is being adequately prepared to engage in family and community life. Children who are not in care but who have been identified as in need of monitoring as a result of protection or welfare concerns will also need to be included in the case loads of social workers or community child protection committees/volunteers. Monitoring should include regular visits to the child and his or her current carer, ensuring that both are seen on their own for at least part of the visit. This should include visits to the current home of the child. Monitoring will also include contact with those involved in the child's care plan e.g. the child's teacher or doctor, the child's birth family and or legal guardian.

**The purpose of the monitoring visits is to:**

a. Provide support and guidance to both the child and the caregiver about how to develop and maintain a healthy and protective relationship, and to mediate on any problems arising
b. Ensure that the child and family are accessing services and community resources in line with the care plan and determine what additional or alternative supports may be required for the child, the current carer, the child's birth family
c. Update the child and caregiver on progress made towards long-term care solutions, including family reunification, alternative placement, or independence
d. Gather, listen to, and respond to the opinions and any concerns that the child or his or her current carer, or others close to the child may have
e. Monitor for and mitigate the risk of abuse, neglect or exploitation of the child
f. Receive information regarding tracing and contact arrangements.

Where there are concerns that a child may be at risk of or is experiencing abuse, exploitation or neglect, actions should be taken to safeguard the child in accordance with child protection procedures.

As well as ongoing and regular monitoring of children in alternative care, there should also be a formal review process. The purpose of reviews is to determine the child's care plan and to agree on actions to take towards realising this plan, in collaboration with the child, the current caregiver(s), the child's guardian and/or parent, and the case worker (and his/her supervisor), and anyone else involved in the child's care plan e.g. teacher, doctor, youth worker.

## 5. Case Closure

Organisations should have criteria which can be used to identify if the child needs continued support, monitoring, or care planning. It is very important that support needs are considered for a child into the longer term. Children who are being reunified should have ongoing monitoring and support until it has been determined that the reunification is stable and that the child is protected and adequately cared for. Young people leaving care to live independently will require support and guidance to be able to prepare for adult life. This would include life-skills training, family planning guidance, job skills training and support, help in finding accommodation, and assistance in beginning their new life. They should continue to have an allocated person to help this transition. This may be a professional social worker or it could be a community volunteer.

From the beginning of a case, workers should identify which indicators may apply to the child and which would indicate that the case can now be closed. They should develop concrete steps for ensuring the child is successfully reunified or placed in a permanent alternative placement.
Criteria for closing a case once a child has been reunified or placed in a permanent arrangement will be multiple and should be sustained for a period over a period of time. They are likely to include:

- child demonstrates satisfaction with family life
- child is treated the same as the other children in the family
- child attends available formal or non-formal educational services
- child participates in community activities
- at least one member of the family earns income, or provides enough resources to adequately sustain the family
- child eats a similar amount of food to other children in families in the same community, and the child eats alongside any other children of the placement
- there are no protection concerns
- child is able to make and keep friends
- child is prepared for independent living
- all administrative procedures have been followed.

When it has been determined that a case can be closed, the worker should advise the child, family, and local authorities, and ensure that all documentation is completed and filed. Children and their families should know who to contact with any new concerns or support needs.

## Handout 5.1: Definitions of Alternative Care

There are numerous forms of alternative care placements and these are currently defined differently by national and international organisations. The Guidelines for the Alternative Care of Children (United Nations, 2009) provides the following definitions, and these should be adopted as the primary definitions used:

**Alternative care may take the form of:**

| | |
|---|---|
| Informal care | Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. |
| Formal care | All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures. |

**With respect to the environment where it is provided, alternative care may be:**

| | |
|---|---|
| Kinship care | Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature. |
| Foster care | Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care. |
| Other forms of family-based or family-like care placements | |

| | |
|---|---|
| Residential care | Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.<br><br>(The Guidelines emphasise that only forms of residential care which provide small group care should be promoted: Article 23: While recognising that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalisation strategy, with precise goals and objectives, which will allow for their progressive elimination. Article 123: Facilities providing residential care should be small and be organised around the rights and needs of the child, in a setting as close as possible to a family or small group situation. Their objective should generally be to provide temporary care and to contribute actively to the child's family reintegration or, if this is not possible, to secure his/her stable care in an alternative family setting, including through adoption or kafala of Islamic law, where appropriate. Article 154: prohibit the establishment of new residential facilities structured to provide simultaneous care to large groups of children on a permanent or long-term basis) |
| Supervised independent living arrangements for children | |

Difficulties arise however in understanding what constitutes other forms of family-based or family-like placements; what informal foster care is defined as; what the difference is between small group homes and small group care; whether children's villages are a form of residential care? These issues are currently being debated and any final interagency consensus will be placed on the Better Care Network website: www.crin.org/bcn. For definitions of additional key terms please refer to the Glossary or the document: Save the Children (2007) Care and Protection Definitions.

## Handout 5.2: Defining Quality Care

The Guidelines for the Alternative Care of Children (UN, 2009) provide the framework for quality care provision. These Guidelines should form the basis of the development of National Care Standards. Such standards should consider for example:

- Size of the care provision and acceptable caregiver to child ratios
- Caregiver training, supervision and support
- Integration with the community and community services
- Referral procedures, and co-ordination with support and protection services
- Gate-keeping processes
- Care planning procedures, including permanency planning
- Independent oversight and registration
- Child Protection procedures
- Monitoring and case review processes
- Provision of services and supplies to meet the needs of children
- Preference for family-based care
- Use of residential care which is based on a small group care model and which fosters family-like structures and relationships
- Child participation
- Preservation of the child's identity
- Contact with family and friends
- Preparation for change of placements, independence and reunification

Source: Below is a list of some of the key overarching principles for the development of quality alternative care. It is taken directly from the following resource (contained in your Resource CD/Flash drive) Oswald E (2009) Because We Care: Programming Guidance for Children Deprived of Parental Care, World Vision
Nb. CDOPC = Children deprived of parental care.

**Seek the best interests of the child**
The overriding guiding principle for all planning for alternative care interventions is the child's best interests. The 1989 United Nations Convention on the Rights of the Child (UNCRC) affirms the norm of the best interests of the child as the primary consideration of all actions affecting children. Because the UNCRC has been signed and ratified by 192 countries, this norm represents an international standard for all nations and agencies to observe (www.unicef.org). Regardless of the position of models upon any designated hierarchy of community-based care options, the decisions involving alternative care must ultimately be in the best interests of the child. Defining processes for determining the child's best interests must be a priority for every organisation involved in alternative care.

**Seek family-like care environments**
A family-like environment provides the child with experience necessary for social and cultural development, and the ability to attain economic self-sufficiency as the child becomes an adult. Families model for children's social skills, teach them how to negotiate cultural aspects of life, and provide them with experience and knowledge of income-generating activities (Williamson, 2004, p. 4). Within their families, children absorb the values of their culture and develop the skills they will need in adulthood (Olson et. al., 2006, p. 4). In addition, psychological studies have provided insight into the importance of a secure relationship with an adult caregiver for the healthy social and emotional development of a child. This has been referred to as the 'attachment theory' (Bowlby, 1999). Children grow and thrive best in a family-based environment. Whether in extended families, foster families, adoptive families, or family-like group homes, children should be given the protection, love and support they are entitled to within a family-like environment.

**Utilise a child well-being approach within a rights-based framework**
Alternative care options should be implemented with a primary focus on child well-being, a concept well articulated in the UNCRC rights-based framework. The UNCRC challenges all duty-bearers to work towards the goal of child rights. This goal includes, among other things, seeking the best interests of the child, developing the child's capacities, and providing provision for and protection of the child. The UNCRC assigns accountability to the State when such rights are not achieved.

**Seek integration**
All forms of alternative care should keep the focus on preparing a child for integrating into society, whether through reunification with his or her original family, integration into a new family or family style group in a community setting, or through independent living and adulthood. When possible, family reintegration should be the prime objective of alternative care (Cantwell, 2005, p. 14). When it is not in the best interests of the child to return to their original family, it is essential that children acquire the necessary social and life skills to live a productive life. A child needs to be supported in shaping his or her future towards becoming a self-reliant, self-sufficient and participating member of society (Parry- Williams, 2005, pp.15-16). Age appropriate education, life skills development and livelihood training along with value development are appropriate efforts toward this objective (International Foster Care Organization, SOS Kinderdorf International, FICE, 2007, p. 45). After-care support may also be needed in situations in which children leave care to assist them in the transition to an independent young adult life (Tolfree, 2005, p. 12). Alternative care arrangements and monitoring must revolve around the central goal of integrating the child into society.

**Do no harm**
As external agents, international NGOs must recognise their ability to cause harm to communities, families and children. Organisations need to be conscious about how their methods for child care might compromise a child's safety, and implement protection mechanisms to avoid those risks. In addition, without a thorough understanding of the context, a NGO can unintentionally subvert community support for the most vulnerable. Resources given to one people-group over another can cause resentment and discrimination. External support can relieve a community from their own sense of responsibility, disrupt existing community actions, create dependency and halt traditional coping mechanisms (Grainger, Webb & Elliott, 2001). In every context, the risk of doing harm should be assessed prior to any programing and action must be taken to minimise any risk. All programs should be organised and implemented to strengthen community mechanisms and local people. When a community is taking responsibility for the care of vulnerable children, an NGO is able to focus on programs for raising awareness, training and capacity development, strengthening data collection and analysis, linking communities with resources, and advocacy (Richter, Manegold & Pather 2004, pp. 19-20). However, when social structures and services are broken or underdeveloped, international NGOs must ensure that vulnerable children are protected (ICRC, 2004. p. 2). NGOs can then develop interventions to care for children in need, but present them as models for local agencies to duplicate. Financial or material support might be necessary for a limited period of time, but plans for financial independence should be developed and implemented. Every attempt must be made to develop local ownership and responsibility without jeopardising the safety and development of children.

**Incorporate into community development**
Interventions for alternative care should be part of a larger community development effort that increases a community's own knowledge and ability to care for the most vulnerable individuals in their community. External interventions for one specific type of CDOPC without community input or support can cause problems. For example, providing exclusive services to child-headed households (CHHs) not only ignores the needs of other children who may need the services more, but can also cause resentment towards children in CHHs. Or, if special services are provided to children in group homes, impoverished extended relatives caring for CDOPC may be more motivated to hand the child over to a group home. The United Nations' (2001) Declaration of Commitment on HIV/AIDS recognises the importance of community development in reducing the vulnerability of HIV/AIDS orphans and suggests that services should not only focus on orphaned children or CDOPC, but target all of the most vulnerable children in the community through a participatory process. Community development and capacity building is essential to build community assets for and commitment to the long-term, sustainable care of CDOPC.

**Seek an insider's perspective**

External agencies need to recognise their need for greater understanding of the local culture, context and community. In the article 'Orphan Care in Malawi: Current practices,' B. Beard (2005) states that the greatest resources of knowledge on how to help Africans are Africans: Help begins by trying to understand African culture and not by imposing our Westernised culture. It starts… by listening to the children and the people of Africa as they tell us what they want to do and what we can do not for them but with them (p. 114).

An insider's perspective is invaluable and necessary for efficient and successful programing, especially in developing appropriate alternative care options for children deprived of parental care. External agencies must seek knowledge from the people to inform responsible actions (Olson, Knight & Foster, 2006, p. 7).

**Avoid potential for discrimination and stigmatisation**

NGOs must take the appropriate measures to ensure that children in alternative care are not stigmatised, and to combat existing discrimination within the community. In Save the Children's First Resort Series: Facing the Crisis, David Tolfree (2005) describes how the term 'orphan' can carry connotations of misfortune and a loss of social status. Tolfree recognises that the stigma associated with orphanhood is often compounded by other factors, such as HIV and AIDS, disability, and gender. Tolfree also suggests that community members charged with caring for such children are not immune to these deep-seated cultural beliefs and therefore may be a threat to the healthy development of children (p. 3). Stigma and social exclusion can also be a problem for children who have had certain experiences such as living on the street, sexual exploitation, or children whose parents died of HIV and AIDS-related illnesses or who may be HIV-positive themselves. Social education, such as developing empathy or teaching the basics of HIV transmission and prevention, can reduce community ignorance and stigma (Mathambo & Richter, 2007, p. 77), and prepare households to provide community-based care for children from these difficult situations.

The overriding guiding principle for all planning for alternative care interventions is the child's best interests. The 1989 United Nations Convention on the Rights of the Child (UNCRC) affirms the norm of the best interests of the child as the primary consideration of all actions affecting children. Because the UNCRC has been signed and ratified by 192 countries, this norm represents an international standard for all nations and agencies to observe (www.unicef.org). Regardless of the position of models upon any designated hierarchy of community-based care options, the decisions involving alternative care must ultimately be in the best interests of the child. Defining processes for determining the child's best interests must be a priority for every organisation involved in alternative care.

**Seek family-like care environments**

A family-like environment provides the child with experience necessary for social and cultural development, and the ability to attain economic self-sufficiency as the child becomes an adult. Families model for children's social skills, teach them how to negotiate cultural aspects of life, and provide them with experience and knowledge of income-generating activities (Williamson, 2004, p. 4). Within their families, children absorb the values of their culture and develop the skills they will need in adulthood (Olson et. al., 2006, p. 4). In addition, psychological studies have provided insight into the importance of a secure relationship with an adult caregiver for the healthy social and emotional development of a child. This has been referred to as the 'attachment theory' (Bowlby, 1999). Children grow and thrive best in a family-based environment. Whether in extended families, foster families, adoptive families, or family-like group homes, children should be given the protection, love and support they are entitled to within a family-like environment.

**Utilise a child well-being approach within a rights-based framework**

Alternative care options should be implemented with a primary focus on child well-being, a concept well articulated in the UNCRC rights-based framework. The UNCRC challenges all duty-bearers to work towards the goal of child rights. This goal includes, among other things, seeking the best interests of the child, developing the child's capacities, and providing provision for and protection of the child. The UNCRC assigns accountability to the State when such rights are not achieved.

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External agencies need to recognise their need for greater understanding of the local culture, context and community. In the article 'Orphan Care in Malawi: Current practices,' B. Beard (2005) states that the greatest resources of knowledge on how to help Africans are Africans: Help begins by trying to understand African culture and not by imposing our Westernised culture. It starts… by listening to the children and the people of Africa as they tell us what they want to do and what we can do not for them but with them (p. 114).

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## Handout 5.3: Analysis of Alternative Care Models

The following text is from the document Oswald E (2009) Because We Care: Programming Guidance for Children Deprived of Parental Care, World Vision.

Each type of alternative care has its own benefits and concerns depending on the context in which it is implemented. This handout surveys the strengths and weaknesses of each model, suggests promising practices based on generally accepted principles, and provides a case study on the application of each approach. In all cases, careful attention must be given to the best interests of each specific child and situation with consideration of all the possible care options. Each child should be individually assessed to make a determination of the child's best interests. Also, the viability of each model of care will vary greatly between contexts and cultures. Finally, it must be mentioned that every model has the potential to be good or bad.

## Kinship care

Kinship care is the most prevalent and most indigenous model of alternative care throughout the world (Cantwell, 2005, p. 6). It most commonly occurs informally when private arrangements are made for a child to be taken care of by relatives. However, kinship care can also be formally recognised or authorised by an outside authoritative body or judicial authority. These arrangements usually involve an assessment of the family and ongoing support and monitoring (Broad, 2007, p. 2). Both types of kinship care have specific benefits and concerns in relation to other models.

**Benefits:**

- Maintains and empowers local support systems
  Kinship care is an ancient tradition in child-rearing (Hegar & Scannapieco, 1999, p. 17). In times of crisis, communities throughout history and around the world have turned to the extended family to care for children who have lost their parents. A study in Zimbabwe found that a vast majority of orphans are cared for by relatives: 'This mode of care, derived from the deeply rooted extended family system, operates informally with decisions concerning the child's future being made by family elders without recourse to official government agencies' (UNICEF, 2004, p. 5). Tolfree (2006) recognises the opportunity and value of building on these cultural norms (p. 15). Working through natural, indigenous models that are non-intrusive encourages natural coping mechanisms.

- Love and support
  It is commonly assumed that children who are raised by their relatives will be more likely to receive love and support by their caregivers due to kinship bonds and existing relationships. Compared to institutional forms of care, the family environment available in kinship care does generally provide much greater opportunities for the love and attention essential to a child's development and well-being (Olson et. al., 2006 p. 38). However, it should not be assumed that all kinship relationships are loving and supportive.

- Preservation of family and community ties
  When children are placed with family members in the child's original community of origin they maintain their family relationships, social networks and contact with schools, places of worship, and other familiar places (Tolfree, 2006, p. 15).

- Reinforcement of child's sense of identity
  Kinship care provides continuity of a child's personal and cultural identity (Tolfree, 2006, p. 15). Children preserve and continue to develop their personal identities as they interact with the familiar people who are caring for them. In addition, they are able to preserve and enhance their cultural identity as they maintain a sense of belonging to the larger community (Williamson, 2004, p. 4).

- Decrease trauma and distress
  Kinship care can decrease a child's experience of trauma, compared to moving in with a stranger in a completely new environment (International Social Services & UNICEF, 2004, p. 3).

- Reduce the likelihood of multiple placements
  In comparison to foster care or group care models, children in kinship care are less likely to have multiple placements which often damage a child's ability to bond with a caregiver. However, in some circumstances children find themselves being 'passed around' the members of the extended family (ISS & UNICEF, 2004, p. 4).

- Expand capacity for self-sufficiency
  The family environment of kinship care provides the child with experience valuable for social, cultural and economic self-sufficiency as the child becomes an adult. Families show the children how to get along in the world socially, teach them how to negotiate cultural aspects of life and provide them with experience and knowledge of income-generating activities (Williamson, 2004, p. 4). Within their families children absorb the values of their culture and develop the skills they will need in adulthood (Olson et. al., 2006, p. 4).

- Ongoing support throughout life
  In kinship care, family relationships normally last into adulthood. Unlike other models of care where a child is expected to be completely independent at the age of 18 (or younger in some cultural contexts), kinship care cultivates long-lasting relationships and ongoing support (Loudon, 2002, p. 38).

- Children and relatives provide mutual care and support
  Often, the relationship of support and encouragement is two-way; the kinship caregiver provides support to the child and the child is a source of emotional and physical support for the caregiver. For example, orphaned children and their grandparent caregivers rely on one another during a process of mourning. Children can also physically support grandparents by taking on the physically challenging household chores. In addition, children can later provide economic security for a grandparent as they increase in age (International HIV/AIDS Alliance & HelpAge International, 2004, p. 4).

**Concerns:**

- Over-extension of families/households
  In situations of ongoing crises or chronic emergencies, such as HIV/AIDS or extended conflict, it has been suggested that families can become over-extended in their ability to care for CDOPC. Reporting on the 2002 Eastern and Southern Africa Regional Workshop on Children Affected by HIV/AIDS, Mark Loudon (2002) comments on the impact of HIV/AIDS in Africa, '…We have to kill the myth of the capacity of the African extended family. This family has been over-extended for quite some time now, and is no longer the coping mechanism that communities in sub-Saharan Africa [once relied on]' (p. 10). In some cases, a family has lost an entire generation to AIDS. Therefore, fewer relatives are available to care for the growing number of orphans. Grandparents who take on the responsibility of caregiver often suffer from health problems and because of their age, their time as caregivers is limited (Broad, 2007, p. 4). However, the argument of an over-extension of families should not be used as an excuse to pursue institutional forms of care. Community-based efforts to support families can strengthen this model's effectiveness. Loudon (2002) explains, '…This structure should not be regarded as having collapsed, but only as having cracked in places, and stakeholders should look for the cracks and find ways to seal them' (p. 19).

- Lack of resources
  Because relatives often live in poverty and have fewer resources than caregivers in other models of care, kinship caregivers may not be able to provide adequately for the child. They may require more services and support from the government or external agencies (Broad, 2007, p. 7).

- Lack of parenting skills
  Relatives who take in children may lack effective parenting practices and child communication skills. Caregivers may have difficulty dealing with behavioural and psychosocial issues of a child who has been deprived of parental care (Broad, 2007, p. 4).

- Family conflict
  In kinship care there is a risk that children may be drawn into family conflict. Friction might arise over who should take care of the child, who has decision-making power, or the division of responsibilities for each family member. Children in kinship care can be discriminated against or be treated less well than the caregiver's own children. Children might be treated badly because of a conflict between the kinship caregiver and the biological parents (Tolfree, 2006, p. 15). Also, the relatives' negative feelings toward the child's birth parents might reduce the likelihood of the child's long-term reunification with his or her original family (Cantwell, 2005, p. 7). In some cases siblings are separated in order to ease the burden of one relative or because other relatives want to benefit from resources of labour that a child brings (Cantwell, 2005, p. 7).

- Stigmas associated with a child's circumstances
  Social stigma about the circumstances of the child, such as sexual exploitation or HIV/AIDS, may cause a family to isolate, neglect or mistreat the child (Broad, 2007, p. 4).

- Potential for unauthorised contact with biological parents
  Families may allow unauthorised or unsupervised contact with biological parents who are of great concern when the family poses a threat to the child, such as a history of abuse or exploitation. Relatives caring for the child may also refuse authorised contact with parents for personal reasons (Cantwell, 2005, p. 7).

- Negative motives of caregivers
  Family members may not have good motives for agreeing to care for children. Poor families might look at the child as a resource. Families may be seeking to collect a child's property entitlements or other inheritance (Tolfree, 2006, p. 15; Loudon, 2002, p. 38). In a 2002 report on care and protection of children affected by HIV/AIDS in Malawi, Gillian Mann lists the reasons guardians in Malawi gave for why they chose to take in a child, including negative motives such as: because no one else would do it, they felt obligated, it was the wish of a dying family member and they feared that the deceased individual would come back to haunt them if they did not do so, to get a share of the deceased parents' wealth, to gain from the child's labour, to get registered for assistance or benefits, or to use a female child as a wife to a male guardian (pp. 29-31). The inherent dangers in these motives are obvious.

- Potential for abuse, neglect or exploitation
  There is great potential for abuse by extended family members in the kinship care model. A kinship tie is not a guarantee that a child will be adequately cared for and protected (Tolfree, 2006, p. 15). Some children only receive food and resources after the needs of the caregiver's family have been satisfied first, and others serve the caregiver's family as an unpaid domestic worker (Cantwell, 2005, p. 7). In the situation in which a child is removed from their original family because of abuse or exploitation, the original perpetrator may have access to the child and abuse again. Abuse may also be a familial trait and the child may find his or herself being abused by another member of the extended family (International Social Services [ISS] & International Reference Center [IRC] for the Rights of Children Deprived of their Family, 2006, p. 1).

- Lack of supportive services
  Children in kinship care may also be less likely to receive services because of the informal nature of the arrangement (ISS & IRC, 2006, p. 1). The lack of services offered to kinship caregivers can impact the family's willingness to care for children, instead placing the children in foster care or residential care facilities where children receive more support.

- Lack of monitoring and evaluation
  Kinship care is often subject to much less supervision than other models of care. Even in formal kinship care, families are often left to care for the child as they wish, leaving the child vulnerable to abuse, neglect and exploitation (ISS & UNICEF, 2004, p. 2).

- Cultural ideologies
  There are cultural beliefs that hinder the promotion of kinship care in certain contexts. For example, in Eastern Europe many families continue to look to the state for child care and lack a sense of personal responsibility (Interview with Nina Petre, 22 November 2008). Alternatively, in South East Asia the shared socio-cultural precedent for kinship care is based upon the common practice of wealthier families accepting the children of poorer relatives into their home on the understanding that they become the 'domestic home help' (Interview with Luke Bearup, 24 April 2009). In other cultures, families base their understanding of the best interests of a child on material and financial resources, rather than love and care. Therefore children in kinship care situations can be abandoned or coerced into situations that provide greater resources while children find themselves in environments that do not provide the love and security only a caring family can provide (Miles & Stephenson, 2001, p. 10). Efforts to overcome these cultural misconceptions are vital for developing the capacity of families to care for their own relatives.

- Informal vs. formal kinship care
  There are benefits and concerns for both informal and formal kinship care. However, with informal kinship care there are greater risks of child maltreatment, child labour, child sexual exploitation and other forms of abuse, neglect, or exploitation. Formalising kinship care decreases the opportunities for caregivers to mistreat children because of an established monitoring mechanism. Formal kinship care models can also provide the material and psychosocial needs of children that would otherwise go unmet. However, the formalisation of kinship care can disrupt traditional coping mechanisms and family relationships. Financial incentives sometimes associated with formal kinship care can also serve as a disincentive for the return of children to their biological parents (ISS & UNICEF, 2004, pp. 4-5). Yet, in terms of the child's well-being, it seems that the benefits outweigh the concerns for the formalisation of kinship care. The process of formalising kinship care can prove difficult with many potential barriers, such as situations in which kinship care is informally selected by family members to avoid outside intervention or when families reject interference (Cantwell, 2007, p. 5).

**Programing suggestions:**

a) First choice
   Kinship is the preferred option for alternative care, because of the major benefits of this approach. However, kinship care is not always the best option for a particular child. Child victims of sexual exploitation or children living on the streets may have a more difficult time returning to their communities of origin, and great effort must be taken to assess the risk of returning a child to his or her kin and community if there are likely to be issues of stigma. In addition, children who have been victims of abuse by their family, relatives or neighbours should be taken into special consideration when assessing whether kinship care is an option for the child.

b) Formalise care
   The formalisation of kinship care can increase the protection and well-being of children living with their relatives. Most cases of kinship care are informal: children living with family members without outside intervention. By documenting these cases through a formal approach children and families will have access to supportive services and establish monitoring mechanisms of protection thus reducing the risk of abuse, exploitation and neglect. Formalisation of kinship care includes screening relatives for placement, training caregivers and ongoing monitoring of the child's well-being. However, formalisation also brings with it concerns, such as decreasing the attempts of reunification of a child with biological parents and disrupting family and community coping strategies (ISS & UNICEF, 2004, pp. 4-5). The following are programing suggestions leading toward formalisation of kinship care, but

the discussion of formal versus informal within a specific context should precede any programing decisions.

c) Facilitate family decision-making and child participation
Every stakeholder should be consulted in the kinship care decision-making process, including the child, parents and all potential caregivers (Hegar & Scannapieco, 1999, pp. 78-9). Even in situations in which parents are terminally ill, they should be included in the decision-making process before death. Most importantly, a child must be given the opportunity of a safe environment to voice their opinion. In Mann's (2002) research in Malawi a major discrepancy was found between the views of adults and children. Adults focused on the material capacity of a family to care for a child, but children were most concerned about being cared for by an adult who loved them and respected their deceased parents (p. 3). This discrepancy highlights the importance of children's participation in the decision-making process. Joint family decision-making can decrease family conflict and help them to focus on the child's well-being rather than their own, therefore decreasing the chance that caregivers accept children based on negative motives, decreasing the potential for child abuse and stigmatisation while increasing the success of long-term placement. A child's participation requires that caregivers listen and respect children, empowering them in the decision-making process, according to the life-stage and development level of the child (IFCO et. al., 2007, p. 21).

d) Screen relatives for capacity to care for children
In light of the potential for the over-extension of families, assessment of a family's capacity to care for a child is important. A recent study found considerable differences in the capacities and resources of extended family households to care for CDOPC, highlighting the importance of individually assessing families for kinship care (Abebe & Aasa, 2007, p. 2061). However, Amanda Cox, a community-based care consultant, warns against an outsider's judgment of a family's capacity, instead insisting that quality of care should be measured by community standards (Interview, 3 December 2008)

e) Ensure that repatriation or reunification of children is safe
No rescued victim of trafficking or child associated with conflict should be sent back to his or her family without full confidence that the child shall not be re-trafficked, re-recruited, abused or stigmatised. In situations of reunification of child soldiers, despite initial joyful reunions, the family may be unable or unwilling to afford their child's long-term protection (Save the Children UK, 2005, p. 4). Prior to repatriation or reunification, the family of origin must be thoroughly investigated by trained staff and families who are found suitable must be prepared for the return of their child. Trafficked children and children associated with conflict must consent to the return and be adequately prepared for the return to his or her country of origin, including medical and psychosocial care and life-skills development. A minimum of monthly follow-up should monitor the child's well-being and safety for the first six months, followed by continued monitoring at an agreed-upon frequency (SARI, p. 19).

f) Develop an individual care plan
Each child should have an individual care plan reflecting the feedback of all stakeholders for the long-term goals of the child's placement in kinship care. This plan helps set expectations for all parties which might decrease the potential for poor caring or family conflict. It also guides case management, regulates consistent monitoring and evaluation, and designates the needed supportive services, thus decreasing the burden on the family and reducing the potential for abuse and neglect (International Foster Care Organization, p. 5; IFCO et. al., 2007, p. 27).

g) Keep siblings together
Every effort should be made to always keep siblings together in one household unless it is against the child's best interests. Keeping siblings together avoids the further experience of loss and trauma for the children while allowing brothers and sisters the opportunity to support one another (IFCO et. al., 2007, p. 24).

h) Facilitate community education

Community support, or the lack thereof, can have a significant impact on the quality of care in kinship situations. Potential stigma can be reduced by educating surrounding community members on the challenges children have experienced, such as HIV/AIDS, sexual exploitation, child labour and disabilities (Interview, 11 November 2008)

i) Facilitate community support

Community members are valuable assets for providing support to the child and family in kinship care, while also monitoring the child's well-being. World Vision's model of Community Care Coalitions (CCC) mobilises and strengthens community-based care and support for orphans, children living with HIV and other vulnerable children in high HIV/AIDS prevalence areas. However, the CCC model is applicable to other situations of CDOPC because of its focus on mobilising a community to support vulnerable children. CCCs begin by bringing together all stakeholders, including churches, faith communities, government officials, local businesses and other agencies to collaborate on how to support the community's vulnerable children. The group eventually recruits and trains volunteers to become 'home visitors', whose role it is to identify, monitor, assist and protect the children. The model attempts to build on existing resources and efforts by mobilising and strengthening the capacity of a community to care for children (Newsome, 2008). The use of community-trained volunteers to support kinship care situations can greatly increase a program's quality and sustainability.

k) Address psychosocial needs

Because of the lack of skills of most kinship caregivers, the psychosocial needs of children in kinship care should be taken into special consideration. Children who have lost or been separated from a parent, cared for and watched a sick parent die, experienced armed conflict, or suffered abuse or neglect are likely to have had experiences which have impacted their emotional and psychological well-being. Relatives, who may have experienced similar events, are often ill-equipped to care for the psychosocial needs of a child. Whether directly or through an established referral mechanism, external agencies should provide children and their families with support to process emotional, behavioural and relational issues (Tolfree, 2006, p. 15). Caregiver support groups and child play-groups have been developed for this purpose (Hegar & Scannapieco, 1999, p. 80; Tolfree, 2006, p. 20). Community volunteers and staff members who monitor kinship care should also be trained to provide psychosocial support. Community-based mechanisms such as religious or cultural rituals have also been successful in supporting children coping with the psychological impact of the atrocities that they have experienced, specifically for children associated with conflict (Save the Children UK, 2005, p. 8).

l) Provide economic strengthening programs

If there is concern over the family's ability to meet the financial and material needs of the child, efforts should be made to bolster the economic strength of the household (Williamson, 2004, p. 5). Livelihood programs, microfinance loans, and job training programs develop financial sustainability of kinship households, avoiding the potential for dependency.

m) Contemplate provision of direct material or financial support

The prevalence of poverty among kinship caregivers causes concern regarding the family's ability to adequately care for children. Governments' obligation to meet this need must be recognised. NGOs therefore must adopt the role of advocating and guiding policy at the national level, while also building capacity and accountability at the community level. However, it is important to recognise that the effectiveness of direct material or financial support for impoverished kinship care providers is debated. Direct material or financial support can induce negative motivations of caregivers, develop dependence on outside support or create a disincentive for the return of children to their biological parents (Tolfree, 2006, p. 15; Broad, 2007, p. 6; Cantwell, 2005, p. 7). However, commitments to provide direct material or financial support that is designated for specific purposes, such as education expenses, health care and basic needs are generally accepted (Williamson, 2004, p. 5). The debate

in the context of social cash transfers (SCTs) has resulted in productive decision-making tools and criteria. Most major humanitarian organisations have developed policies regarding when and how SCTs will be used in their programing. The discussion includes when it is appropriate to provide cash, vouchers, food aid, gifts in-kind or work for cash models; conditional vs. unconditional grants; targeted vs. universal initiatives; and so on. Therefore, the decision is not only whether to provide or to not provide material or financial support, but what type of support is most effective and efficient. One example of a dilemma over which type of SCTs are most appropriate in the context of CDOPC might be whether or not SCTs should be targeted only for a specific form of care for CDOPC, such as child headed households. Targeting this group may create an incentive for a family to allow a child to live alone so they will qualify for this material or financial support, instead of taking them into their own homes where they will be better cared for. Another example is the decision on whether or not SCTs should be conditional, such as money designated only for the use of educational cost. At first glance, conditional SCTs may seem like the answer for impacting the well-being of children in especially difficult circumstances. However, there are important things to consider, including the extra cost of implementing conditional verses unconditional SCTs and in this example, the quality and access of education (Stephenson & Clarke, 2007). There is not an easy answer as to when and in what form material and financial support is appropriate. However, if there are social assistance programs in existence, then NGOs or caregivers should ensure that households that have taken in CDOPC and CHH are accessing the benefits to which they are entitled. NGOs should continue to develop tools to aid governments and supportive agencies in these difficult decisions.

n) Develop special assistance to older caregivers

Studies have shown that orphans often prefer to live with their grandparents after the death of their parents because the children feel that their grandparents provide more love and affection than other relatives (Mann, 2002). However, grandparents often lack the physical and economic ability to care for children and are often in need of special assistance. Special supportive services for grandparent caregivers can include economic strengthening to substitute for the loss of financial stability due to the death of the adult child who is traditionally responsible for the care of their parents (International HIV/AIDS Alliance & HelpAge, 2004, p. 5). Respite foster care, when a child leaves the grandparents' home to stay with another family for a short period of time, can also provide relief for an older caregiver (Mulheir, Browne & Georgopoulou, 2007, p. 65). Also, grandparent caregivers should not be over-looked for receiving psychological support, as they too are dealing with the grief and trauma of losing a child while attempting to meet the psychological needs of their grandchildren. Finally, governments must recognise the rights and needs of elderly caregivers and develop relevant policies, especially related to health care and flexible education services (International HIV/AIDS Alliance & HelpAge International 2004, pp. 7 & 20). Special supportive services such as these allow older caregivers the opportunity to provide for their grandchildren and allow children the opportunity to be raised in a supportive and loving household.

o) Monitoring

Monitoring should include regular reviews by a volunteer or staff person, not directly involved in the child's care, and providing opportunities for the child to talk privately with someone outside the home (Tolfree, 2006, p. 30). Children should also be involved in choosing the person and method for giving their feedback. Monitoring should be triangulated, include unexpected visits, and whenever possible facilitated by community members. Whether community volunteers, NGO staff or local officials, workers need to be trained in identifying the signs of abuse, measuring a child's well-being and reporting incidents.

**Case study:**
Luwero District Program, Uganda
The Ugandan civil war has displaced millions of people and the HIV epidemic has hit the country hard. Orphans constitute more than ten per cent of the population in Luwero District, Uganda, and a third of them are cared for by elderly grandparents. Christian Aid partnered with community members to mobilise their community to ensure that orphans and their caregivers benefited from community and government services. The first step was to identify informal kinship care households and to survey their needs and the services that they were already receiving. Next, efforts were focused on community mobilisation. Christian Aid worked in partnership with the district, county, parish and village-level government officials to strengthen community awareness of the issue, identify the community's responsibilities, and ensure that activities for care of orphans were included in district plans and budgets. These efforts helped to reduce the stigmatisation of orphans by recognising their rights as equal to other members of society. The program led to the recognition of the community and local government's responsibility to provide material support to orphans and their caregivers. Programs for vocational training, loans, and income generation were then offered to kinship care households and school fees were provided to children in need. This project demonstrates the potential for improving support and protection of children with the formalisation of kinship care arrangements and community mobilisation. It also highlights the importance of working with local government to ensure sustainability of supportive services for kinship care (Bold, Henderson & Baggeley, 2006, p. 29).

## Foster care

Foster care ranges from very short-term, emergency placement to remove a child from a dangerous situation overnight, to long-term agreements where children never return to their original family. In some situations, foster care is a pre-adoption arrangement to evaluate whether or not a prospective family is able to meet the needs of the child (Gudbrandsson, 2004, p. 26). The benefits and concerns listed here relate to the full range of foster care situations.

**Benefits:**

- Supports child development
  The foster care model supports the development of children by providing a nurturing environment within an alternative family (Gudbrandsson, 2004, p. 25). Foster care offers interpersonal experiences that are not available in more institutional models of care (Barth, 2002, p. i). A family type environment can ease emotional and psychological stress as children recover from traumatic experiences (Ansah-Koi, 2006, p. 561).

- Safe and supportive environment while maintaining relationships with original family
  When in the child's best interests, a foster family can provide a safe and supportive environment for a child while the child and biological family work to overcome the problems that lead to their separation moving toward reunification (Gudbrandsson, 2004, p. 26).

- Equips children for independent living
  Children in foster care are exposed to daily household tasks, such as cleaning, fetching water or cooking. When it comes time for a child to move out on their own they will bring with them the knowledge and skills to live independently (Barth, 2002, p. ii; Tolfree, 2003, p. 14).

- Cost effective
  Foster care is usually less expensive than residential care and therefore more sustainable (Gudbrandsson, 2004, p. 25; Tolfree, 2003, p. 14; Barth, 2002, p. 11; Mulheir et al., 2007, p. 15). A child or children are placed into pre-existing, self-sustained households. The family's budget may be slightly increased to accommodate the new member of their family. However, expenses for formal foster care should not be underestimated; costs include the hiring and training of staff to screen and monitor families and children, supportive services, material support, and possibly some type of financial support. Caution should be taken in promoting the view of foster care as 'cheap' as it can translate to inadequate provision for support and supervision after a child is placed (Cantwell, 2007, p. 5).

**Concerns:**

- Trauma of separation from family
  Even if a child is placed in another home within his or her community, the relocation into a different family can cause distress and the potential for trauma. Trauma can also be increased if children are separated from their siblings (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006, p. 40).

- Potential for abuse
  The foster care model does entail a potential risk of maltreatment of children because of the fact that the caregiver does not have a kinship bond with the child. In addition, there are no family obligations or pressure to keep the caregiver accountable and there may be less monitoring mechanisms than utilised in residential care (Barth, 2002, p. i). There is also a danger that foster children are not treated as well as biological children (Ansah-Koi, 2006, p. 561).

- Potential for ambiguous legal circumstances
  Temporary foster care can drift toward permanence and therefore lead to an ambiguous legal situation for the child (Tolfree, 1995, p. 197). A lack of regulation regarding parental rights creates confusion over the responsibilities of foster parents, biological parents, the government social worker and the state (Phiri & Web, 2002, p. 18). There are also issues related to inheritance; whether it is a foster family benefiting from the inheritance of a foster child or whether a foster child has the right to receive an inheritance from their foster parents (Ansah-Koi, 2006, p. 562).

- Confusion about identity
  Foster children may develop anxiety and confusion about their identity (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006, p. 40). In some situations, a child is removed from their family, home, school, place of worship, and all that they have known with little or no contact with their original parents and relatives. If proper arrangements are not made, children whose original parents have died may lose all knowledge of their family history, traditions and cultural background. A child in foster care may not feel like they fully fit into their foster family or original family.

- Causes shame to birth family
  Fostering may cause the birth family embarrassment and shame, publicly demonstrating their inability to care for their own children and resulting in strained relationships between the child, birth family and foster family (Tolfree, 1995, p. 203).

- Negative motives of caregivers
  As with kinship care, caregivers in foster care may have wrong motives for taking in children. They may be seeking to profit from the child through financial incentives and child labour. For example, in Cambodia the socio-cultural milieu that forms a basis for understanding the foreign concept of foster care is based upon the precedent of wealthier families accepting the children of poorer relatives into their home on the understanding that they serve the family. For this reason, some NGOs in Cambodia refuse to place individual children in households, preferring to only place children in foster care in pairs (Interview with Luke Bearup, 24 April 2009).

- Disruption of education
  Children who move to a foster home outside of their own community may need to switch schools. Foster care placement can disrupt a child's education as a child makes the transition and attempts to adjust to his or her new surroundings (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006, p. 40).

- Cultural ideologies
  Certain cultural ideologies can inhibit the effectiveness of foster care. For example, foster care programs in Romania have struggled to change mindsets against the post-communist passivism while promoting a citizen's responsibility to care for children (Interview with Nina Petre, 22 November 2008). Formal foster care is foreign to many cultures and sometimes rejected. In some African cultures, ancestral spirits are believed to watch over and protect family members while also avenging any wrongs with the family. Therefore, outsiders to the family are looked upon with suspicion and there is reluctance to care for children who are not from the family blood-line (Powell, 1999, p. 3).

- Labour intensive
  The development and maintenance of a quality foster care system is time consuming and the case management is labour intensive (Lim Ah Ken, 2007, p. 15). It requires recruiting and screening families, along with monitoring and case management of children, both of which require a considerable amount of skill and time for volunteers or staff. Governments who intend to, or are already, running foster care programs may have difficulty developing political will needed to raise resources and develop sufficient policies and programs.

- Lack of willing foster families
  In some areas it is difficult to find families willing to take in a child for a variety of reasons. For example, some families fear facing delinquency or violence from disturbed youth (Lim Ah Ken, 2007, p. 15). Finding foster parents for the disabled is especially difficult.

**Programing suggestions:**

a) Second Choice
   Foster care is second in the hierarchy of community-based models for alternative care. Because it attempts to provide a family environment, foster care is considered the second choice after kinship care. Foster care should only be pursued if all alternatives to keep the child in her or his original family have been explored and rejected (IFCO, p. 4; Williamson, 2004, p. 5). In efforts toward permanency planning, adoption would also be considered the second choice in situations in which it is absolutely clear that a child can never again be cared for by his or her birth family (Cantwell, 2007, p. 6). However, there are situations in which a child will never return to his or her birth family and long-term foster care might be more appropriate, such as with youth nearing adulthood, with large groups of siblings who might be split apart in adoption, or with children who may want to maintain relationships with their birth parents or extended family (Mulheir et. al., 2007. p. 65). In addition, it may not be the child's desire to be adopted (Cantwell, 2007, p. 6), and many governments do not have effective adoption systems. Therefore, adoption should be considered cautiously as it is a permanent division between a child and his or her original family. The foster care model can provide a safe and nurturing family environment for short or long periods of time, either as the relationship between a child and his or her biological family is explored or as a permanent foster care arrangement.

b) Mobilise the community
   When there are no existing systems of foster care, international agencies must seek to mobilise the community to develop a local program. No matter what the existing status of foster care programs, the community should be considered a valuable asset for guiding, supporting and monitoring foster care programs. The community can provide knowledge of the cultural norms that effect programing, allowing for targeted education of the community to overcome stigmas, to strengthen positive views of children, and to promote a strong sense of community responsibility for care and protection

(Tolfree, 2003, p12). Community members are also the most qualified people to identify both vulnerable children and families willing to foster children, and to develop the criteria for selecting foster families (ICRC, 2004, p. 45). After placement, community members should be the main resource for monitoring children's safety and reporting mistreatment while also providing support to foster families and children (Bold, Henderson & Baggeley, 2006, p. 13). For example, a church group that has several foster families facilitates a system of checks and balances for protection of children and also serves as a support group when challenges arise (Interview with Nicole Behnam, 18 November 2008). The CCC model described under kinship care also has potential to mobilise communities for foster care protection and support (Newsome, 2008).

c) Build the capacity of government and other agencies
It is not the role of NGOs to run foster care systems. Instead these organisations must seek to build the capacity of all levels of government and local agencies. NGOs can develop models of care, perhaps funding the models for a short period of time, with the full intention and agreement of turning the program over to the government or other locally sustained agencies. Budgeting for programs should be done within the local agency's capacity to maintain.

d) Facilitate child participation
It is vital that children understand their options and are given the opportunity to express their feelings throughout the placement, monitoring, assessment and evaluation of the foster care situation. The child's opinion should be documented and respected in the decision-making process according to his or her life stage and development level (Tolfree, 2003, p. 12; IFCO et. al., 2007, p. 21).

e) Place children with families in their community or similar contexts
Allowing children to remain in their communities or a similar context helps the child retain a sense of belonging and identity (Tolfree, 2003, p. 14). When there are no present dangers, a child should stay within his or her original community, maintaining a sense of stability by keeping the same friends, school and faith congregation. However, in some cases the child's original community may not be the safest environment. For example, sexually exploited children should be removed from the red light areas to minimise the risk to their safety and facilitate rehabilitation (SARI, p. 5), or else in some cases people who have committed crimes against the child might seek revenge upon them. In such instances where returning a child to their original community is not in their best interests, efforts need to be made to place a child in a community with cultural norms that the child is familiar with and, if possible, within a family of the same ethnicity as the child.

f) Recruit caring local families
Community members can be utilised to develop clear criteria and identify fellow community members who may be willing to foster children. Most believe it is possible to find local families who are willing to care for these children. Shanti George (2003), the author of 'Foster Care beyond the Crossroads: Lessons from an International Comparative Analysis,' believes one must be more creative in recruiting foster parents. George recommends seeking out people in the community who are already caring for these children in loose fostering relationships. For example, for a child living on the street one might contact the shopkeeper who allows the child to sleep on the doorstep of their shop or a café owner who keeps leftovers for the child (p. 349). Recruiting those who are already caring for children provides some assurance that the caregivers have the best interests of the children as motivation and avoids opportunistic motivations (Nicole Behnam, 18 November 2008). Faith-based and other community organisations are also good places to recruit foster families because these groups can provide screening and supporting resources (Gray, 2005, p. 41). However, the location of the foster placement must take into consideration the child's best interests and safety.

g) Ensure the safety of children
When children are placed into foster homes after experiences of abuse and exploitation, careful consideration should be taken to ensure the safety of the facility. Foster homes are within a private home and therefore more difficult to inspect than residential facilities and children in foster families can be less able to complain about treatment (Cantwell, 2007, p. 5). In cases where the child has

survived or witnessed crime, security measures may need to be taken to protect children from people who may want to harm them. Rigorous regulation and registration, screening of foster family members, and training and support of caregivers is critical to protect children from new sources of abuse or exploitation (SARI, p. 6; Cantwell, 2007, p. 5).

h) Keep siblings together

As in kinship care, siblings should be placed together in the same foster home unless it is against the child's best interests (IFCO et. al, 2007: p. 24).

i) Develop an individual care plan

As in kinship care, each child should have an individual care plan and foster care agreement defining the long-term objectives and goal of the child's placement in foster care. For some, the objectives might support the overall goal of reunification with the biological family; and for others, the objectives would support the child's development toward the goal of eventually living an independent, productive and self-sustained life. The individual care plan should specify the performance expectations for the foster family, the biological parents or relatives - if applicable, the case manager or volunteer, other community stakeholders such as local authorities and the child. The plan should be reviewed regularly by all parties to ensure that progress is being made toward each objective, guiding every decision during the process (IFCO et. al, 2007: p. 27). The individual care plan minimises confusion over identity, responsibility, legal rights and inheritance by keeping all parties accountable to the ultimate goals of the foster care.

j) Focus on reunification or full integration

It is important that foster care is focused and intentional. When the goal of the child's individual care plan is the return of the child to his or her original family, it is most effective when the biological family, foster family and child are all working together in partnership to achieve this goal within a specific timeframe (Tolfree, 2006, p. 18). It is therefore the responsibility of the foster family and foster care agency that a relationship between the child and his or her birth family is encouraged, maintained and supported through frequent visitations and communication, if this is in the best interests of the child (IFCO et. al, 2007: p. 33; IFCO, p. 5). However, when the goal of the child's individual care plan is eventual independence, the child should be fully integrated into the foster family and community, supporting the long-term development of the child.

i) Formalise case management

Whether through government social workers or community volunteers, a formalised system of case management for foster care is vital for the protection and well-being of the children. The International Foster Care Organization (IFCO) guidelines state that foster care workers and family service workers should be qualified, trained and competent individuals (p. 6). The quality of care depends on these individuals' ability to screen, monitor, support and evaluate each individual foster care case. They must develop a system of assessing the suitability of prospective foster families and match the needs, characteristics and expressed wishes of the children with the skills, preferences and characteristics of a foster family. Continual monitoring by staff or volunteers should assess the progress of each foster situation and help each family and child make changes when needed (Tolfree, 2006, pp. 18-20). The IFCO also suggest an annual mutual review for all foster caregivers (IFCO, p. 6). The formalisation of case management should improve staff or volunteer skills and define standards and processes for ensuring the safety and well-being of children in foster care.

j) Arrange a phased transition

To ease the fear and distress of the transition into foster care, a phased introduction of the child into the family should be arranged. It may begin with introductions and orientation before the child moves in with the family, to sensitise the foster family and prepare the child (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006, p. 50). Pre-placement meetings between the child and foster family will help them get to know each other in a safe and familiar setting (IFCO, p. 5). The placement might begin gradually with the child staying one night in the foster home, then a week, and so on. A formal foster agreement or public ceremony can mark the completion of the placement process (Tolfree,

2006, p. 20). The transition should be organised with the main purpose of ensuring the child's best interests and the well-being of all involved (IFCO et. al., 2007, p. 25).

k) Train and support caregivers

It is important that foster caregivers are prepared for and encouraged in this undertaking. Prior to placement caregivers should be educated on issues such as potential difficulties, their role in respecting children's rights, positive discipline, and the involvement of their own children and the extended family (Tolfree, 2003, p. 12). However, foster families need continued support (IFCO et. al., 2007, p. 35). One example of this support is in Romania, where World Vision provides day-care and after-school centres to relieve foster families from their duties for a few hours each day. They also provide parent training classes and counselling and support groups for both foster parents and children (Nina Petre, 22 November 2008). In Tolfree's (2006) report on positive care options for children, he suggests the development of associations of foster caregivers to provide peer support and peer monitoring (p. 20). These supportive services can be expensive and one author suggests coming to terms with the fact that the cost of quality foster care may be equivalent to the cost of institutional care, especially for children with difficult backgrounds (Cantwell, 2005, p. 9).

l) Address psychosocial needs

As in kinship care, the psychosocial needs of children in foster care need to be addressed. Children who are placed in foster care have usually had severe and painful experiences that require care and support for healing. Psychosocial support should be provided on a case-by-case basis, providing opportunities for individual and group counselling (Tolfree, 2006, p. 15).

m) Contemplate the professionalisation of caregivers

The 'professionalisation of caregivers' not only includes efforts to improve caregivers' skills, such as developing certification requirements and training courses, but also the payment of caregivers. The benefits and concerns of attempts to 'professionalise' foster care are debated. Some believe that caregivers have taken on an extra financial burden by taking in a child and are required to have a certain level of professional child-care skills, therefore they deserve compensation. Yet, others worry about opportunistic motivations that may lead to child exploitation or the loss of traditional community support systems. Shanti George (2003) suggests a trend that might change attitudes regarding the professionalisation of caregivers:

> Earlier foster carers provided additional parenting, extending their efforts and attention to the new entrant to the family. A little kindness and support to a child bereft of its parents performed small miracles. Today, foster carers have to provide different parenting, and – in certain cases – provide expert support of caring for and treating children with alcohol and drug addiction, emotional and relational problems, criminal or delinquent behaviour, AIDS and physical and mental disabilities (p. 353).

George goes on to recognise that the costs in fostering are not all economic and cannot be compensated for, while they may be seen as worthwhile for those caregivers who feel rewarded by the chance to make a social contribution. He writes:

> While fostering should certainly not be a money - spinner, hardworking and dedicated foster carers should not bear the costs of ensuring the socialisation of children who have to leave their birth homes. If other 'altruistic' professions are remunerated, why not foster care (p. 358).

George calls readers to support the professionalisation of foster care for higher quality care, deeper understanding of the issues, more experienced caregivers, better policies and access to richer networks of care (p. 358). However, the Venezuelan government argues from its experience against the payment of foster caregivers. At one time, the government in Venezuela paid foster families for looking after children, but found that foster care eventually subverted to a means of obtaining income rather than the opportunity and responsibility to provide affection, nourishment and education. The government returned to a voluntary foster care system (Levy & Kizer, 1997, p. 268). There is a middle road regarding the professionalisation of foster families. Most believe that foster families should receive some financial compensation, such as money to cover education and medical expenses, food, and clothing. Economic strengthening of foster families finds

wide support as an alternative to paying caregivers, helping these families earn some income to take care of the additional burden they have taken on (India HIV/AIDS & Tata Institute of Social Science, 2006, p. 42). Ultimately the decision of whether or not to pay foster care providers should be made on a case-by-case basis depending on the level of need of caregivers, requirements of caregivers, needs of children, cultural ideologies and so on. Tools and criteria developed for social cash transfers decision-making may be helpful in the context of foster care. In resource poor settings, some form of financial assistance is often an important component for ensuring good care is provided. However, monitoring mechanisms which ensure that the assistance is reaching the most vulnerable households, impacting the most vulnerable children, and adjusting to the changing context, are key to their success.

n) Monitoring

Tolfree (2006) recommends scheduling regular reviews by a volunteer or staff person not directly involved in the child's care, and providing opportunities for the child to talk privately with someone outside the home (p. 30). Children should also be involved in choosing the person and method for giving their feedback. Monitoring should be triangulated, include unexpected visits and whenever possible be facilitated by community members. Whether community volunteers, NGO staff or local officials, monitors need to be trained in identifying the signs of abuse, measuring a child's well-being, and reporting incidents.

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**Case Study:**

Attachment to Families, Sudan

Short-term care arrangements have been exhausted for separated children in the Pignudo and Kakuma Refugee Camps in Sudan. Due to continued unrest and the fact that children were being raised within the camps, Save the Children sought out long-term community-care alternatives. A foster care program was developed where children identified families with whom they wished to live. The child or a Save the Children staff member approached the family. If the family agreed, they would undergo preparations along with the child and build a small hut, called a tukul, next to the family's home. It is common in Southern Sudan for youth to live in a separate hut alongside their parents. The family supervises, provides advice and guidance for the child, monitors the child's health and education and provides discipline when needed. The nature of the relationship between the child and foster family is negotiated and flexible. Some youth prefer greater independence while others want a higher level of personal care and affection. Most children have become very attached to their foster parents, cooking together and enjoying conversation with one another. Youth are empowered throughout the process to make decisions about their own lives. Children in foster homes were also given the opportunity to learn about their heritage through songs, riddles, folk tales and cultural gatherings. Save the Children empowered children through a culturally adapted model of foster care that provided a nurturing family environment for healthy child development (Derib, 2002).

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## Child-headed households

There is considerable debate regarding the position of child-headed households (CHH - children living with and caring for their siblings) in the hierarchy of community-based alternative care. Some suggest that an orphan living alone is an atrocity that must be corrected, while others recognise independent living as a viable option for children in certain situations depending on the age, developmental level and circumstances of each child. It is again important to remember that ultimately, the choice of alternative care must be based on the child's best interests in his or her situation and that all models have the potential to be both good and bad. If CHHs receive adequate, planned, resourced and monitored community support and care, CHHs can be an acceptable alternative care arrangement (WVI, 2007). Where CHHs fit in the hierarchy can be debated based on the benefits and concerns listed below in tandem with the context of each project. The spread of CHH is also a contested issue, especially for high HIV/AIDS prevalence areas. Victoria Hosegood (2008), in a study of Demographic evidence of family and household changes in response to the effects of HIV/AIDS in Southern Africa, points to population-based data to clarify that despite the increase in orphans and adult mortality, CHH are extremely rare (p. 42). When they do exist, CHHs are often headed by an older sibling over the age of 18 or it is a temporary circumstance before the children are absorbed into the extended family (Wakhweya et. al., 2008, p. 25). With the understanding of CHH as a rarity rather than the norm, support for CHH as a viable model of alternative care may increase.

**Benefits:**

- Siblings stay together
  CHH children are not separated from their siblings, therefore reducing their experience of loss (Loudon, 2002, p. 38).

- Children do not need to move
  Children living in CHHs do not need to move away from their home, community or friends. They are able to maintain relationships that provide a natural support system (Loudon, 2002, p. 38).

- Community support
  Because of their existing presence and relationships in the community, the CHH model provides greater opportunities for community commitment to supporting children who have been deprived of parental care (Loudon, 2002, p. 38). Studies have shown that support directly from international agencies can cause dependency and hinder coping mechanisms of CHHs (Luzze, 2002). Sectoral specialists recognise the importance of organisations letting go of control and instead building a community's capacity to support CHHs (Interview with John Williamson, 12 December 2008; Interview with Stefan Germann, 25 November 2008).

- Cultural guidance
  The physical presence of the youth in the community and reliance on community members increases their cultural exposure (Loudon, 2002, p. 38).

- Protection of property
  Children in a CHH are more easily able to guard their parents' property, houses and possessions, protected from extended family or others who might want to take advantage of the situation (Loudon, 2002, p. 37).

**Concerns:**

- Hinders youth's development
  The development of youth can be hindered by their new role as head of the household. Youth are pushed into the role and responsibilities of an adult and can miss out on the formative experiences of adolescence (Loudon, 2002, p. 38).

- Drop out of school
  Youth heading the household often drop out of school for work in order to provide income for the rest of the household members. While youth often make sure their siblings attend school, their priority is generating an income, growing crops for food and caring for the younger children (MacLellen, 2005, p. 10).

- Dangerous income-generating activities
  The need to generate income is the most urgent priority of the head of the household. Working children are vulnerable to exploitation and abuse. Often income is sought out through informal means, sometimes including sex work (MacLellen, 2005, pp. 11-12).

- Lack of protection
  Children living without a full-time caregiver lack protection and are more vulnerable to abuse, exploitation or theft (Loudon, 2002, p. 37).

- Stigmatisation
  CHHs may suffer because of community stigmas about orphans or HIV/AIDS and therefore become victims of discrimination (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006, p. 24).

- Lack of parental guidance
  The obvious lack of parental guidance can lead to the loss of intergenerational skills (Germann, 2005, p. 95). The lack of discipline normally enforced by parents can also lead to behavioural problems (Loudon, 2002, p. 37). In addition, an adult caregiver provides a recognised role in promoting the child's development in all domains: social, cognitive, physical, emotional and spiritual.

- Risk of poor health
  Without needed support, CHHs can develop poor health due to a lack of nutritious food or a lack of access to appropriate health care (MacLellen, 2005, p. 13).

- Struggle to survive
  Children in CHHs may have to struggle to survive more than children in other forms of alternative care, working to support one another financially, physically and emotionally. However, the struggle also provides opportunities to learn and grow, developing valuable life skills in the process (Loudon, 2002, pp. 37-38). There is a need for balance, not allowing children in CHHs to struggle so much as to be limited in their ability to reach their potential, but also allowing children the space to mature and learn through their experiences of struggle.

**Programing suggestions:**

a) A real option

Instead of viewing CHHs as problems, perhaps national and international agencies should begin evaluating the needed resources to make them an effective model. In his dissertation, Stefan Germann (2005) argues for international recognition of the CHH as an acceptable alternative care arrangement in high HIV/AIDS prevalence communities. In a hierarchy of alternative care models Germann places CHHs directly after kinship care and foster care. CHHs are an acceptable care arrangement if children receive adequate, planned, resourced and monitored community support. However, the key factor to assess in deliberations over this model of care is the best interests of the child, considering his or her age and development capacity. When it is recognised as an option that could facilitate the best interests of the children involved, community supported CHHs should be taken into consideration as a real option for care of CDOPC.

b) Mobilise community support

Community support is critical for ensuring that the needs of children living independently are met. Every member of society has a role in supporting CHH orphans. Community members should be mobilised to build sustainable community-based safety nets, including interventions broader in scope to help the whole community develop resources needed to support each other (Plan Finland, 2005, p. 5). UNICEF (2004) suggests voluntary support from neighbours and community members for CHH through mentoring, guidance and the provision of material resources (p. 6).

c) Facilitate child participation

Children have a right to participate in the planning of programs developed to address their needs. Children should be adequately informed of their situation, encouraged to express their views and to participate in the decision-making process according to their life stage and development level (IFCO et. al., 2007, p. 21). The input of children from CHHs is particularly valuable for understanding their potential for self-sustainability. In addition, in designing programs that promote psychosocial wellbeing, NGOs must build on positive coping strategies adopted by the children themselves rather than interjecting new methods that interrupt the process of learning life-skills and may lead to further dependence on the agency (Plan Finland, 2005, p. 5).

d) Facilitate mentorship

Mentorship programs further connect community volunteers with children in CHHs. Plan Finland (2005) recognises, 'Communities may not have material resources, but they are able to offer social and emotional support to orphaned children' (p. 5). Evaluations of World Vision Rwanda's mentorship programs recognise the positive impacts of mentoring on children, including improving family dynamics, increasing emotional support, reducing risky behaviour, increasing social protection and community integration (Kalisa, 2006, p. 3; World Vision Rwanda, 2007, p. 10). Community volunteers need support and training to understand children's needs, including how to help them feel secure and how to provide supportive coaching. Volunteers should also be appreciated and recognised within the community for their efforts and commitment to the community's children (Plan Finland, 2005, p. 6).

e) Increase access to education

Children living independently need assistance in gaining access to education. Schools can waive requirements for school uniforms and fees, or provide meal programs. Community members can advocate for universal primary education as outlined in the Millennium Development Goals and many national policies (Bold, Henderson & Baggeley, 2006, p. 17). Teachers can support CHHs by showing understanding of their situation and encouraging children to stay in school. Creative and flexible education options for children living independently are critical. For example, a school can allow children to use land, grow plants in demonstration gardens and take food home to be eaten (Plan Finland, 2005, p. 6). Whatever the need, communities must find ways to overcome barriers to education for children living independently. For example, UNICEF has modelled an education alternative called Complementary Opportunities for Primary Education (COPE), where children study three hours a day, giving them time for managing their household (Luzze, 2002, p. 63).

f) Increase opportunities for income generation

Communities need to assist youth living independently or within CHHs in developing skills and tools for economic survival and independence. Programs might include vocational training, apprenticeships, and small loan opportunities (Richter et. al., 2004, p. 17).

g) Provide life skills education
Children in a CHH or living independently can be empowered through life skills education, learning to protect themselves from abuse, exploitation, pregnancy and sexually-transmitted diseases (Bold,Henderson & Baggeley, 2006, p. 18). Life skills education can also prepare children for independent living by teaching positive coping skills, communication skills, critical thinking skills, self assertiveness, negotiating skills, money management and decision-making (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006, p. 48).

h) Provide HIV/AIDS prevention training
Because children living independently are at risk of engagement in sex work or vulnerable to exploitation, it is important that they receive HIV/AIDS prevention training (Germann, 2005, pp. 298-299).

i) Address psychosocial needs
As in other models, children who live independently need psychosocial support as they deal with loss and painful experiences. Support groups for child-headed household members may give children a chance to talk freely and support one another (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006, p. 47).

j) Support childcare centres
Childcare centres allow relief for youth who are caring for their younger siblings, giving them a chance to attend school or work. Childcare also provides younger children opportunities for educational, recreational and spiritual growth (Bold, Henderson & Baggeley, 2006, p. 16).

k) Provide for basic needs without singling out
Measures must be taken to meet the basic needs of children through material support when necessary. However, communities must be careful not to stigmatise children in the process of helping them. Supportive services should be offered to all children that the community determines to be in greatest need, in an attempt to not single out orphans or CHH members (Bold, Henderson & Baggeley, 2006, p. 17).

l) Consider the impact on CHH coping strategies
Every attempt to help CHHs or youth living independently needs to be considered for how it will impact the children, what is described as the 'the best interests of the child' in the UNCRC. In 2002, World Vision undertook a study to understand the impact that their supportive services were having on the coping strategies of CHHs in Uganda. The study suggested that direct services encouraged orphans to stay on their own, created dependency of CHHs, and had both positive and negative impacts on the coping strategies of CHHs. It is imperative that NGOs are conscious of their potential impact on service provision to CHHs. Fredrick Luzze (2002), the study's author, lists some of the impacts an organisation must consider in programing. Communities must ensure that programs for CHHs:

- Do not destroy vital positive coping strategies in CHHs
- Do not reinforce detrimental coping strategies
- Do not create unnecessary extra burdens on orphans in CHHs or on friendly volunteers
- Do not elevate the quality of life of CHHs far beyond that of their neighbours, creating jealousy,
- which repels volunteers from the CHHs and also makes CHHs vulnerable to attacks from thieves
- Can be sustained by CHHs and community structures
- Cater for the needs of the different age groups in a CHH
- Embody the love of Christ in every intervention to CHHs
- Are long-term and phased to allow CHHs to gradually build capacity to handle new projects (p. 62).

All international organisations attempting to serve children in CHHs must ensure that their programs cause

no harm for these vulnerable children. Attention should focus on empowering and increasing the capability of the communities to care for CHHs and strengthen other community-based alternatives for CDOPC (Luzze, 2002, p. 63).

m) Monitoring

Monitoring should include regular reviews by a volunteer or staff person not directly involved in the child's care, and providing opportunities for the child to talk privately with someone outside the home (Tolfree, 2006, p. 30). Children should also be involved in choosing the person and method for giving their feedback. Monitoring should be triangulated, include unexpected visits, and whenever possible be facilitated by community members. Whether community volunteers, NGO staff or local officials, monitors need to be trained in identifying the signs of abuse, measuring a child's well-being and reporting incidents.

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**Case study:**

Khutsong After-school Centre, South Africa

The Khutsong After-school Centre has been serving children from CHHs since 2003. The centre provides a variety of activities to support the needs of these children, including assistance with homework, life skills training, support groups, counselling, meals, food to take home, clothing and toiletries. However, the after-school centre is also a place for children to play and forget their responsibilities and troubles. Every Friday children participate in drama and choir, and games are played all week. The centre serves a therapeutic role for children who often feel lost after losing their parents. Tolfree (2006) observes, 'The centre reassures [the children] that they are loved and it also gives them a home' (p. 11). Approximately 196 children from 27 CHHs benefit from the Khutsong After-school Centre. This intervention provides children with an opportunity to grow and learn in a safe and welcoming environment (Tolfree 2006, p. 11).

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## Group homes

The model of group homes is considered within the category of institutional care by some. However, group homes can serve as a viable alternative to traditional orphanages when other care options are not in the best interests of the child, such as situations in which families are unwilling to take in children of a certain ethnicity or due to extreme trauma children are not able to transition directly into a family environment, or as a temporary arrangement while other care arrangements are being pursued. Group homes can take a variety of forms ranging from family-style homes to large orphanages. Another form of group homes that is included in this model is youth living independently, small groups of youth who live together without a full-time, in-house caregiver, but receive regular support from an agency. Caregivers in these arrangements are sometimes referred to as 'lead tenants,' individuals who help youth practice and transition to independent living.

**Benefits:**

- Family-like environment

  Group homes have the potential to provide a family-like environment for a child when kinship and foster family care approaches are not in the best interests of the child. Family-style group homes should be small with children varying in age and at least one parental figure, ideally a married couple serving as house parents (Bagley, Ko & O'Brian, 1997, p. 105). Mimicking the function of a family, staff and peers can provide love, support, and supervision that aids the child's ability to heal and adapt to their new living arrangement. In group homes of youth living independently, youth can develop supportive relationships amongst each other and the part-time caregiver or mentor that will continue after a youth leaves the living arrangement.

- Structured environment practitioner

The group home model provides the structure needed for stability in a child's life while holding the child accountable to certain roles and responsibilities. Ghazal Keshavarzian, the Senior Coordinator for the Better Care Network recognises that adolescents with behavioural problems might benefit most from this type of consistent and structured environment provided by group homes (Interview, 5 December 2008).

- Effective for transitioning to reunification or independent living
  The group care model is effective for short-term placement situations in which a child is expected to transition back into their original families, moving into foster care, or youth who are transitioning into independent living (Tolfree, 2005, p. 13 & 30). Group homes can provide a supportive setting for a child to heal, restore relationships, learn life skills or develop income-generating skills.

- Effective in urban settings
  Practitioners recognise the difficulties of implementing community-based kinship or foster care in urban settings. A group care model may be more effective in cities where community support can be lacking (Interview, 21 November 2008).

- Effective for children who have difficulty returning to a family environment
  Group care is an important long-term option for children with specific needs for whom kinship or foster care are not options, such as some disabilities, psychological problems or other issues that a normal family environment might struggle to accommodate (Tolfree, 2006, p. 30).

- Effective short-term option while other family-based models of care are developed
  Group homes can be effective in the context of large deinstitutionalisation and as a first step toward more family-based options, such as fostering or adoption (Tolfree, 2006 p.:30). This approach has been used in Georgia as the first step in reducing the number of children in institutional care while capacity was built to pursue the reunification of children with their families or place children in foster families (UNICEF Baltic States, 2000, p. 30).

- **Provides peer support**
  Children are living with other children who have had similar experiences of trauma and abuse. Group homes therefore have the potential to serve as natural support groups. However, the collection of children with traumatic histories can also lead to peer-abuse and delinquency.

- Opportunity to practice and develop life-skills
  In comparison to larger institutional care, group homes provide children with the opportunity to develop life-skills. When children are given individual roles and take on domestic routines, they learn personal and family responsibility, independent decision making, time management and skills that will allow them to one day transition into lives as productive and independent adults (Mulheir et. al., 2007, p. 67).

- Opportunity for role modelling and mentoring
  Adult role models are also important in promoting all aspects of the child's development. The presence and support of consistent caregivers living in the group home can offer a child who may not be able to handle the family environment of kinship or foster care, an opportunity to develop relationships with adults. The caregivers can serve as mentors and role models to children who may not have had positive adult role models in the past.

- Promotes integration into community
  Compared to the isolation of institutions, independent group homes located within the community increase a child's exposure to the social and cultural norms of their context. However, kinship homes, foster homes, and CHHs often have an existing place within the community. Therefore, group homes have to be more intentional about being integrated into the fabric of the community.

- Greater control over quality of care

The formal structure of group homes can offer greater regulation opportunities, therefore increasing the quality of care and protection of children. Caregivers can be screened and trained with greater rigour as they are accepting a formal task, rather than simply being asked to add another child to their private home, as in kinship and foster care (Interview, 21 November 2008).

- More frequent monitoring
  Group homes can be more accessible to outside monitoring than private homes (Interview with John Whan Yoon, 21 November 2008).

**Concerns:**

- Institutional tendencies
  If the standards are not developed and enforced, group homes can develop institutional characteristics that leave children isolated and without the individual care and trusting relationships needed for healthy development. For example, in Hong Kong, the Social Welfare Department has been known to convert an entire apartment block into over fifty 'group homes,' creating a large child care institution in all but name (O'Brian, 1995, p. 105).

- Expensive
  The expense of maintaining group homes is relatively high considering that funding is needed for property, facilities, food, and household expenses in addition to caregivers' remuneration and the supportive services for each child.

- Isolated from community
  Tolfree (2006) suggests that one of the challenges of group homes is integration into the local community (p. 30). Group homes have the risk of isolation if the house is located outside of normal neighbourhoods or if children are not included in the daily household chores that expose them to the surrounding community. Children who are isolated from the community cannot easily develop skills for practical living and social interaction, and may become stigmatised or develop dependence.

- Risk of peer-abuse or delinquency
  It can be assumed that group homes that segregate children by age and gender can lead to greater risk of peer-abuse or delinquency, especially among adolescents. Placing a group of youth together who have had similar experiences of trauma and abuse leading to behavioural and relational problems in one home can lead to safety and protection issues.

- Difficulty in youth's ability to move on
  The group home model has the risk of not providing an environment where children learn how to live on their own (Tolfree, 2006, p. 30). If group homes do not hold children accountable to certain responsibilities, if everything is provided for the child and if children are not active in the community, a child can form a dependency on the home, unable to understand how to function in society, and not be able or willing to move towards reunification or independent living.

- Negative motives for caregivers
  As with kinship and foster care, there is a risk that group home staff may have opportunistic motivations. Paid caregivers can easily view their work as a job rather than a vocation or calling to care for and love children. Children are therefore in greater danger of abuse and exploitation.

- Inconsistent caregivers
  Sectoral specialists warn again inconsistent caregivers. Staff of group homes can change frequently or children can be moved in and out of homes often, leading to the child being deprived of continuous loving relationships (Interview with Ghazal Keshavarzian, 5 December 2008; interview with Stefan Germann, 25 November 2008).

- Lack of male figure

Most group home arrangements rely on women as the main care providers and therefore lack male role models or father figures (Interview with Germann, 5 June 2009). Fatherhood studies show that such care arrangements have long-term negative impacts on children. Some studies suggest that the divorce rate for women and potential for violence for men are higher among those who did not have a positive father figure in their lives (Blankenhorn 1995)

**Programing suggestions:**

a) An option in special circumstances
If certain stipulations are met, group homes have the potential to provide quality care to children in the most difficult circumstances. However, group homes can easily develop the same problems associated with institutionalism. It is vital that certain standards are developed and enforced for group homes to avoid institutional tendencies and provide a positive environment for the growth and development of children in special circumstances. One of World Vision's partner organisations in Cambodia, Hagar International (Hagar), uses group care as one option in a continuum of care. Hagar serves children who have been trafficked for sexual exploitation. After a period in a recovery centre most children are integrated back into society through foster homes. However, due to cultural discrimination, it is not safe for Vietnamese girls to live within a foster care home. Instead these girls are placed in a home within the community, along with only six other children and one house mother. In these homes they are safe and surrounded by girls who can support them because of their similar experiences (Interview with Sue Taylor, 16 December 2008). Certainly, group homes can be considered as an option for children with special circumstances, such as these young women.

b) Allow culture to dictate group structure
The structure and living standards of group homes should be dictated by the local culture so as to allow greater integration and discourage stigmatisation (WVI, 2005).

c) Develop from within the community or similar context
To avoid disrupting the child's development and causing greater distress, group homes should be set up within the child's community of origin or a similar context (WVI, 2005). Group homes that are developed from within the community promote community engagement and empowerment, along with providing stability for the child. However, in situations where a community is not considered safe for a child or where children suffer from community stigmas, group homes should be developed in a community with similar social and cultural norms.

d) Integrate into the community
Group homes must be embedded within the community among other homes and included within normal neighbourhood activities and relationships (Tolfree, 2006, p. 30). Children should go to local schools, participate in faith-based groups and conduct normal activities for children such as going to the market or fetching water, in order to maintain community ties.

e) Facilitate child participation
As with any care model, children must understand their options and be given the opportunity to express their feelings throughout the placement by participating in the monitoring, assessment and evaluation of their group care situation according to their life stage and development level (Tolfree, 2003, p.12; IFCO et. al., 2007, p. 21).

f) Gate keeping
Admission into group homes should be pursued only when all other options have been explored and rejected, with the focus on the child's best interests. Therefore a process of gate keeping should include a comprehensive child and family assessment and development of a child care plan to ensure that only those who meet tightly specified eligibility criteria are admitted into a group home (Gudbrandsson, 2004, p. 15).

g) Long-term individual care plan

Individual care plans are particularly important for staff to have the ability to guide the support needed for each child. Children in group homes should be considered temporary and focused on preparing children for a more permanent care option. The individual care plan should be understood as a guide to the overall development of the child. It describes the intended long-term goal with a timeline for reaching that goal and outlines of the steps that need to be taken in the process (IFCO et. al., 2007, p. 27).

h) Ensure the safety of children

When children are placed into group homes after experiences of abuse and exploitation, careful consideration should be taken to ensure the safety of the facility. Security measures may need to be taken to protect children from those who may want to harm the children (SARI, p. 6).

i) Provide parental figures

An important feature of the group home model is that it allows for close and continuous relationships between children and adults, substituting for the parent-child relationship (Tolfree, 2006, p. 30). Caregivers should be willing to make a long-term commitment to the household and children, ideally maintaining contact with children after they leave the home (Mulheir et. al., 2007, p. 67). Often a single woman or a married couple serving as the central caregivers within a small group home can fill the parent role (Tolfree, 2006, p. 30). However, it is important both a female and male figure are present in the lives of children in some capacity.

j) Train and support caregivers

Caregivers should receive continuous training and professional support to ensure the overall development of children within the group home (IFCO et. al., 2007, p. 35).

k) Limit the number of children within household

Group homes should be small, 4 to 12 children, allowing children to develop close relationships with their caregivers and peers. World Vision's position paper on CDOPC suggests the household size be determined by the traditional family (WVI, 2005). However, the World Health Organization set 12 as the maximum number of children in a single group home (Mulheir et. al., 2007, p. 67).

l) Implement strength-based approach to care

Sectoral specialists suggest a child-centred strengths-based approach, where children's strengths are recognised and encouraged as children build their identity and confidence (Interview with Luke Bearup, 21 November 2008; interview with Livia Nano, 21 November 2008). Caregivers need to be trained in the principles and practical skills for this approach.

m) Keep siblings together

As with every model of care, every effort should be made to keep siblings together for mutual support unless it is against the child's best interests (IFCO et. al., 2007, p. 24).

n) Include a range of ages

In an effort to mimic a family environment, a group home should be made up of children with a range of ages (WVI, 2005). However, group homes with youth living independently may be an exception to this principle.

o) Promote domestic routines

In efforts to allow children to experience normal family life, children in group homes should participate in domestic routines, including chores and responsibilities that do not interfere with their education. Children must also be expected to participate in family/group activities (Mulheir et. al., 2007, p. 67).

p) Assist in transitions

Group homes can be effective as a short-term transitional arrangement as a child prepares for reunification with their family or a youth prepares for independent living. It is vital that the time a child spends in the group home helps the child get ready for this transition. Group homes that specialise in reunification after institutionalisation must teach children how to function in the community and take care of themselves after years of isolation. Homes with children who have been victimised or traumatised must offer healing and relational skills before the transition. In some cases, a home can specialise in youth moving into adulthood and independent living (Tolfree, 2006, p. 30). These youth must not only be integrated into the social life of the community but also be trained in income-generating activities and independent decision-making. A group home should provide a safe environment for a child to learn, heal and fail.

q) Facilitate contact with original family

To aid the transition of children back to their families of origin, group homes must make efforts to facilitate contact between the child and their families. The child's relationships with family members should be encouraged, maintained and supported if this is in the best interests of the child (IFCO et. al., 2007, p. 33). Possible relationship-building activities include visitations, writing letters, making phone calls, joint activities or open houses. However, the family situation must be thoroughly assessed to consider whether contact is in the best interests of the child. If contact with the family is not considered to be in the best interests of the child, for example the family is deemed unsafe due to past abuse or exploitation; special considerations should be taken to facilitate interaction, such as supervised visitation.

r) Screening, training and supporting caregivers

Special attention should be given to the screening, training and monitoring of group home caregivers. Caregiver selection should seek out people who are willing to care for the children as their own and have the tools to provide the care a child needs.

s) Address psychosocial needs

As in every situation in which a child is deprived of parental care, special attention should be given to the psychosocial needs of the child. Children in group homes may have more severe experiences and limited support, and therefore require even greater support through ongoing counselling, support groups and caring relationships (Tolfree, 2006, p. 15). Peer group discussions can be used to develop supportive relationships among the household and improve the day to day living environment (SARI, p.10).

t) Strengthen government and local agencies

Again, it is not the role of an outside agency to run group home programs. Instead these agencies should work to strengthen the capacity of government and local groups to care for children.

u) Monitoring

Tolfree (2006) recommends scheduling regular reviews by a volunteer or staff person not directly involved in the child's care, and providing opportunities for the child to talk privately with someone outside the home (p. 30). Children should also be involved in choosing the person and method for giving their feedback. Monitoring should be triangulated, include unexpected visits, and whenever possible be facilitated by community members. Whether community volunteers, NGO staff or local officials, monitors need to be trained in identifying the signs of abuse, measuring a child's well-being and reporting incidents.

**Case study:**
World Vision, Georgia
Cultural ideologies about childcare and community responsibility from the communist era are still strong in Georgia. The institutionalisation of children is common practice as the people look to the state as the provider for the needs of their children. Parents place their children's physical needs before their social and emotional need for love and attention. World Vision Georgia (WVG) is involved in the vast undertaking of deinstitutionalisation with the goal of moving children and youth from institutions to stable, family environments. WVG was the first organisation to introduce the small group home model to Georgia in 2006. The organisation has always worked in partnership with Georgia's Ministry of Education and Science, which took over funding of the program at the beginning of 2008 and is in the process of assuming full responsibility of all full operations of the homes. World Vision opened five small group homes in Akmeta and Samtredia, Georgia, with about eight children in each, ranging in age from 6 to 18 years old. The homes are run by host parents and try to mirror as closely as possible a 'regular' family environment. World Vision's Operation Manager, Tamuna Barkalaia, says that small group homes can serve as a model of effective alternative of care: While prevention, reintegration and foster care are effective measures of care to replace institutions, there are a few critical cases that require assistance in temporary housing due to various reasons that do not allow reintegration into biological families or placement under foster care. Small group homes are a well-proven and effective alternative in these cases.
The organisation has had success with group homes. Giga, a 20-year-old young man who now lives independently and works at a gas station reflected on his time in one of World Vision's small group homes, 'This house made me feel different – I feel so much care from everyone. I know that if something goes wrong, I have people who I can count on in the future.' The relationships developed within the homes are long-term and provide life-long emotional support. World Vision Georgia is also involved in the child welfare reform process and is a long-term partner with the state in deinstitutionalisation, reunification and alternative care (Chkhaidze, 2008).

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## Children's villages

Children's villages are a collection of group homes within a single campus or facility. The model for children's villages have similar benefits, concerns and programing issues as group homes, but those that are unique or most vital have been discussed again here. Children's villages are considered a last resort in the community-based alternative care hierarchy for the concerns listed below.

**Benefits:**

- Family environment
  As an alternative to institutional care, children's villages attempt to create a family environment with small homes and house mothers who share everyday life with the child and attempt to develop lasting bonds with the children (SOS Kinderdorf International, 2005, sections 3.1-4.1).

- Quality of care
  Children's villages often provide a higher quality of care by hiring skilled caregivers who receive intensive training and support (Senou, Turgeon-O'Brien, Ouedraogo & Desrosiers, 2008, p. 150). The villages also have specialised amenities such as clinics, schools and sometimes even pools and playgrounds (UNICEF, 2004, p. 9).

- High level of monitoring
  The villages are generally well supervised and monitored, decreasing opportunities for abuse, neglect, or exploitation (Senou et. al., 2008, p. 150).

- Peer support

Children are surrounded by others who have had similar life experiences and form informal support groups through neighbourly relationships.

- Support for child providers
  Children's villages provide a network of caregivers who are easily accessible to receive professional advice, counselling and other supportive services. The network also provides caregivers with peers who can provide informal support through care and friendships (SOS Kinderdorf International, 2005, section 4.1).

- Marketable
  An efficient administration and aesthetically pleasing campus is appealing to overseas donors, making children's villages an effective fundraising model over other, less obtrusive alternatives (UNICEF, 2004, p. 9).

**Concerns:**

- Isolated from communities
  Children's villages often contain children within the campus instead of integrating them into the surrounding community. This isolation limits the child's ability to develop cultural and social skills that would assist in a smooth transition to reunification with children's families or independent living (Bold, Henderson & Baggeley, 2006, p. 13; UNICEF, 2004, p. 9).

- Institutional in all but name
  Many believe that children's villages do not go far enough in distancing themselves from institutional practices and consider them institutional in all but name (UNICEF, 2004, p. 9).

- Not culturally appropriate
  Children's villages are often built in western architectural styles and with a quality that is superior to the housing available in the surrounding community. In the report, 'SOS in Africa: The need for a fresh approach,' G. Powell comments on this issue regarding the most well known children's villages, SOS Kinderdorf International, 'Children are nurtured in a setting which mirrors western, middle class suburbia. High quality housing set in landscaped gardens with excellent recreational and educational facilities attached. These facilities are bound to impress visitors and satisfy donors' (p. 5). UNICEF (2004) recognises that these living conditions disconnect children from their culture and community causing further stigmatisation, making a return to the community difficult (p. 9). Feedback at the Meeting on African Children without Family Care in Windhoek, Namibia, acknowledged some instances where children who had become used to television and swimming pools run back to the children's villages after reintegration (UNICEF/USAID/FHI, 2002, p. 14).

- Creates stigmas
  Children in these villages are often perceived as privileged by the surrounding community and therefore resented and stigmatised (UNICEF, 2004, p. 9).

- Expensive and unsustainable
  Children's villages are often the most expensive alternative care model and therefore sustainability is questionable (Powell, 1999, p. 4).

- Difficulty in reintegration
  Isolation from the surrounding community, stigmatisation and the far superior physical environment make reintegration back into original families or communities difficult (Powell, 1999, p. 5).

- Inequality of orphan care

The disparity between CDOPC living within children's villages and those living in other care arrangements is vast. Powell recognises this injustice in Zimbabwe: The 360 fortunate children who have been admitted to SOS homes in Zimbabwe comprise approximately 0.05% of Zimbabwe's predicted orphan population. The resources invested in them are infinitely greater than the resources available to the ordinary orphan (p. 5).

**Programing suggestions:**

a) The last resort
In terms of community-based alternatives to institutional care, children's villages are considered the last resort. However, if certain standards are developed and implemented, the children's village model has the potential to fulfil the development needs of vulnerable children in low-resource conditions. As a better form of institutional care, in situations of great need it can offer orphans a chance for survival (Senou et. al., 2008, p. 151).

b) Gate keeping
As with group homes, admission into children's villages should be pursued only when all other options have been explored and rejected, with the focus on the child's best interests. A gate keeping process must be in place to ensure that only those who meet the criteria are admitted (Gudbrandsson, 2004, p. 15).

c) Facilitate child participation
Children in children's villages must be listened to and respected in the decision-making process. The child should be adequately informed of his or her situation and encouraged to express his or her views, participating in the process according to the child's life stage and development level (IFCO et. al., 2007, p. 21). Page 53

d) Develop family-based care
Traditional residential care must utilise a family-based care model, as children's villages have attempted to do. Children's villages must offer a family setting where children have a constant relationship with consistent parental figures, both female and male, and siblings of different ages and sexes. The family should follow cultural standards of roles and responsibilities, preparing food and eating together, and requiring children to take part in normal household chores (UNICEF, 2004, p. 9).

e) Reflect surrounding situation
To reduce stigma, increase reintegration, and maintain children's connections to the community and culture, children's villages should reflect the living standards of the surrounding community (UNICEF/ USAID/FHI, 2002, p. 14).

f) Scatter households among normal family households
Community integration may be best achieved by distributing the children's villages, establishing individual homes sporadically throughout the community, while still utilising the network of support through supportive services and support groups (UNICEF, 2004, p. 9). In urban areas large apartment buildings can house these group homes integrated among normal households.

g) Integrate into surrounding community
Children's villages should make every effort to be integrated into the surrounding community. There should be no signage or identifying features on the homes and children should be given freedom and activities similar to other children. Ideally, residents of theses children's villages should be indistinguishable from other children in the community, attending the same schools, faith-based organisations and cultural events as everyone else (UNICEF, 2004, p. 9).

h) Develop an individual care plan

Each child within a children's village should have an individual care plan to avoid a child's permanent placement within the village and to guide the child's overall development. The plan should define the current developmental status of the child, set objectives of the care arrangements, and identify the supportive services and resources needed to achieve the objectives (IFCO et. al., 2007, p. 27).

i) Train and support caregivers

Caregivers should receive continuous training and professional support to ensure the overall development of children within the village (IFCO et. al., 2007, p. 35).

k) Keep siblings together

As always, siblings should be placed within the same household in children's villages unless it is against the children's best interests (IFCO et. al., 2007, p. 24).

l) Maintain contact with original family

When original parents or relatives are identified, the child's relationships with them should be encouraged, maintained and supported if this is in the best interests of the child (IFCO et. al., 2007, p. 33; Senou et. al., 2008, p. 148). Interaction between the child and his or her original family can increase the potential for reunification, but if that is not possible, it can provide the child with a sense of identity and belonging. However, the family situation must be thoroughly assessed to consider whether contact is in the best interests of the child. If contact with the family is not considered to be in the best interests of the child, for example the family is deemed unsafe due to past abuse or exploitation, special considerations should be taken to facilitate interaction, such as supervised visitation.

m) Monitoring

Tolfree (2006) recommends scheduling regular reviews by a volunteer or staff person not directly involved in the child's care, and providing opportunities for the child to talk privately with someone outside the home (p. 30). Children should also be involved in choosing the person and method for giving their feedback. Whether monitoring is done by community volunteers, NGO staff or local officials, they need to be trained in identifying the signs of abuse, measuring a child's well-being and reporting incidents.

**Case study:**

Cottage care, Myanmar

Family or cottage care has been developed as an alternative to institutional care in Southeast Asia. In Yangon, Myanmar, cottages are complex houses that accommodate no more than 10 children per house and are staffed by permanent caregivers who act as house 'mothers.' Children go to school outside the cottages so are therefore more integrated into the community. However, they are grouped by gender and age: one cottage for infants and young children, another for children aged three to five years, three cottages for boys aged six to sixteen, and one for girls aged six to sixteen. This arrangement might diminish the family-like environment, as children's contact with children of other ages is limited and children must move cottages and also caregivers when they reach a certain age. Another issue with cottage care is that men are not hired as caregivers so the children do not have a male role model in the household. The cottage complex is sustained through national support from the private sector and the Myanmar Department of Social Welfare. The cottage complex includes an office, library, clinic, staff quarters, a kitchen, a prayer and activity room, and a dining hall. It is clean, well-equipped and well-maintained. Children receive individualised care and attention that they would not otherwise receive within a large traditional style institution or orphanage. However, the facilities also separate children from normal interaction in the community and prevent experiences of normal family life, such as eating together as a family. Young children attend nursery classes at the complex, but older children attend government schools in the community in an attempt to find some means for integration. Unfortunately, the cottage care model involves many of the same concerns and deficits of large institutions, as children are isolated from the community and unable to develop practical life skills for reintegration back into society. In addition, children with disabilities or those who are affected by HIV/AIDS are not permitted to live in the cottage complex (UNICEF EAPRO, 2006, p. 33). While attempts to reform institutional care are a step in the right direction, greater consideration is required in developing the children's village model.

## Handout 5.4: Institutional Forms of Residential Care

(Extract from Csaky, C (2009) Keeping Children out of Harmful Institutions: Why we should be investing in Family-based Care, Save the Children)

Save the Children recognises that not all residential care is harmful to children, and that small group homes, in particular, can play an important role in meeting the needs of certain groups of children. However, we are concerned that institutional forms care whereby children are cared for in a large group simultaneously, in dormitory style accommodation, is rarely provided appropriately, to a high enough standard and in the best interests of the individual child. Where residential care is in the best interests of the individual child, it should be based in a small group home where no more than six to eight children are cared for by consistent adults in a family-like setting within the community. This section summarises new and existing evidence of the harm caused to children by institutional care, and it considers the impact on those children and on society as a whole.

### Developmental damage

The detrimental effects of large-scale institutional care on child development have been documented since the early 20th century. New evidence suggests that children under the age of three are particularly vulnerable. Most recently, the Bucharest Early Intervention Program is the first scientific study comparing the developmental capacities of children raised in large-scale institutions with non-institutionalised and fostered children. It took random samples of 208 children (with a mean age of 22 months) spread across these three care arrangements in Romania. It then followed their physical growth and cognitive, brain, emotional and behavioural development over several years. The findings of this study are a shocking testimony to the harm institutional care can cause. Compared with children raised at home or in foster families, the institutionalised children:

- were far more physically stunted. For every 2.6 months spent in a Romanian orphanage, a child falls behind one month of normal growth
- had significantly lower IQs and levels of brain activity – particularly children who entered institutions at a young age
- were far more likely to have social and behavioural abnormalities such as disturbances and delays in social and emotional development, aggressive behaviour problems, inattention and hyperactivity, and a syndrome that mimics autism.

These findings are compounded by further new research into the conditions inherent in most large-scale institutions that lead to developmental delays. It shows how the lack of human eye contact and visual and physical stimulation means that essential neurological processes within the brain are sometimes never triggered, causing brain stunting and low IQs. The lack of toys, play facilities and developmental education also leave many children with reduced motor skills and language abilities. Physical stunting is the result of poor nutrition and sickness caused by overcrowding, poor hygiene and a lack of access to medical care. For example, soiled clothing is often left on babies and infants for long periods of time.

Finally, poor bottle-feeding practices – where babies and infants are fed lying on their backs in their cots in order to minimise time expended and disruption – prevent children from learning to feed properly and experiencing physical contact, both of which cause physical, behavioural and cognitive problems.

Even well-run care institutions can have negative developmental effects on children. For example, the distress caused by being separated from parents and siblings can leave children with lasting psychological and behavioural problems. A lack of positive adult interaction from consistent carers can also limit children's ability to develop personal confidence and key social skills, including those necessary for positive parenting. "We never had any affection. We had all the material things – a bed, food, clothing. But we never had any love." (Child in residential care in El Salvador)

## Abuse and exploitation

The closed and often isolated nature of institutional care, together with the fact that many resident children are unaware of their rights and are powerless to defend themselves, make institutionalised children significantly more vulnerable to violence. Various studies have recorded a wide range of abuses against children in institutions. These include systematic rape and other forms of sexual abuse; exploitation, including trafficking; physical harm such as beatings and torture; and psychological harm including isolation, the denial of affection and humiliating discipline. Children with disabilities are at an increased risk of such abuses.

"You have to help us. . . I was placed here for protection because I was living on the streets. But boys like me are mixed with bad boys and we can't even bathe or sleep properly because we're scared of getting stabbed, assaulted or something like that." (12-year-old boy, in institutional care, Fiji).

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**Psychological damage – an example from Serbia**

The poor caregiver-to-child ratio in many institutions affects the way staff respond to children's needs. This can significantly influence a child's behaviour, as these examples from a Serbian children's home (regarded as a National Centre of Excellence) show. The centre has two staff and 16 children per room. An 18-month-old boy quickly learned that when he hit other children he would get attention – albeit negative – from the staff. As any attention is better than none, his aggressive behaviour was unwittingly being encouraged by the staff. His hitting became such a problem that he was kept away from both staff and children. His attempts to get individual attention resulted in him being isolated and prevented from developing healthily. A two-year-old girl with suspected learning difficulties learned that scratching herself and pulling her hair quickly got the attention of staff. The more this happened the more she scratched herself and pulled out her hair. Pain was preferable to being neglected. Given that each member of staff had seven other children to care for, they managed the situation by tying the child up in her own bed clothes to prevent her self-harming. The child's natural need for individual attention resulted in her physical abuse and neglect, a practice that was condoned by senior management.

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"Once I went to the toilet without knowing that it was time for the head count. When I came out the supervisor hit my head against the wall many times." (Child in an institution, Mongolia)

It is difficult to assess the scale and nature of violence in institutional care because it is largely hidden. However, evidence suggests that this abuse is widespread, it exists in developed and developing countries, and affects boys and girls of all ages.

- A 2002 study in Kazakhstan found that 63% of children in children's homes had been subjected to violence.
- A survey in 2000 of 3,164 children in residential institutions in Romania found that nearly half confirmed beating as routine punishment, and more than a third knew of children who had been forced to have sex.
- A 2009 study in Ireland identified 800 perpetrators of physical and sexual abuse of 1,090 children in residential institutions between 1914 and 2000.
- A 2007 government survey of 2,245 children living in institutions in India found that 52% were subjected to beatings and other forms of physical abuse.
- Children across the Middle East and North Africa highlighted violence in institutions as a key concern for them in the 2005 Regional Consultation for the UN Study on Violence against Children.
- A 2002 study in North America found that violence against children in residential institutions is six times more prevalent than violence in foster care.

While it is especially difficult to obtain statistical data on the exploitation and trafficking of children in institutions, there is evidence to suggest this is a widespread and growing concern. Some children placed

in institutions are, in effect, then 'trafficked' under the guise of intercountry adoption. Children, including those with parents, are being recruited into institutions for the purposes of financial gain via intercountry adoption. Unscrupulous adoption agencies collude with care institutions to coerce or deceive parents into giving up their children so that they can be adopted overseas. Many parents are persuaded to give up their children in the hope that they will be given the opportunity of education or a better life. Others believe their children will be returned to them once they reach 18. Few are made aware that they are giving up their legal rights to their children. Often the adoptive parents will not know the true situation of the children they are receiving.

"We took them there [to an institution] for the winter because we couldn't afford to feed them. When we came to collect them, we were told they had gone." (Father in Romania talking about the intercountry adoption of his children)

**Trafficking in Liberia**

The recent rise in the number of orphanages in Liberia has sparked concerns over the proliferation of child trafficking. In 1989 there were ten known orphanages. By 2008, the Liberian Ministry of Social Welfare recorded 114, although many believe the actual number to be much higher. With the dramatic increase in the number of orphanages, intercountry adoption to the USA, Canada and Europe has increased. For example, in 2004 there were 89 intercountry adoptions to the USA. In 2008, there were 249. The circumstances around many of these adoptions have led many to conclude that children are being trafficked – a conclusion corroborated by a UN assessment of intercountry adoption in 2007. Since then, the government of Liberia has put a moratorium on adoptions to the USA. Meanwhile, the US government has signed up to the Hague Convention – an international protocol on good practice regarding international adoption – and issued a warning on adoptions from Liberia on the State Department website.

## Social consequences

Institutional care is arguably creating 'lost generations' of young people who are unable to participate fully in society. Many children who enter institutional care at a young age are physically, socially and emotionally underdeveloped. Those who experience severe physical and psychological violence can struggle with lasting developmental problems, injuries and trauma. Children in care typically gain fewer educational qualifications and lower levels of basic literacy and numeracy. Where care institutions are cut off from communities, children are prevented from developing social networks essential for later life. This is often compounded by the stigma associated with having grown up in care.

"When you grow up in a village, you can get married. If you stay in the orphanage this can't happen." "When you are too old, they make you leave, but you have nowhere to go." (Children from Lilongwe, Malawi)

"We were never taught to live on our own. On certain days we were given soap, a toothbrush, toothpaste, and clothes, usually the same for all. Until the age of 12 we all had the same haircut. It was like living in an incubator." (Girl in an institution, Russia)

"Putting someone in institutional care is like sending him to prison. He will follow only the rules, regulations and discipline of that institution. He cannot express his opinion. He cannot go out for his own recreation. It's just like a punishment." (International aid worker, Pakistan)

All of these problems limit the life chances of children who have grown up in care. After years of following a structured routine in which they exercise little or no choice they may not know how to navigate an independent life. They may not know how to cook, how to handle money, or how to use their initiative. They are especially vulnerable to exploitation and abuse as they are less aware of their rights and

accustomed to following instructions without question. They may be less able to find work or to develop social relationships. The harm caused to children from spending substantial parts of their childhood in care inevitably has consequences for society as a whole. The lack of life options available to children leaving long-term institutional care, in particular, makes them more vulnerable to criminal behaviour as a means of survival. They are also more likely to develop antisocial behaviour, attachment disorders, and to struggle with positive parenting. Generally, children leaving care are more likely to be dependent on the State and other service-providers for their own wellbeing and survival and less able to contribute to economic growth and social development. Research in Russia has shown that one in three children who leave residential care becomes homeless; one in five ends up with a criminal record; and in some cases as many as one in ten commits suicide.

## Lack of good quality care

In addition to other concerns, many children in large-scale institutions face additional problems of neglect caused by poor quality standards. This includes life-threateningly poor nutrition, hygiene and health care, lack of access to education, and a chronic lack of physical and emotional attention. For example, children may have to share beds or sleep on the floor. They may be given only one meal a day, there may be no space or facilities for play, and they may receive little or no individual attention from staff. For example, in 2008 a government assessment of a sample of 114 orphanages in Liberia found that only 28 met minimum standards of care. A 2007 study by UNICEF and the government of Sri Lanka found that out of 488 voluntary residential homes, only 2% were compliant with standards relating to the individual care of children. Such poor standards are often caused by large groups of children cared for by insufficient numbers of staff. These two factors are the best predictors of good-quality care, and are notoriously difficult to achieve in large institutions.

### The long-term impact of institutionalisation

In 2009, the Irish Commission to Inquire into Child Abuse produced one of the few longitudinal studies on the impact of abuse on children. The Commission consulted with 1,090 men and women who reported being physically or sexually abused as children in Irish institutions between 1914 and 2000. They were asked about the nature of their abuse, the effects it has had on them, and to identify how it can be best tackled in the future. Many of the men and women who had been harmed as children reported that their adult lives were "blighted by childhood memories of fear and abuse". They gave accounts of troubled relationships and loss of contact with siblings and extended families. They also described parenting difficulties, including re-enacting harmful behaviour with their own children. Approximately half said they had attended counselling services. They also described lives marked by poverty, social isolation, alcoholism, mental illness, aggressive behaviour and self-harm. Nearly three-quarters (70%) had received no secondary-level education and, while several reported having successful careers, the majority were in manual and unskilled occupations.

## Handout 5.5: Options for Temporary Care, Longer Term Care, and Permanent Placements

(Adapted from: Melville Fulford, L (2010) Alternative Care Toolkit in Emergencies (ACE) Toolkit, Interagency Working Group on Separated and Unaccompanied Children (Draft – still to be published).

For children who cannot remain with their current caregivers or who require an alternative care placement, the following table has been included as a guide to the types of placements that may be considered first for a child in need of interim or longer term care. It is not meant as a hierarchy of choices, but rather as a tool to help with decision making on the most appropriate temporary or permanent care option for a particular child. The final decision should be based the best interests of the individual child; an assessment of viable options, and the opinions of the child, the child's guardian, and others involved in the care and protection of the child.

| **Temporary Care Provision (up to 12 weeks)** | |
|---|---|
| Placement | Rationale |
| With relatives, neighbours, or family friends, who are known to the child | Children who require interim care are ideally placed with family or friends who are known to them, unless this is not in the child's best interests. |
| With relatives who are not known to the child, or foster caregivers from the child's own community | Where the child has no relatives or family friends, who are known to the child or are suitable to care for the child, the next consideration would usually be care by relatives who are not known to the child or foster care within the child's community.<br><br>If both options are available, the decision will have to be based on the child's preference, and the assessment of the suitability of the caregiver and their motivations and expectations relating to caring for the child. The assessment should also consider the location of the caregivers, and whether care is required in the short- or long-term e.g. if relatives do not live in the area, the preference may be for temporary local foster care to enable to child to continue to attend the same school etc. Children with special needs may benefit from specialist foster care. |
| Supported child-headed households | Where a group of children are living together with no adult caregiver, yet they have consistent and good levels of support, it may be beneficial for the children to remain together, rather than be placed in an alternative form of care. Such a consideration would depend on the ages, needs, and opinions of each child in the household, and the environment, risks and protective factors influencing their situation.<br><br>Where children want an alternative care arrangement, the child/children should be eligible for placement in kinship or foster care, or a small group home, depending on their ages, needs, wishes, and circumstances. |

| | |
|---|---|
| Small group care within the child's community | Where family-based care with adequate support and monitoring cannot be immediately organized or is not advisable, placing the child in small group care is strongly preferable to the use of large institutions or orphanages. This may be in group foster care, or small group residential homes, whereby groups of 6-8 children are cared for by consistent caregivers within the child's community, and in accommodation similar to the surrounding community. |
| Interim care centre/ orphanage or other institution not providing small group care | Should none of the options described above be feasible, then the question of placing a child in a large institution/orphanage would normally only be considered under the following conditions:<br>- The child is over 3 years of age<br>- Such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests<br>- The placement is for no more than 12 weeks<br>- The institution is integrated with the child's community<br>- The institution is registered and externally monitored according to set standards |

## Handout 6.1: Defining Quality Care

The following key stages are based on the processes and lessons learnt from reform efforts in a variety of countries. They are intended as a guide. The actual processes undertaken in any one context must be based on the particular issues identified, the level of support for change, and the capacity to undergo reforms. While it is anticipated that work on several of the stages will need to happen at the same time and will be ongoing e.g. building constituencies of support, monitoring, and data collection, some of the key stages may take place in a different order to the one below. Deinstitutionalisation should not take place until family support services and alternative family-based care are in place.

The table below indicates key resources that can help at each stage. These are included in your Resource CD/Flash drive. Please also refer to the Better Care Network's online library of resources for practitioners working to support the care of children: http://bettercaretoolkit.org/bcn/toolkit/

| Detail | Resources |
|---|---|
| **Stage: Research and identification of system failures** | |
| Research to explore the reasons for a lack of appropriate care; children affected; push and pull factors associated with alternative care etc.<br><br>Mapping and assessment of the current child protection and care system e.g. to identify the range and responsibilities of current child protection actors and/or to determine the current capacity of the system to support families and to provide quality alternative care based on the needs of individual children. | • UNICEF (2010) Child Protection Systems Mapping and Assessment Toolkit: User's Guide, UNICEF[63]<br>• UNICEF (2010) Child Protection Systems Mapping and Assessment Toolkit: System Tools, UNICEF<br>• UNICEF & the BCN (2009) Manual for the Measurement of Indicators for Children in Formal Care, UNICEF & the BCN[64] |
| **Stage: Strategic planning** | |
| Building the capacity of governmental and non-governmental actors to develop, co-ordinate and implement laws, policies and practices across the formal and informal care system with adequate resources that support the care of children in accordance with the Guidelines for the Alternative Care of Children. | • UNICEF (2007) Child Care System Reform Efforts. Country Examples from South East Europe, UNICEF<br>• UNICEF (2010) Child Protection Systems Mapping and Assessment Toolkit: User's Guide, UNICEF<br>• UNICEF (2003) Gate-Keeping Services for Vulnerable Children and Families, UNICEF Innocenti Research Centre<br>• UNICEF (2009) Analysis of the Progress and Remaining Challenges in Child Care System Reform in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan, UNICEF |

[63] *This document also contains hyperlinks to relevant resources*

[64] *A resource guide on Child Protection Systems is currently under development by UNICEF. Please contact the BCN for more information or check their website: www.crin.org/bcn*

| Detail | Resources |
|---|---|
| **Stage: Awareness raising, building constituencies of support, and advocacy** | |
| Building understanding and support from within communities, government, non-governmental organisations, donors, and protection and care service providers for the care of children by their own families and communities, and reduce reliance and overuse of residential care | • Browne, K (2007) The Risk of Harm to Young Children in Institutional Care, Save the Children<br>• Csaky, C (2009) Keeping Children out of Harmful Institutions: Why we should be investing in Family-based Care, Save the Children<br>• United Nations (2006) Violence against Children in Care and Justice Institutions, United Nations Secretary-General's Study on Violence Against Children<br>• Williamson, J & Greenberg, A (2010) Families not Orphanages, Better Care Network<br>• Mulheir, G & Browne, K (2007) Deinstitutionalising and Transforming Children's Services: A Guide to Good Practice, European Union Daphne Programme<br>• Kang, K (2008) What You Can Do About Alternative Care in South Asia: An Advocacy Kit, UNICEF<br>• Delap, E (2010) Protect for the Future: Placing Children's Protection and Care at the Heart of the Achieving the MDG's, EveryChild<br>• Kang, K (2008) What You Can Do About Alternative Care in South Asia: An Advocacy Kit, UNICEF |
| **Stage: Assessment of service and care provision, resources and capacity** | |
| Undertaking detailed assessments of key components of the care system to assess structures, functions, capacities, roles, processes and accountability. This should determine what changes are required and how these can be carried out. | • UNICEF (2010) Child Protection Systems Mapping and Assessment Toolkit: User's Guide, UNICEF<br>• UNICEF (2010) Child Protection Systems Mapping and Assessment Toolkit: System Tools, UNICEF<br>• Mulheir, G & Browne, K (2007 Deinstitutionalising and Transforming Children's Services: A Guide to Good Practice, European Union Daphne Programme<br>• United Nations (2010) Guidelines for the Alternative Care of Children, United Nations<br>• UNICEF & the BCN (2009) Manual for the Measurement of Indicators for Children in Formal Care, UNICEF & the BCN |

| Detail | Resources |
|---|---|
| **Stage: Development of national policy and legislation** | |
| Ensuring an appropriate legal and policy framework is established in accordance with the Guidelines for the Alternative Care of Children to underpin and guide child protection and care services and placements, and ensure appropriate mechanisms and resources are in place to deliver and regulate them. This should be done in consultation with children, families, alternative care-givers, service providers etc. | • Convention on the Rights of the Child (1989)<br>• United Nations (2010)<br>• Guidelines for the Alternative Care of Children, United Nations<br>• Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (1993)<br>• UNICEF (2003) Gate-Keeping Services for Vulnerable Children and Families, UNICEF Innocenti Research Centre<br>• Wright et al (2006) The Participation of Children and Young People in Developing Social Care, Participation Practice Guide 06, Social Care Institute for Excellence, UK |
| **Stage: Improving resource allocation** | |
| Understanding the country's budget cycle, how and when to make requests for increased budgetary allocations, and donor priorities and processes.<br><br>Working with donors, policy-makers and service providers to ensure sufficient allocation of resources to preventative and support services for children in their families and communities, and to adequately resource the monitoring and care planning of children at risk within their families, and those in alternative care. This includes ensuring there are no disincentives for improving family support and family-based care. | • Beecham, J (2000) Unit Costs- Not Exactly Child's Play. A Guide to Estimating Unit Costs for Children's Social Care, Department of Health, UK<br>• UNICEF (2009)Budgeting in the Context of Care Reform in CEE/CIS, UNICEF<br>• Quinlan, T & Desmond, C (2002) The Costs of Care and Support. University of Natal in Literature Review: The Economic Impact of HIV/Aids on South Africa |
| **Stage: Developing co-ordination and partnerships** | |
| Improving coordination and collaboration among child protection actors and those working in related sectors in order to unite activities in the informal care system with the formal care system efforts at different levels, under a common goal and towards common standards. Developing government and key stakeholder ownership. | • Mulheir, G & Browne, K (2007) Deinstitutionalising and Transforming Children's Services: A Guide to Good Practice, European Union Daphne Programme |
| **Stage: Improving professional practices** | |
| Training, supervising, accrediting, and supporting those working with children at risk and in care to ensure that children are protected and their rights respected. This includes developing practices relating to assessment of risk and need, care planning, case management, monitoring, reporting, facilitating contact, referrals, child protection procedures, and direct provision of support. | • Save the Children (2006) Keeping Children Safe: Standards for Child Protection, Tool 1, Save the Children et al<br>• http://bettercaretoolkit.org/bcn/toolkit/ |

| Detail | Resources |
|---|---|
| **Stage: Building the capacity of families and communities to care for children** | |
| Strengthening community level care and protection (formal and informal) services and placements, and ensuring the meaningful participation of children, young people and their families in formulating such services. Such services should address the root causes and impact of a lack of appropriate care via universal, supportive and rehabilitative services. | • Long, S et al (2007) Children at the Centre: A Guide to Supporting Community Groups for Vulnerable Children, Save the Children<br>• McLeod, D (2003) Community-based Social Services: Practical Lessons Based Upon Lessons from Outside the World Bank, World Bank<br>• Save the Children (2005) Making Cash Count: Lessons from Cash Transfer Schemes in East and Southern Africa for supporting the most vulnerable children, Save the Children<br>• USAID (2008) Field Report No.2: Economic Strengthening for Vulnerable Children. Principles of Program Design and Technical Recommendations for Effective Field Interventions, USAID, Save the Children, AED<br>• Wessells, M (2009) What are we Learning about Protecting Children in the Community: An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings, Save the Children |
| **Stage: Developing alternative family-based care** | |
| Scaling up and improving support to and monitoring of family-based alternative care, ensuring adequate and appropriate procedures required to protect the child and meet their best interests. This will include processes for the recruitment, training, support and monitoring of formal and informal family-based alternative caregivers; the legal and policy framework for placing a child within another family, formalising a placement, permanency options, allocation of a guardian, inheritance rights, complaints, reviews and appeals; as well as the procedures for preparing the child, caregivers, and legal guardians for removal, placement, interventions, contact, and reunification. | • Oswald, E (2009) Because We Care: Programming Guidance for Children Deprived of Parental Care, World Vision<br>• Tolfree, D (2005) Facing the Crisis: Supporting children through positive care options, Save the Children<br>• Tolfree, D (2006) A Sense of Belonging: Case studies in positive care options for children, Save the Children<br>• McMillan, N & Swales, D (2005) Raising the Standards: Improving Quality Childcare Provision in East and Central Africa, Save the Children<br>• McMillan, N & Swales, D (2006) Applying the Standards: Improving Quality Childcare Provision in East and Central Africa, Save the Children |

| Detail | Resources |
|---|---|
| **Stage: Developing standards for alternative care and associated services, and the procedures for their regulation and oversight** | |
| Scaling up and improving support to and monitoring of family-based alternative care, ensuring adequate and appropriate procedures required to protect the child and meet their best interests. This will include processes for the recruitment, training, support and monitoring of formal and informal family-based alternative caregivers; the legal and policy framework for placing a child within another family, formalising a placement, permanency options, allocation of a guardian, inheritance rights, complaints, reviews and appeals; as well as the procedures for preparing the child, caregivers, and legal guardians for removal, placement, interventions, contact, and reunification. | • Oswald, E (2009) Because We Care: Programming Guidance for Children Deprived of Parental Care, World Vision<br>• Tolfree, D (2005) Facing the Crisis: Supporting children through positive care options, Save the Children<br>• Tolfree, D (2006) A Sense of Belonging: Case studies in positive care options for children, Save the Children<br>• McMillan, N & Swales, D (2005) Raising the Standards: Improving Quality Childcare Provision in East and Central Africa, Save the Children<br>• McMillan, N & Swales, D (2006) Applying the Standards: Improving Quality Childcare Provision in East and Central Africa, Save the Children |
| **Stage: Developing standards for alternative care and associated services, and the procedures for their regulation and oversight** | |
| Developing standards for all forms of formal family-based and residential care, in accordance with the Guidelines for the Alternative Care of Children. These should address gate-keeping procedures; registration, accreditation and inspection and monitoring processes; data collection; case management and care planning; appropriate placements and the level of care required; the rights and responsibilities of children, legal guardians, care-givers, and service providers.<br><br>Improving mechanisms for holding service and care providers and decision makers to account via complaints mechanisms. | • United Nations (2010) Guidelines for the Alternative Care of Children, United Nations<br>• SOS Kinderdorf International (2007) Quality4Children: Standards for Out-of-Home Care in Europe, SOS |
| **Stage: Data collection and research** | |
| Setting up mechanisms for recording disaggregated data on children accessing services and alternative care and researching the associated issues and outcomes | • UNICEF & the BCN (2009) Manual for the Measurement of Indicators for Children in Formal Care, UNICEF & the BCN |
| **Stage: Deinstitutionalisation** | |
| Working with policy makers and residential care providers to develop and implement a plan for ensuring the appropriate use of residential care. This will include planning the transfer of children, staff, and resources, where required; ensuring all forms of residential care are based on a small group care model and meet quality standards; and that children are only placed in residential care when such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests. | • Mulheir, G & Browne, K (2007) Deinstitutionalising and Transforming Children's Services: A Guide to Good Practice, European Union Daphne Programme<br>• Tobis (2000) Moving from Residential Institutions to Community-based Social Services in Central and Eastern Europe and the Former Soviet Union, World Bank |

## Handout 6.2: Country Examples of System Changes

CHILE: Creating a system of alternative care provision for children, that is uniform and centred upon the family.[65]

The regional application of policies and national strategies for the protection of children has enabled the country to significantly reduce the institutionalisation of children.

The system of child protection in Chile has improved considerably in recent years. The direction that the country has taken largely matches the standards promoted by the UN Guidelines, particularly with the choice regarding the most appropriate means of care chosen and the political–legal and financial framework in which it is registered.

**A joint political, legislative and financial framework**

In concrete terms, Chile has chosen to centralise decisions in matters of policy and strategies for child protection within SENAME (National Service for Minors) so as to set up a framework for a unified protection for the whole national territory. Thus SENAME is in charge of elaborating government policy for child protection and the standards for applying it. It is also responsible for the supervision of the system. The application of decisions is regional and undertaken by the recently set up local offices endowed with qualified staff for the protection of the rights of children. These structures constitute new openings for children in the child protection system, in addition to the already existing legal procedures. Their direct intervention with children and families is supplemented by the activities of civil society, whose role is also important. Chile has allocated part of its public budget to developing this system of protection for children. This funding is completed by the contributions from the private sector.

At the legislative level, and along the lines of the International Convention on the Rights of the Child, the country has armed itself with a series of laws dedicated to protecting the rights of the child, of which it would be prudent to unify in the future for greater legibility. A mixed palette of child care options measures for alternative ways of caring for children deprived of their family, proposed by the Chilean system vary greatly. They extend from placement in specialised institutions to family placement, and various complimentary programs centred upon the family, notably the strengthening of the family of origin. Furthermore, in accordance with international standards for alternative child care, keeping the child or reintegrating him in his family of origin is given priority by SENAME. In the event such an option proves to be impossible, placement in the extended family is preferred to an adoption placement, and a permanent placement in a family kind of institution only occurs as a last resort.

**Promising results for keeping the child in a family environment**

The search for the best option for each child on this palette and setting up this protective system for children throughout the territory have made it possible to reduce the institutionalisation of children and their separation from their family of origin. Thus in 1990, 62% of children followed up by SENAME were in institutions, compared with 2005 when there were no more than 26.3 %. In the same year, there were 73.3%, benefiting from the one of the complimentary programs centred on the family, while there were only 38% in 1990. Furthermore, the total number of children profiting from protection has increased. There were 67,746 in 2005, whereas there were only 52,566

[65] *Special Series – Draft UN Guidelines for the Appropriate Use and Conditions of Alternative Care for Children: Implementation of the principle of the child's right to participate in the context of alternative care ISS/IRC Monthly Review N° 1/2009*

in 2000, making one think that less and less children are excluded from the protection system. Moreover, Chile has improved its program of foster families in developing standards for setting them up. Amongst the breakthroughs in this field, the extended family is henceforth, recognised as a foster family and as such receives the necessary aid for providing child care. These results bear witness to the Chile's significant progress in implementing the Convention on the Rights of the Child, and particularly the child's right to be brought up in a family environment. For more information: SENAME, www.sename.cl./.

## Handout 6.3: Common Pitfalls to System Change

The following are common strategies to change systems which can result in significant problems for children and their families, and which are likely to hinder progress towards improved family-based care and reduced reliance on residential care.

1. The root causes of child care problems within the family and community (including causes of family breakdown and child abandonment) are not addressed
2. Deinstitutionalisation occurs before alternative family-based care and community-based services and supports are in place
3. Resources are concentrated on improving standards of care within residential care
4. The capacity for monitoring and support is not sufficient to enable the provision of quality care over the longer-term
5. The informal care and formal care systems are not interlinked
6. The training of professionals and paraprofessionals is insufficient in terms of numbers, level of skill, and oversight
7. Support for caregivers is contingent on agency resources
8. Best practices and strategic changes are not incorporated in national law and policy
9. There is an over-reliance on volunteers and voluntary organisations
10. There is insufficient attention to potential and actual resistance by residential care providers, and those with a vested interest in the current system, including donors
11. Lack of attention paid to building constituencies of support at government, NGO and community levels.
12. Assessment and strategic planning does not reflect the opinions of children and adults from the community or who are service users
13. Institutions are transformed into an alternative service provision for children or with reduced residential role
14. Gate-keeping processes are not consistent with policies that promote family care over residential placement, with more of a strategic focus on building and strengthening alternative care services
15. There are limited community-based services and professional capacity to address family-based care and protection issues
16. There is a lack of poverty alleviation mechanisms and or poverty alleviation mechanisms are not interlinked with child protection outcomes
17. There are weak or no mechanisms to collect, research and evaluate data regarding the causes of child vulnerability, root causes of placement into care, effectiveness of interventions, costs, outcomes of children etc.
18. Poor regulation of alternative care
19. Weak enforcement and implementation of legislation. Changes are not reflected in national law and policy
20. Funding streams discourage family preservation and family-based care e.g. funding for residential care comes from national government, while local government has to fund family based care and support services
21. Weak aging out of care services for children in care and those who leave

## Handout 6.4: Lessons Learnt from Deinstitutionalisation Programs

(Source: USAID (2009) The Job That Remains: An overview of child welfare reform efforts in Europe and Eurasia, USAID)

The following are lessons learnt from deinstitutionalisation work in Europe and Eurasia. Some of the lessons however can also apply to care system change for countries which do not have a significant overuse of residential care.

**Transition must proceed logically**

- Hasty deinstitutionalisation before a prevention system and human capacity are in place may create problems for children.
- All critical elements of the system must be developed simultaneously–policy, alternative services, human capacity, and standards and performance monitoring.
- Strategic child welfare planning must assess budgetary allocations and incentives. Budget plans must have a mechanism for funding community-based services (as opposed to institution-based services) and make allocations to the agencies where the expenses are incurred. Oftentimes this means that the budgeted funds should go to a local government rather than a central level agency.

**Challenges exceed expectations**

- Changes in the beliefs of a population occur slowly. Beliefs that have been sternly inculcated over many years are difficult to change.
- The money necessary to run the institutional system while the alternative services are being developed is substantial.
- The amount of necessary training and support for newly developed service staff and NGOs is often far greater than project implementers expect, and extensive technical assistance (TA) is needed as new activities are implemented.
- A critical mass of services is needed to sustain reform.

**Reform is a community and co-ordinated endeavour**

- Leaders with a vision fuel reform. Pilot projects should be located where leaders are committed to make the program a success.
- Government and donors must work together for reform, for if they do not share a common vision, their interventions may conflict.
- Authorities need evidence of the cost-effectiveness of interventions before they will fund reform.
- Reform is best begun at the local government level with systemic change growing in a bottom-up direction. A community-based approach is the best way to introduce innovations and changes.
- The economics of a community are typically tied to the institutions (orphanages) and any plan to close institutions must deal with issues such as employees and buildings.

**Beware: unintended consequences**

- The refurbishment of institutions to a level that is above the living conditions of the general population will work against the goal of deinstitutionalisation and will increase the perception that the state can provide better care than the family.

- After the alternatives are in place, the institutions should be designated for another use and for a target population that is preferably not children. If residential institutions are available, the communities and authorities fill them with children.

**For guidance on deinstitutionalisation, please refer to the following document in your Resource**

**Indicators that Deinstitutionalisation is sustainable**

- Modern legislation passed and implemented: Legislation, although passed (in many cases with considerable efforts) is likely to be part of the organic law. Before it can be implemented, the host country must follow up with the nuts and bolts of how the agents and actors will interact, be funded, etc. it is not enough to pass legislation and procedures. Decision makers and child welfare staff need to learn a new habit pattern for protecting children. This takes some time after the legislation has passed and procedures have begun to be implemented.
- Public awareness of deleterious nature of institutional care.
- Resource allocation mechanisms that favour community-based services are in place: As long as national funding continues to be allocated for institutions, impoverished communities will use them. Until there is funding in place for community-based services, they will not be in place - or used.
- Critical mass of community-based services operational: families in crises need support for protecting their children. If the support is not available in the community, through community-based services, they will resort to institutions and increase the pressure for maintaining them. Services must be scaled-up and available to children in a significant proportion before the pressure to maintain institutions can be visibly reduced.
- Trained human resources are in place and systems are in place to maintain trained professionals. Investing in the training and retention of staff creates the foundation for current and future development.
- Monitoring mechanisms.
- Educated local government officials.
- Strong citizen base: public awareness campaigns need to inform populations on the detrimental effects of institutionalisation; citizens must be engaged in the planning and execution of community-based child welfare programs.
- Strong local NGOs: These will ensure that pressure will continue to be present in the countries when donors leave. The NGOs have a double function – as service providers and advocates for the rights of the children. Neither of these functions can be absent.
- Private funding streams: – corporate and community support for child welfare must be educated and leveraged to achieve sustainable funding of local NGOs.

CD/Flash drive: Mulheir G & Browne K (2007) Deinstitutionalising and Transforming Children's Services: A Guide to Good Practice, European Union Daphne Programme

## Handout 6.5 Changing the paradigm of children's care and protection in Indonesia

Florence Martin, Save the Children Indonesia, 2009

On the 2nd December 2009, Dr Makmur Sunusi, Director General for Social Services and Rehabilitation in the Ministry of Social Affairs presented the experience of Indonesia in reforming its child protection system at an international conference in the UK on "Protecting Children without Adequate Parental Care." This presentation, and the positive feedback it received on that occasion, indicated just how far Indonesia has come over the last five years but also recognition of the scale of the task that remains and its importance for the welfare of children in Indonesia.

Indonesia has one of the highest numbers of childcare institutions in the world, an estimated 8000 childcare institutions (Panti Asuhan) where over half a million children spend the greater part of their childhoods. Over the last 20 years, the number of such institutions has at least doubled and indications are that it may even have quadrupled, if data provided by the Government to the UN Committee on the Rights of the Child in 1994 is correct. The vast majority of these institutions (98%) are privately run and are entirely unregulated.[66] The question for those working to support vulnerable children in Indonesia is why, in a country were family values are high and extended family structures well established and recognised, should institutional care be relied on so much to care for and protect children. Following the major earthquake and tsunami that affected Aceh in December 2004, the Ministry of Social Affairs embarked, with support from Save the Children, on a major research and policy review to try to understand why institutional care had taken on such a key role in the child welfare system.

The research looked at the use of institutional care across six provinces of Indonesia as well as in the very specific emergency context of post Tsunami Aceh.[67] It also reviewed the legal and policy framework for social services to children at risk and identified which interventions were supported by the Government and in particular the Ministry of Social Affairs. This research confirmed that residential care was being used in Indonesia as the primary form of intervention for children deemed to be facing social problems, both by government agencies and the mainly faith-based organisations running the vast majority of childcare institutions in the country. It also found that while DEPSOS recognised and supported 18 different types of institutions for children and other vulnerable groups (one for each "social problem"), most institutions were panti asuhan and only a handful of other types of institutions could be found in most provinces. The number of panti asuhan on the other hand was staggering, with some provinces such as NTB having a ratio of more than 5 childcare institutions per 100,000 residents.

[66] *'Someone that Matters': the Quality of care in Childcare Institutions in Indonesia (2007) The Ministry of Social Affairs, Save the Children and UNICEF;*

[67] *A Rapid Assessment of Children's Homes in Post-Tsunami Aceh (2006) The Ministry of Social Affairs and Save the Children; A Rapid Assessment of the Islamic Boarding Schools (Dayahs) in Post-Tsunami Aceh (2007) NAD Department of Education, Save the Children and Unicef; See also 'Someone that Matters': the Quality of care in Childcare Institutions in Indonesia (2007) The Ministry of Social Affairs, Save the Children and Unicef;*

The research found that the overwhelming majority of the children in childcare institutions were in fact not without parental care or families and only 6% of them were orphans (10% in post Tsunami Aceh). Instead the children were placed in these institutions primarily by families that felt or were deemed to be poor (tidak mampu) and unable to provide for their children, in particular in terms of paying for their education. While recognising that further research was needed to understand better the complex pull and push factors leading families to relinquish their children into care, there was no doubt from that families saw the institutions as the only means of securing their children's education. Equally, the institutions saw their role primarily not in terms of responding to the care needs of children but instead as enabling their access to schools by paying for their education from elementary level until senior high school. Screening were generally not carried out to determine whether a child actually needed residential care and supporting the child in his or her family was rarely seen as an option. The research also found that this emphasis on institutionalisation was made worse by government assistance, in particular the annual BBM Subsidy (Bahan Bakar Minyak) that was only available to support children in institutions. As a result, institutions recruited children actively and the very limited criteria used for recruiting or admitting children were linked principally to the economic status of the family and the child being of school age.

Caring for the child was almost never seen as a key function but instead was understood as a by-product of the fact that the child needed to stay in the institution until graduation. The fact that placement in the institution led to family separation and children having to choose between their right to grow up and be cared for by their families and their right to an education was rarely seen as an issue. In fact there seemed to be a recurrent assumption by staff and managers of the institutions, including government ones, that poor families who did not have the means to provide for their children were also not capable of loving and raising them. Economic poverty seemed to be often equated with social and emotional incapacity and the children's families were as a result often viewed by staffs of the institutions as a distraction or even a potential negative influence. As a result, whatever was provided by the institution tended to be seen as better than anything that could be provided in the child's home. The daily operational needs of the institutions including maintaining order and managing the children were usually prioritised over the children's needs to form secure emotional and social attachments, including ties to a family and community. The institutions' primary focus on providing access to education and the little importance given to family relations also meant that children tended to be placed in the institutions for very prolonged period of times, generally from elementary to senior high school (up to 12 years), and they were given only limited opportunities to visit their families, siblings and friends outside of the institutions. Going home was usually allowed only once a year for the main religious holiday, at most twice, and mostly for children whose families lived nearby or could afford the transport costs. The question of the psychological and emotional impact this could have on these children and the difficulty this was likely to place on their eventual return to their families and communities after graduation was clearly raised by this research.

Despite being seen as the primary form of social intervention for vulnerable children and considerable resources being directed toward it, little accurate data was previously available on childcare institutions and no licensing or regulatory system was in place. Anyone could set up a childcare institution and there were no formal requirements such as demonstrating actual needs for such services or even the capacity to run them. Running children's services was seen as an act of charity rather than a legal responsibility despite the fact that Indonesian law clearly recognised, since the very inception of the country, that children who are without parental care or not receiving appropriate care by their families are actually under the care and responsibility of the State. The lack of a regulatory system while government policies and funding prioritised providing support to children through institutional care rather than directly through their families was found to have had a profound impact not only on the growth and use of residential care in Indonesia but also on its entire child welfare system. It has led to a dramatic rise in the number of institutions across the country as organisations wanting to respond to real welfare issues on the ground are encouraged to see opening an institution as the only means of accessing government funding.

## From Institutions to Families: The Way Forward

1) The need to understand the access to education problem

One of the most troubling questions raised by the research findings is why so many families had to resort to placing their children in care to ensure they had access to education. This comes at a time where the Indonesian Government is spending considerable resources to ensure 9 year compulsory education for all children in Indonesia, including through its Bantuan Operasional Sekolah (BOS) scheme. Clearly further research is needed to understand the causes better but these findings have indicated that BOS and other schemes may not be reaching the most vulnerable families or that when it does, it may not have the desired impact. In some cases this may be due to the fact that many schools continue to charge a range of fees that are well beyond the means of many poor families and also because the BOS scheme does not yet cover Senior High School (SLTA). In other cases, however, it seems to result from the fact that BOS does not address the associated costs of education which are often a considerable burden on the poorest, including transportation but also uniforms, school shoes and the costs of school lunches as well as examination fees. The issue of transport costs is particularly acute at junior and especially senior high school levels as there are much fewer numbers of these schools and therefore considerable distances may have to be covered daily by the children to attend their school. Research is therefore needed to understand better the factors that impede children from particularly poor or socially excluded families to access education and in particular to ensure that Government programs aiming to increase levels of attendance and to decrease dropout rates are available directly to particularly vulnerable families including single parent households, households that have taken on extra care responsibilities placing an extra economic burden on them such as grandparents and extended family members and other vulnerable families at times of crisis either personal or social including in the aftermath of an emergency or natural disaster.

2) Direct support to families and family preservation programs

The recognition that families play a crucial role in the development and well being of their children is nothing new in Indonesia and there have been many initiatives by the authorities aimed at empowering vulnerable families, supporting their income generation and providing social safety nets when things go wrong. Recently, the Indonesian Government has also started to pilot a major conditional cash transfer programs focusing on poor families with pregnant mothers and school aged children to support access to education and good health and nutrition practices (*Program Keluarga Harapan*).[68] These are very positive initiatives which are likely to contribute significantly to overall family welfare and as such potentially to family preservation. In themselves, though, these interventions may not be enough as the targeting of such programs tends to be based on general poverty criteria rather than taking into account other important criteria of social vulnerability which may directly impact on the capacity of a family to care for their children. While poverty is certainly a major factor, it is not the only one. The work over the last few years carried out in partnership with the Ministry of Social Affairs has indicated that factors compounding the capacity to care may include among others the loss of one primary carer either through death, divorce or abandonment after remarriage, violence in the family, migration in search of work, social exclusion including as a result of disability but also in relation to discrimination on racial, religious or other cultural grounds. In that context, the research indicated that the use of such concepts such as "neglected children" (anak terlantar) may in fact be compounding the problem as it reduces the problem and risk factors facing

[68] *For a good analysis of the issues facing PKH see Problems and Challenges for the Indonesian Conditional- Cash Transfer Programme – Program Keluarga Harapan (PKH) by Stella A. Hutagalung, Sirojuddin Arif and Widjajanti I. Suharyo (2009) SMERU Research Institute, Jakarta, Indonesia.*

children simply to poverty and does not allow for other key social factors to be taken into account. The Ministry of Social Affairs in that regard needs to revise its policies and data collection system to ensure that a range of other indicators for social vulnerability are used when it develops its programs and responses. Interventions that use only poverty level data to determine which children may be at risk, including of abuse, wilful neglect and abandonment or exploitation, is simply not going to be effective at reaching its targets or responding to their needs appropriately. This is illustrated clearly by the use of the BBM subsidy, aiming initially to provide additional assistance to 'neglected children' but which in fact ended up encouraging the recruitment of children away from their families and their separation from them. It is time for the abstract concept of neglected children (anak terlantar) to be replaced by the much more socially meaningful and useful concept of child neglect (penelantaran anak) which also recognises the agency and responsibility of parents and families in the care of their children.

As Dr Sunusi highlighted in his presentation at the international conference in Wilton Park and in previous editions of this Children's Bulletin, the primacy of the role and responsibility of families in the care of their children is clearly recognised in Indonesia both in law and in culture and it is precisely that all important role that needs to be supported by the Government and all agencies interested in children's welfare. On that matter, Law No 4 of 1979 on Child Welfare could not be clearer. It states that the "Primary responsibility for the fulfillment of a child's physical, psychological and social wellbeing lies with a child's parent" (Article 9) and that while children who do not have parents have "the right to be cared for by the State, another person or a body" (Article 4), children who are disadvantaged (tidak mampu) "have the right to receive assistance in their family environment so they can grow and develop appropriately" (Article 5). This clear legal and policy framework recognises that the main role of the State and social welfare interventions is to support children's care in their families, whenever possible, and to intervene to ensure that alternative care is available only for children who clearly cannot be cared for by them. This was also reiterated strongly in 2002 through the adoption of Law No 23 on Child Protection. It is therefore essential that the Government and social service providers re-prioritise support to families rather than support interventions that actually undermine their role. This should include not only financial assistance but also psychosocial support to ensure they are able to fulfill their parenting and care role effectively and appropriately. It should be done also not only with the aim of preventing family separation but also to support hundreds of thousands of children who have been institutionalised unnecessarily to return home. In that context, the Ministry of Social Affairs working with local governments and service providers, including the institutions themselves, need to pilot reunification and reintegration processes for children in institutional care, based on sound family assessments and the provision of appropriate family support and supervision. While this may sound challenging, many childcare institutions in the country have already recognised that their role can be just as much about providing support to children in their families than providing residential care and some have already started to transform their role from the provision of purely residential based social services to community- and family-based services. These initiatives need to be supported systematically to support a shift towards more appropriate and effective delivery of social services for children at the local level.

### 3) Developing and Supporting an Alternative Care system

While the vast majority of children in institutional care today in Indonesia could be reintegrated into the care of their families with a mixture of both financial (in particular assistance for education costs) and psychosocial support, a small but important number actually face real care and protection issues and as a result may require alternative care. These include children who cannot be cared by their parents either because these have died or they have been abandoned, or children who have suffered abuse, neglect or exploitation at the hands of their parents and for safety and well being reasons it would not be in their best interest to reintegrate them into these families. For these children, the alternatives are many and the first one is care within the extended family (Kinship Care).

Behind the troubling high numbers of children in institutional care lies another reality, that extended family care is strong and vibrant in Indonesia. Data from a National Population Survey *(Module Kependudukan)* carried out to complement the 2000 Population census showed that there were over 2.15 million children under the age of 15 in Indonesia that were not living with their parents and that 88% of these children were being cared for by their extended families, in particular their grandparents (58.6%) while another 30% were being cared for by other members of their families. Only 10% of these children were real orphans

having lost both parents. On the other hand, 72.5 % still had both parents alive indicating that there may be a range of reasons why children are placed in the care of their relatives and not primarily due to the death of parents. This data confirms that extended family care plays a huge role as an alternative to parental care and yet no programs, no targeted services are aimed to these key care givers to support them in their important role. It also shows, crucially, that the vast majority of orphans in the country are actually not in institutional care but within the care of their families and that the institutions in fact play a small role in the provision of alternative care for these children. Yet the bulk of social assistance is not provided to these families or targeted to the other 4.4 million of children under 15 that live with a single parent (3.4 million with their mother and just over 1 million with their father) but instead targeted to support the care of children in institutions. It is clear that Article 5 of Law no 4 on Child Welfare is not being implemented and a radical shift towards direct support to children "in their family environment so they can grow and develop appropriately" needs to be initiated by the Government. Article 26 (2) of Law No 23 on Child Protection (2002) also makes it clear that the primary form of alternative care for children who cannot be cared for by their parents is extended family care and this important alternative needs to be prioritized, supported and strengthened through clear policies and programs that support family preservation and the care of children in their extended families.

Where care in the extended family is not possible, the next priority becomes the provision of care for children in an alternative family-based setting. This emphasis on the provision of a family like environment was developed partly as a result of growing evidence from research internationally that has shown the crucial role the family context plays on the proper growth and development of the child, not only physically and emotionally but also socially. As the international body in charge of reviewing the implementation of the Convention, the Committee on the Rights of the Child pointed out recently 'Socialisation and acquisition of values are developed within the family and human relations within the family context are the most important links for the child's life in future.'[69] Equally, growing evidence of the negative impact of institutionalisation on the development and well being of children has reinforced the need to see institutional care as a very last option and only a temporary one.[70] Law No 23 is also clear on this and provides for such alternatives for children who have no parents or who have been abandoned and also for children who have been abused, neglected and exploited and for whom care in the extended family is not a possibility. It provides for the adoption (Articles 39-41) of children for whom family reunification is simply not going to be a possibility, as a way of establishing a more permanent and secure care setting, enabling children to develop longer term attachments in an alternative family. It also provides for shorter term alternatives including guardianship provisions for children whose parents are found to be legally incompetent or whose whereabouts are unknown (Articles 33-36), and fostering by an individual or an institution (Articles 37-38). The domestic adoption system is in the process of being strengthened with the development of a new Government Directive (Permensos) but much more is needed to make this system not about finding a child for a family that wants to adopt but finding a family for a child that needs one. The formal fostering system has yet to be developed. Current practices in relation to the placement of children in institutional care are not linked to any determination about the need for alternative care, as stipulated in Law No 23, once a formal decision has been made that parental rights must be removed and placed in someone else's hands (such as a foster parent) due to the child being neglected or abandoned (Article 57) or maltreated by their families (Articles

[69] *Committee on the Rights of the Child: Recommendations on Children without Parental Care (2005) CRC/C/156. Para 644.*

[70] *On the importance of family based care and the impact of institutionalization of children see, Save the Children (2003) A Last Resort: The growing concern about children in Residential care; Brown, K. (2009) The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children UK. For resources online got to The Better Care Network at: www.bettercarenetwork.org*

30-32). It is therefore essential to build on the enormous resources and social involvement of communities and families in Indonesia to establish a formal fostering system and procedures at the community level that will enable such children to be put formally in the care of foster parents (Pengganti Orang Tua).

Finally, the choice of institutional care will remain a last but nonetheless important option. It will be needed as an emergency measure where a child needs to be removed from a dangerous situation and as a temporary care provision (interim care) while the possibility of family reunification is being explored or while foster parents are being identified. It may be needed on a longer term basis in cases where, for example, intensive medical care is required and unavailable in the community or in the cases of young persons who have had poor experiences of family life and may have particular needs for support including as a result of addiction or substance abuse and who may do best in small group homes that support independent living. This will require, however, highly competent and skilled staffs that are able to provide appropriate and effective support for children who are in very difficult situations.

**4) The Regulation of Childcare Institutions and the Transformation of their Role**

One of the fundamental challenges facing Indonesia in strengthening its child care and protection system is the need to redirect the considerable and important social and community resources that are presently directed towards the running of residential care facilities to providing instead direct social support to children in their families and communities. As mentioned above, some of the organisations running childcare institutions have already been doing that as they have recognised themselves that institutional care is not always needed and often not desirable. Others will need to be helped in that transition and that entails recognising that the provision of childcare services is a public service and that it requires not just a vocation but also the skills and responsibility that this entails. The Ministry of Social Affairs has been working with key social work practitioners, academic and service providers with support from Save the Children to develop National Standards of Care to ensure that minimum standards of care apply across the country to any organisation that seeks to run children's services. With that comes the responsibility for the Government to support childcare providers to develop the skills and capacity needed to provide appropriate childcare including ensuring that they have the resources to do so. A national registration system together with a national database for children in alternative care has already been established to ensure data is available about all childcare institutions and the situation of every child that is in alternative care. In addition, a licensing system linked to the national standards of care will require service providers to fulfil at least minimum standards before they are allowed to operate. This is not a new thing, and all other public services have similar systems including health and education, therefore it must now be established for organisations entrusted with that most difficult of task, the provision of care for Indonesia's most vulnerable children.

The national standards also do not simply aim to improve the conditions in the institutions but to support institutions to take up the challenge of childcare services fully, including by providing support to families to enable family preservation, to facilitate alternative care options in the extended family or support the provision of an alternative family environment when the former is not possible. These tasks will no doubt require major developments in terms of staff capacity and competencies and the resources that are presently available in the majority of childcare institutions across the country and therefore this will not be an overnight process. Regulation will work to ensure institutional care is only used where it is really needed and that it is provided in line with children's individual needs. It will be linked to support for the institutions in the implementation of the national standards of care. This process in turn will become part of a licensing system where authorisation to run such services will be linked to demonstrated needs and the capacity to respond to those needs appropriately and professionally. This represents a shift towards the provision of social services focused on the specific needs of children and their families rather than the present situation where vulnerable children and families are provided with only one form of intervention which responds primarily to the needs of the institutions themselves, leaving these families to make impossible choices.

**5) Delivering Direct Social Services for Children and their Families**

In addition to the unnecessary institutionalisation of hundreds of thousands of children, the paradigm of residential care as the primary response to children and families with 'social problems' is also not addressing the needs of children facing specific protection risks including children who are at risk of family violence, neglect and exploitation. While these children are often found and placed in these institutions, the fact

that the focus of child care institutions is not care or protection but rather access to education means that the very real and specific needs of these children are simply not addressed under the present system. The implication for a child's well being, development and protection are not taken into account. Instead, as shown by the research, further protection issues arise in the institutional care setting including neglect and, in a number of disturbing instances, violence often under the guise of disciplinary action and punishment. The present system is therefore failing not only the vast majority of children who are needlessly placed in care but also those children who have real and urgent care and protection needs. In that context, the work around the reform of the child protection system in Indonesia needs to not only challenge the paradigm of residential care but also propose alternatives that would seriously address the real protection needs of its children.

To think of child protection in terms of non-residential direct services entails a change in the way social services are resourced and delivered. There are very few professional social workers providing psychosocial support or working directly with vulnerable children in Indonesia outside of institutions of one kind or another. Those that do tend to do so in the context of ad hoc and limited NGO programs rather than as part of a child protection system with clear mandates and responsibility. While case work and case management is taught at some of the social work schools and social welfare faculties, social workers rarely carry out such interventions outside of the context of residential care. Attempts at initiating more community level support activities (See for example the General Guidelines for the provision of services to children outside of institutions 2004) began in the last few years in DEPSOS but this was understood to be an additional function of the institutions rather than as an alternative approach to social services delivery. In practice such outreach initiatives often conflict with what is seen as their core work by the institutions and as capacity to implement is very limited, such services remain far and few between. Without initiating a fundamental change in the way social work interventions are understood and resourced, it will be virtually impossible to foster the development of a child care and protection system that actually responds to the challenges children and their families face rather than one that sees the placement of children in an institution as 'the response'.

One key challenge is the development of a social workforce that is competent, professional and mandated to support appropriate and effective interventions at the community level. This requires not only an understanding of the dynamics of human development including child development but also having the necessary skills to work with and support children and families in complex and often challenging situations. Whether working as a government or private social worker, it also requires clear responsibility taking and an understanding of one's mandate and role. The lack of recognition of the importance of social work interventions and the specialised skills it requires has led to a situation where, for too long, social work was defined as any work that had a social connotation to it. This undermined the need to ensure that those working in the field possess basic but required competencies to do their jobs properly but also to be clearly accountable to those they seek to serve. Again, a model of social welfare that is solely based on charity rather than rights leaves the beneficiary at the mercy of whatever the benefactor deems is acceptable. As a result, no direct responsibility is taken for the welfare of the individual beyond whatever services are available and if that does not match the needs of the beneficiary, it is viewed as inevitable rather than unacceptable. In turn, this lack of recognition for social work skills has led those having developed their knowledge and competencies to turn to other professions that are better recognised or seek a career as a civil servant. In 2009, Law No 11 on Social Welfare provided, however, an important framework for the establishment of a clearer and more professional basis for social work practice. Following its adoption, a Government Regulation has established the first certification and licensing system for professional social work. It recognises that there are certain core knowledge, skills and competencies that should be held by all social workers but also clear accountability. It also opens the door for the development of the much needed specialised skills that will be required to respond to the particular needs of certain groups such as children, the elderly, and persons with disabilities but also to certain situations such as child abuse and neglect, family violence and substance abuse among others. This Regulation, together with other regulations that are being developed to support the development of a social welfare workforce that includes not only professional social workers but also social welfare officers (TKS) and social volunteers, provides for the first time a strong basis for the delivery of relevant and targeted social services that recognise the diversity of situations and realities facing individuals. This is the crucial support structure that is required for the provision of

direct social services that can respond to the real issues facing children and families in their communities. The licensing system will also ensure that these social workers are accountable and take responsibility in relation to the people they assist.

The other key element of the system that needs to be established is the mechanism by which these interventions will be delivered at the local level. The role and responsibilities of local authorities in providing these services but also the means by which they are going to do so is a key issue that the Ministry of Social Affairs working with provincial and district level governments needs to attend to urgently. What structures need to be in place to ensure social services are delivered to those that need them? With institutions being clearly only one of the possible services and other responses being needed, the traditional role of the Ministry of Social Affairs and local Social Affairs offices cannot be only that of a grant maker or policy drafter that takes no responsibility for what is being done in its name. It needs not only to regulate services but also to support the local service providers in delivering responses that meet effectively and appropriately the needs of children, families, individuals and communities that have the right to protection and assistance from society. How that relationship should be defined and whether it should revitalise some of the previous local mechanisms including the Pekerjaan Sosial Masyarakat (PSM) at the village level or the more recent Tenaga Kerja Sosial Kecamatan (TKSK) at the sub-district level must be considered as part of an entire system of social delivery rather than on a project basis. It is also crucial to identify who will be responsible for ensuring that the PSM and TKSK are appropriately trained, supervised and resourced to respond effectively. Local authorities Social Affairs Offices where they exist are primarily bureaucratic entities that have no real oversight or support mechanism to provide mandate and accountability for services being delivered. One of the key roles of the Ministry of Social Affairs is to develop a framework for the delivery of such services through the district level authorities including not only what standards should be applies and what overall approaches should used but also what mechanisms need to be established with the financial and technical resources needed to deliver effective social services at the community level.

The findings from the research on children in institutional care highlighted the fact that while Law No 4 on Child Welfare (1979) and Law No 23 on Child Protection (2002) had clearly established a framework that saw residential care as a last resort, the reality in terms of practice and resource allocation continued to support residential care as the first resort. This resulted not only in inappropriate responses to the challenges faced by children and their families; it also hampered the development of an effective child protection system. This system needs to bring together government responsibility for setting the overall policy and legal basis for the response together with the resources on the ground including local authorities and community organisations that have the capacity and human resource to intervene directly to protect a child. The Ministry has now embarked on a crucial process of policy review, standard-setting and development of alternative models and systems to deliver social services for children. If it succeeds, it is not only children and their families that will benefit but all those that need effective local social services that can respond effectively and appropriately to the real issues they face every day.

## Handout 7.1 Family Strengthening and Support: An overview[71]

Where families lack the support to provide adequate care, children are at risk of being abandoned, placed in institutions, and of being abused and exploited. Greater political and financial commitment is needed to help build parents' capacity to care for their children and to tackle the poverty and social exclusion that underlie many of the problems experienced by children and their families.

Financial and social support is vital to enable immediate and extended families to provide adequate care and protection for their children, and to avoid family separation and abandonment. Not only is it essential for the wellbeing and potential of millions of children, it is also vital for national economic and social development.

### Why aren't families getting the support they need?

The UN Convention on the Rights of the Child requires national governments to assist parents and legal guardians in their child-rearing responsibilities and, in case of need, to provide material assistance and support programs. However, such supports are frequently lacking. In many countries, few mechanisms exist to ensure that appropriate support is channelled to families caring for children, and to those that are particularly vulnerable.

Typically, government budgets do not prioritise the care of children while they are in a family. Even where there are programs to address poverty and other family stresses, the most vulnerable children and families (e.g. child-headed households, and migrant or refugee and asylum-seeking families without the correct papers) may not be able to access them. Programs to strengthen families, though vital, are frequently not given enough emphasis as a means of preventing and responding to serious care and protection issues. Instead, resources tend to focus on interventions after the point that harm has occurred or the family has been separated or broken down. However, experience shows that, where there is political will, children can be well cared for and protected in their families. Indonesia, for example, has embarked on a process of widespread reform to reduce the use of institutional care and to shift policies and resources towards supporting children in their families. Croatia has achieved important structural and legal changes to ensure that family and community-based care is given greater priority. And South Africa has built social protection and other mechanisms to strengthen families and prevent unnecessary separation.

### What must and can be done?

Poverty alleviation and social services are essential to strengthen families faced with adversity and risk. Such services and support include:

- Universal services and resources
  Services such as health care, housing and education should be available for all families.

- Social services for families at risk or in need
  These may be preventative, supportive or rehabilitative, and should be based on an assessment of the child and her or his family situation. They should build on individual and community-based resources. Programs that can have the greatest impact in strengthening families include:

[71] *Source: Adapted from Family Strengthening and Support, Policy Brief, Save the Children, 2010. Please refer to this document for full references.*

- **Prevention programs** focusing on the family's coping abilities and their social and economic resources
- **Community-based supports** such as child or respite care, and vocational training
- **In-home services** where workers or volunteers provide guidance and support
- **Family-centred community building**, which brings together community leaders, families, and others to coordinate services that support and strengthen families
- **Parenting education programs**

- Income generation and economic support programs
  Programs such as conditional or unconditional cash transfers, childcare grants, social pensions, tax benefits, subsidised food, fee waivers, microfinance, savings schemes, skills training and other livelihood opportunities can have significant direct and indirect benefits for children. Evidence shows that, where one person in a poor household gets additional financial assistance, the children in that household are more likely to be better cared for (e.g., to eat better, grow taller and go to school), and are less likely to have to do harmful work and be physically injured, abused or exploited. Such measures are likely to increase family cohesion and functioning, reducing the numbers of children forced out of the home and onto the street or into institutions.

Combining these economic and social programs can help mitigate many of the most extreme risks for children and the need for alternative care. Their success will depend on key factors such as:

- the degree to which children, parents, and other caregivers are consulted
- their ability to target the children and families most in need
- a supportive and coherent legal and policy framework
- trained staff and volunteers capable of supporting children and families and delivering programs
- coordination across government departments and professions.

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**What Save the Children is calling for**

- Governments to make a long-term commitment to building family support services and family-based alternative care, in line with the international Guidelines for the Alternative Care of Children welcomed by the UN General Assembly in 2009. This should be reflected in budget allocations, national strategies, and laws and policies that prioritise the prevention of family separation.

- Donors to ensure that funding is directed at preventative family support. This includes initiating and expanding social protection programs that are combined with investments in family support services for the most vulnerable families and children, including those not in households, and promoting the training of an effective cadre of social workers capable of supporting vulnerable families.

- UN agencies, NGOs and faith-based organisations to raise awareness of the importance of family- and community-based care for children, and to encourage and support the application of the Guidelines for the Alternative Care of Children. Agencies should evaluate the effectiveness of programs that support family preservation and the care of children within their families in order to promote evidence-based practice.

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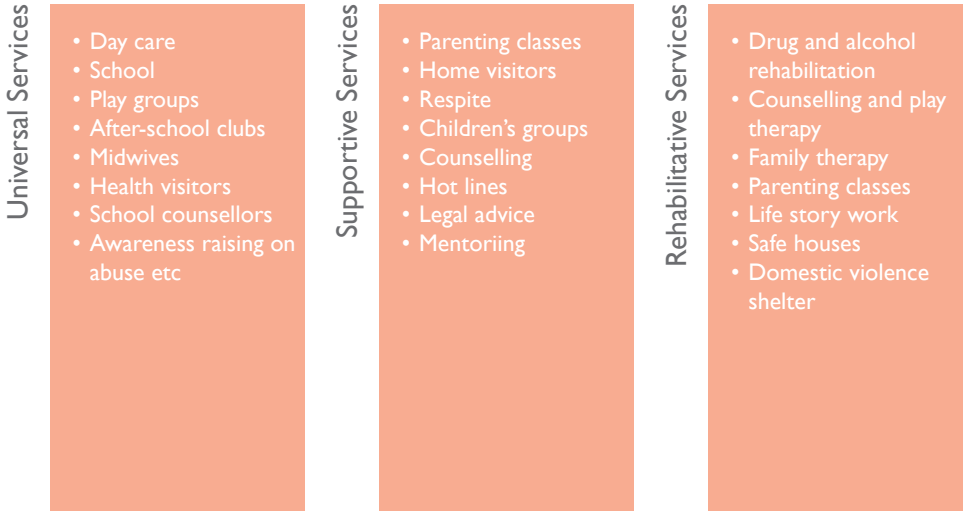
## Handout 7.2: Examples of Services to Support the Care of Children

In a child protection system there have to be universal services (column 1 below), which enable parents/caregivers to provide a basic level of care for their children e.g. adequate and accessible health care; there should be services and supports which help families address problems they are having in raising their child; and family-based alternative care for when the child cannot remain at home, even with support. This requires investment, trained professionals and volunteers, as well as a range of alternative care placements which are family and community based e.g. kinship care, foster care, small group homes, and adoption/ kafalah.

These services and supports are cross cutting and require co-ordination and joined up policies to enable children and adults most in need, to be able to access social, medical, and education services, skills training, income generation and poverty alleviation supports. Examples of the range of social supports that may be provided to support the care of children are included in the diagram below.[72] They are divided here into:

Universal services: Services that are aimed at all persons regardless of need to prevent/reduce the occurrence of risk;
Supportive Services: Services targeted at children and their families who have been identified as at risk or in need;
Rehabilitative Services: Services targeted at children who have experienced abuse, neglect, exploitation and violence, and children in alternative care




[72] *In countries where there are advanced systems of social services in place, these services tend to be categorised differently.*

# Handout 7.3: The Role of Protection Programs in Strengthening the Capacities of Families, Communities and Children

Extract from: Oswald E (2009) **Because We Care: Programming Guidance for Children Deprived of Parental Care,** World Vision
Nb. CDOPC = Children deprived of parental care

## Families

### Strengthening the capacity of families

The family, both immediate and extended, is the natural support network in crisis situations. Efforts must focus on strengthening the capacity of families to care for their own, not only as a preventative measure to CDOPC, but also to reinforce kinship care. Family preservation is the preferred option to other forms of community care and therefore strengthening families must be a priority (George, 2003, p. 355). In The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, the United Nations Children's Fund (UNICEF) (2004) promotes strengthening the capacity of family as the first key strategy in caring for CDOPC and recommends providing economic, psychosocial and other support. Capacity building for families might also include:

- arranging access to savings and credit mechanisms through village banking programs;
- vocational training of parents or youth;
- reducing demands on household members by assisting in household farming or access to potable water;
- freeing up time for parents to undertake income-generating activities by providing child care; or making arrangements for permanent child placement prior to parental death through writing of wills and conversations with the child (Hunter & Williamson, 2000, p. 7).

The principle of strengthening family capacity refers to foster families or other community-based care arrangements as well, so that strong families are a feature of every community-based care arrangement for children.

### Increasing social protection for families

Social protection can be described as,…All initiatives, both formal and informal, that provide: social assistance to extremely poor individuals and households; social services to groups who need special care or would otherwise be denied access to basic services; social insurance to protect people against the risks and consequences of livelihood shocks; and social equity to protect people against social risks such as discrimination or abuse (Devereux & Sabates-Wheeler, 2004).

Social protection mechanisms have great potential for reducing poverty and empowering the poor, therefore strengthening poor families' ability to care for children. Vulnerable households which provide care for CDOPC (whether original or foster family) could often greatly benefit from social assistance schemes that help them build and maintain a margin for child protection and care.

### Maintaining contact with family

The child's relationship with his or her family of origin should be encouraged, maintained and supported, if this is in the best interests of the child and if the child chooses to do so (IFCO et. al., 2007, p. 33; Richter et. al., 2004, p. 39). Contact with family can decrease a child's experience of trauma and distress, support the process of returning the child to the original family, and provide the child with a sense of identity and belonging. Even some children with very abusive histories report that they like meeting their parents, in monitored and controlled situations. However, the family situation must be thoroughly assessed to consider whether contact is in the best interests of the child. If unrestricted contact with the family is not considered to be in the best interests of the child, for example the family is not deemed safe due to past abuse or exploitation, then special consideration should be taken to facilitate interactions, such as supervised visitation at a neutral location. In the absence of family with whom to maintain contact the most proxy family contact arrangement based on local context might be encouraged.

## Communities

### Strengthening and supporting community-based responses

External agencies must attempt to build on a community's existing strengths to ensure sustainability and community ownership (Tolfree, 2005, p. 20). In the HIV/AIDS context, UNICEF (2004) identifies mobilising and supporting community-based responses as the second key strategy for the protection, care, and support of orphans and vulnerable children (p. 14). The UNICEF strategy suggests several means for doing so, including: engaging local leaders to respond to the needs of vulnerable community members, organising and supporting activities that enable community members to talk about the issues, and organising cooperative support activities (p. 19). In 2002, 250 Eastern and Southern African representatives of governments, NGOs, UNICEF and others met to discuss the impact of HIV/AIDS on the regions' children and caregivers. In their meetings they recognised:

Communities are the starting point for planning and implementing services for children, and for prioritising those children and households who should benefit from these services – particularly children without family care. Communities must be involved in lobbying politicians for action; monitoring and evaluating programs; and supporting household income generation to ensure programs are sustainable. Communities need money, information, skills, facilitation and opportunities to build their capacity (Loudon, 2002, p. 19).

NGOs must be willing to give up control to community stakeholders and become a facilitating agency, empowering the community to care for its own vulnerable members.

### Create a supportive environment for children

Not all communities are immediately open to care for vulnerable children due to cultural beliefs and stigmas. In such cases, it is therefore important that an external agency assist in creating an enabling environment through community awareness and education. Efforts might include changing public recognition of the problems of children from 'their problem' to 'our problem,' providing information on the child's situation and challenging myths (Hunter & Williamson, 2000, p. 10). By overcoming ignorance and discrimination, a community will become more inclined to support their children. Local advocacy for children's issues can transform attitudes. It is the most vulnerable children who are often overlooked by the community, especially children with disabilities in many communities. For example, in World Vision's Middle East and Eastern Europe region, children with disabilities were often placed in institutions to keep them 'away' from other children and society. Within this paradigm, institutional staff worked on the medical model of disability. That is, that they should work to 'fix' the problem that the child has in order for the child to become a member of society. If the 'problem cannot be fixed,' then the child is sequestered away from society. NGOs must work to encourage inclusive societies and systems that can adapt to the special needs of children (Interview with Jocelyn Penner, 27 February 2009). By overcoming ignorance and discrimination, a community will become more inclined to supporting their children.

### Facilitate collaboration

No single organisation can provide the necessary long-term holistic support needed for CDOPC. Therefore interventions require innovative partnerships, collaboration, and a referral network to meet health care, food, education, shelter, psychosocial, spiritual, legal, protection and economic needs (Wakhweya, Dirks & Yaboah, 2008, p. 26). A multi-sectoral approach should include all relevant government departments, NGOs, community-based organisations, religious bodies, schools, local businesses and others, as part of a continuum of care (Parry-Williams, 2005, pp. 15-16). Collaboration combines efforts to strengthen the community's capacity to care for vulnerable families and children.

### Utilise community volunteers

Children in alternative care should be given the opportunity to talk with someone outside of their placement who can ensure or monitor for adequate protection and care (Tolfree, 2005, p. 12). This role can be filled by a paid social worker, but trained community volunteers can provide the same support. These community volunteers serve as secondary caregivers to vulnerable children who need adult figures who they can trust and who can provide them with affection, supervision and stability (Richter et. al., 2004, p. 39).

Relying on community volunteers encourages neighbourly bonds, increases community members' child care skills and supports program sustainability.

### Place children within the community or a similar context

Children should remain within their community, not only to decrease the child's distress in moving to a new community (Richter et. al., 2004, p. 39), but also to reinforce community responsibility, engage traditional coping mechanisms and strengthen the community's capacity to care for their children. However, there are exceptions where keeping children within their original communities is not preferred or possible, such as scenarios where there is danger of strong discrimination or of abuse from community members, or where the community cannot be identified. In these situations, efforts should be taken to place a child within a community that is a similar context to their original community, for example, placing children from a rural community into another rural community with similar cultural norms.

### Integrate children into community

Every community-based alternative care model must include activities that integrate children into their surrounding community to ensure the long-term growth and development of the child into a functioning member of society. Special care for social and cultural integration should be incorporated in the core programing of institutional models, such as children's villages (SOS- Kinderdorf International, 2005, section 4.7). A reciprocal benefit occurs for both children and communities when children participate as active citizens in community decision-making, as classmates in schools, as participants in cultural activities and as eventual contributors to the local economy.

## Children

### Safeguard children's rights

The protection of child rights defined in the UNCRC needs to be adapted and applied to the situation of CDOPC. The United Nations recently welcomed the Government of Brazil's Guidelines for the alternative care of children (2007). This document has recognised specific rights that are of special pertinence to the situation of a child without parental care, including access to education, health care and other basic services; the right to an identity and language; and protection of property and inheritance rights. NGOs must promote the application of child rights to CDOPC, including ensuring that these children have birth registration so that they are protected by the rights and laws of their country.

### Provide access to essential services or materials

Children must be able to access essential services and materials throughout the placement and transition into alternative care. UNICEF's (2004) third strategy for the protection, care and support of orphans and vulnerable children ensures access to essential services, including education, health care, birth registration and others. Children must receive essential services while developing the skills and tools to meet their own needs.

### Increase the capacity of children to meet their own needs

The focus of community-based interventions for CDOPC needs to be increasing the capacity of children and young people to meet their own needs and resilience at age-appropriate levels, through formal education, vocational development and life-skills training. Access to formal education leading to increased literacy, numeracy and social development is vital for empowering children. For child-headed households, free childcare for younger siblings and free meals at school can decrease the burden on heads of households, thus freeing them to attend school. Promoting policies which wave school fees and uniform requirements and provide free transportation eliminates prohibitive school expenses. Flexible school hours provide youth with time to assist with household chores and income-generating activities (Hunter & Williamson, 2000, p. 9). Vocational training through apprenticeships and skills training are effective for developing a child's ability financially to support him or herself (Olson et. al., 2006, p. 9). Children should be offered life-skills training to improve survival skills and define a better life for themselves and their community.

### Facilitate child participation and respect children as citizens

In addition to formal education, life-skills and vocational training, children must develop decision-making skills. Children and youth deprived of parental care should be empowered to participate in the decision-making process regarding their placement and care, given adequate information about his or her situation and encouraged to express his or her feelings. By taking a role in deciding how to meet his or her own needs, a child develops a sense of control over his or her own life. Child participation should be included in every stage of the process of alternative care, according to their life stage and development level (Hunter & Williamson 2000, p. 9; IFCO et. al., 2007, p. 21; Tolfree, 2005, p. 12).

### Address psychosocial needs

In the past, NGO provision of care and support for CDOPC tended to focus on material needs; however, children's social and emotional needs also require special attention (Olson et, al., 2006. pp. 18-19). Children must be given the opportunity to work through the psychological and social issues of living without their original parents in order to take control of their lives and transition into community based alternatives of care (for resources see www.repssi.org). Those who have experienced high levels of trauma, such as being a victim of trafficking and violence, must be provided with needs-based, sustained, professionally designed and delivered services for the overall psychosocial well-being of the child (SARI, p. 8).

### Do not separate siblings

Siblings should not be separated by placement in alternative care unless it is in the children's best interests (Government of Brazil, 2007, p. 5; IFCO et. al., 2007, p. 24). Siblings provide life-long support for one another and provide a sense of family identity. Practitioners have discovered that keeping siblings together is often one of the best child protection and psychosocial care and support interventions (Interview with Stefan Germann, 2 March 2009).

### Assist in maintaining a child's sense of identity

It is important that a child maintains a sense of identity when placed in an alternative community-based care arrangement, especially when his or her parents have died. Children who lose their parents lose a connection to their history and heritage (Olson et. al., 2006, p. 15). A life story book or box with information, pictures and mementos of the family and child's life created by both the dying parent and the child can promote a child's self-identity (Government of Brazil, 2007, p. 16). Victims of trafficking should be helped to obtain necessary documents for establishing his or her identity, such as a birth certificate (SARI, p. 9).

### Facilitate after-care support

After the child has left an alternative care arrangement, he or she should have the opportunity to receive assistance and support so as to smooth the transition into the new living arrangement and not cause a major disruption in the child's or young adult's life. Contact with caregivers and peers from the former care arrangement should also continue, serving as an emotional support network (IFCO et. al., 2007, p. 55).

## Supporting Caregivers

### Support income-generating activities for caregivers

Poverty should not be a deciding factor in determining a family's ability to take in and care for a child in need. Community-based care models must help caregivers provide for children by strengthening their ability to earn livelihoods through income-generating activities, microfinance loans, and small business training (Olson et. al., 2006, p. 8). When possible, income-generating assistance should be preferred over allowances or payments which lead to dependence and decrease sustainability. However, regular monitoring is required to evaluate the effectiveness of the income-generating activity and the family's ability to care for the child.

### Ease the burden

Caregivers should be provided day-care and other supportive services that ease their burden and provide time for income generation, household chores or rest (Olson et. al., 2006, p. 18-19).

### Train caregivers

Caregivers should receive continuous training and professional support in developmentally-appropriate childcare and effective parenting practices in order to provide quality care and avoid potential for harmful or abusive parenting approaches (IFCO et. al., 2007, p. 35; Grainger et. al., 2001). Training should include health and nutrition screening, HIV/AIDS prevention, child protection monitoring, psychosocial support and enhancing the needs of children with disabilities and special needs.

### Address psychosocial needs

The psychosocial needs of caregivers are as important as they are for children, because caregivers must be healthy enough to be able to provide psychosocial support to the children. Support groups are effective for supporting the emotional and social needs of caregivers.

### Acknowledge caregivers' efforts

Caregivers need recognition and acknowledgement of their efforts and sacrifices for taking in children that are not their own (Mathambo & Richter, 2007, p. 77). Public recognition can be a more meaningful and sustainable reward than financial incentives. Communities should be involved in determining effective incentives or tokens of appreciation to motivate volunteer caregivers.

### Contemplate financial assistance

The option of financial assistance is debated and should be taken under careful consideration. There are often quality caregivers within communities who do not have the resources to take in and care for additional children. Communities, governments and NGOs must consider the benefits and concerns of providing financial assistance to caregivers. In addition to being considered unsustainable, financial allowances or incentives may cause caregivers to view their work as simply a job and lose the emotional connection between the child and caregiver (Richter et. al., 2004, p. 20). However, payment of caregivers can promote a professionalisation of care giving which may lead to a higher quality of training, monitoring and support. Heather MacLeod, a technical specialist with World Vision International, suggests a cost-based approach to financial assistance that designates financial assistance for specific costs, such as food or education, or covering the financial burden of a specific child, instead of offering non-designated funds (Interview, 19 November 2008). In addition, social cash transfers have attained considerable credibility for impacting the well-being of children in vulnerable households. Debate revolves around whether social cash transfers should be targeted or universal. If the objective is to provide assistance to caregivers of CDOPC, targeted Social cash transfers appear to be the obvious answer. However, targeting can divide people politically, cause isolation or stigma. While social cash transfers have proven potential for impacting the well-being of children, they should be implemented carefully and with intentionality in monitoring their impact (Stephenson & Clarke, 2007, pp. 17-18).

### Develop special assistance to older caregivers

The duty to care for children often falls on grandparents or older caregivers. However, these older caregivers might lack the physical and economic ability or parenting skills to care for children. Governments should be held responsible to provide social security to meet the economic needs of these vulnerable caregivers. Special supportive services allow older caregivers the opportunity to provide for children and allow children the opportunity to be raised in a supportive and loving household. Along with economic and physical support, older caregivers may also be in need of training and support in intergenerational parenting skills (Interview with Stefan Germann, 2 March 2009).

## Developing professional practices

### Develop a gate keeping process

Gate keeping, a rigorous admission process, systematically assesses the individual situation of every child with the goal of matching the correct community-based care model and supportive services to the individual needs of the child. Supportive services should be provided only to those who meet tightly specified eligibility criteria to ensure that the most vulnerable are being cared for and that all possibilities of retaining children in their biological families have been explored (Gudbrandsson, 2004, p. 15; SOS Kinderdorf International, 2005, section 4.1).

**Facilitate permanency planning**
Permanency planning is a process of planning which seeks a long-term placement, such as reconnection with a child's original family or placement within an adoptive family. Short-term alternative care options are only used as a step in the process toward permanency. A focus on the long-term placement ensures stability, continuity and a sense of belonging in a family. Permanency planning implies the need for case management and planning (UNICEF EAPRO, 2006, p. 15).

**Implement a case management approach**
Case management must facilitate careful planning with the input of the child and comprehensive analysis of the child's needs in order to ensure the selected community-care option is the most appropriate match for meeting the needs, rights and best interests of the child (Tolfree, 2005, p. 17). Whether through a paid social worker or trained community volunteer, each child in a community-based care model should be monitored and supported by a case manager (UNICEF EAPRO, 2006, p.16). Case workers can use family group conferences as a tool for including the extended family in decision-making, so as to meet cultural traditions of group decision-making in many contexts (Gudbrandsson, 2004, p. 17).

**Develop an individual care plan**
An individual care plan should be developed during a family meeting for each child, outlining the objectives of an alternative care arrangement and the long-term placement goal, defining the supportive services and resources that will be needed, clarifying each stakeholder's responsibilities, and creating a timeline for the process toward long-term placement. Children, at age-appropriate levels, should also participate in the development of the plan. A regular review process should be scheduled to re-evaluate the placement and address any needs or circumstances that have changed over time. Every decision during the process is guided by this plan (IFCO et. al., 2007, p. 27; Tolfree, 2005, p. 17).

**Facilitate systems for monitoring and reporting**
Regular monitoring is vital for the protection and quality of care in community-based care. Systems for monitoring should include the child's development and progress according to his or her individual care plan (Tolfree, 2006, p. 12). The ultimate responsibility of ensuring monitoring falls upon the local government, but supporting agencies also have a responsibility to ensure effective monitoring. Community stakeholders should be empowered by the local government and supporting agencies to take leadership in developing systems and implementing monitoring and reporting. External agencies can assist by mobilising and building capacity of community members to do so, including development of effective reporting systems. Careful consideration of the specific contexts of each community must be taken into consideration in developing the processes and systems for monitoring and reporting. In the context of high HIV/AIDS prevalence, World Vision's Community Care Coalitions (CCCs) provide a model for mobilising community members to serve as home visitors who not only provide support for children, but also serve as monitors of the child's well-being (Newsome, 2008). All monitors, whether community members, local authorities or NGO staff, must be trained to identify the signs of abuse and be educated in the process of reporting abuse.

**Ensure child protection**
Every effort must be made to ensure children are protected from abuse, neglect, exploitation and other forms of violence. Organisations that are supporting alternative care should have strong child protection policies which address behaviour protocols, monitoring systems, communication about children, recruitment and selection, reporting/whistle-blowing, allegation management and programing issues, including discipline of children, monitoring and support of alternative care. An organisation's child protection policy should cover all individuals associated with the organisation, including members of the Boards of Directors, leadership, management, staff, volunteers, caregivers/ home visitors, contractors, consultants, partners and visitors. Staff and volunteers should receive training on identifying, reporting, monitoring and addressing different child protection risks in their communities. In addition, self-protection knowledge and skills should be included in the child's education. Children need to be provided with mechanisms to report abuse, neglect or other concerns and each alternative care approach must include protocol for handling children's reports. These mechanisms should be developed in consultation with vulnerable children to ensure that they are appropriate.

## Handout 7.4: Core Professional Social Work Skills

(Source: Adapted from Munroe (2010) The Munroe Review of Child Protection. Part 1: A Systems Analysis, UK Government)

The following is an overview of core Social Work skills and is based on UK Social Work practice. It can however serve as a summary of the types of skills anyone working in a social work capacity should ideally possess (e.g. Community child protection workers).

(For information specifically relating to the use of child protection committee volunteers, please refer to the following text , included in your Resource CD/Flash Drive: Wessells, M (2009) What are we Learning about Protecting Children in the Community: An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings, Save the Children)

Assessment as the first stage in developing an understanding of what is happening in a family, and the impact on the children within that family. Relying on practice wisdom and underlying social work theory, the skilled practitioner uses interview and observation to acquire information in order to describe the social history of the family, the relationships between family members, and crucially, the needs of the child in a number of different dimensions (physical, emotional, social etc) and how these needs are being met or not met. Social workers work closely with children and parents, and talk to other professionals in order to understand a child and family's needs, resources and resilience, showing understanding of patterns and dynamics within the family, as well as the impact of wider environmental factors.

Analysis, i.e. the ability to break down the different elements within the family situation and the wider community, in order to understand the relationship between the various factors that are impacting on the child, the weight to give to each factor and how they might be changed or influenced. Using information intelligently and constructing a narrative and hypotheses which can be tested and re-tested are a daily part of the competent social worker's task.

Risk assessment and the ability to predict future behaviours of parents, weigh up protective and risk factors, and assess the potential for change in a family or with parents is an essential element of the continuing assessment of the family. These are difficult judgments made in complex situations and demand a combination of reasoning skills and practice wisdom. This is a core skill of children's social workers.

Working alongside families, understanding family dynamics and contributing environmental factors to help families gain insight, build on strengths and change established patterns of behaviour/relationships – use of systemic family therapy and family group conferences. In this same context, social workers are able to use the legislative framework in an authoritative way when required.

Problem solving as a key part of social work intervention with families who have complex and difficult lives. Competent social workers spend time with children and families looking for solutions to their difficulties as defined by the family, and use creativity to ensure the least intrusive intervention is provided.

Decision making and planning based on identified needs, set within the legal and policy framework and which rest firmly on the involvement and wishes and feelings of children – and families when their view is not contrary to the child's needs. Good plans are clear, relate closely to outcomes, are accessible to children and families, and able to make effective use of services. Competent social workers are able (when permitted) to use their professional judgment in decision making and planning to promote positive outcomes for children. Care planning for children subject to a child protection plan and looked after children is a fundamental aspect of the children's social worker role and has to be based on a holistic view of the child not always available to other professionals.

Building strong relationships between the social worker and the child and his/her family. Social workers build relationships with children, young people and parents in extraordinarily difficult circumstances, and within a context that would appear from the outset to be counter to any chance of creating a positive dialogue. The situations in which social workers build positive relationships, and go on to use the relationship to create change, include those in which: children are being removed from their family; in adversarial legal processes; with parents who may be aggressive, intimidating or violent; with parents who are dishonest, but often plausible or at least where the evidence to prove their dishonesty does not exist; with parents who have substance misuse difficulties and erratic behaviour; and in cases where the social work intervention is actively resisted. Equally the children may display some or many of these features. The children's social worker is frequently required to work with both parent and child in an extremely complex mix of hostility and psychological disorder.

Partnership with other agencies in every area of work undertaken by children's social workers, including effective safeguarding, information sharing, use of the lead professional role and co-ordination of multiple plans to keep children safe. This usually requires the social worker to have at least a working knowledge of how systems operate in education (primary and secondary schools), health (acute, community and mental health services), housing (homelessness as well as a range of providers who will have different policies and procedures), adult services (mental health, substance misuse, adult social care, etc.) and the voluntary sector ranging from small local projects to large national charities. Invariably the social worker has to work with a range of these other agencies to construct a care package for each child or family, which requires skills in negotiating, persuading and influencing as well as in monitoring and reviewing the care plan and actions of those partners.

Relationships with looked after children which sustain those children through periods of loss, transition and turmoil. When the same social worker is able to work with a child over a long period, they assist in building resilience and developing positive outcomes for children as they grow up, providing emotional and practical support and helping young people move on to independence. Social workers demonstrate a sophisticated understanding of the need to enable children to stay with their families in situations which are far from perfect, and to remove them if absolutely necessary and on the basis of good evidence. Social workers engage in detailed planning to allow children to return safely home after periods in care, or permanency planning when they cannot return – recognising the urgency required for young children and securing permanent placements in the shortest time possible. Underlying all the work that social workers do is a value base which incorporates an approach where empathy and warmth are central, where respectful scepticism is a priority and which is based on an holistic view of the child and family. Social workers act as advocates and at the core is the preservation of human rights for children, and their families, when these are not in conflict.

## Handout 7.5: Core Competence Elements for Social Work Education in Indonesia

| Element of competence | Core Competence elements |
|---|---|
| 1. Foundation of Personality | • Able to understand and apply social work values, principles and ethics. |
| 2. Knowledge and skills | • Able to understand/apply knowledge about human behaviour and social environment.<br>• Use theoretical framework supported by empirical findings to understand the development and behaviour of individual during their life and understand interaction among individuals and individuals with the family and groups, organisation and community.<br>• Understand forms and mechanisms of discrimination and apply strategy of advocacy and social change.<br>• Understand and apply practice in diverse situation and condition.<br>• Understand government policies, laws and services relevant to social welfare at national, regional and local levels.<br>• Understand and able to apply basic social work knowledge re:<br>- History and development of contemporary social work<br>- Role of social work<br>• Understand and able to critically apply generalist social work processes in the context of practice.<br>- Social work methods, strategies, techniques and skills.<br>- Social Work theories<br>• Understand and able to practice based on research, and research based on practice.<br>• Understand management of social welfare service system.<br>• Understand supervision in applying social work practice. |
| 3. Ability to practice | • Able to practice supervised social work intervention with individuals, families, groups, organisations and community from assessment to termination.<br>• Practice social work with non discrimination and based on appreciation and relevant knowledge, skills with clients from diverse background (age, class, culture, disable, families, religion, race and nationality, gender and sexual orientation).<br>• Able to conduct social work research using relevant research methods and apply findings in practice, and critically appreciate utilisation of findings and knowledge of different social work practices. |
| 4. Attitude and behaviour in working | • Able to apply social work knowledge, skills and values in supporting concern/care and mutual appreciation as well as social responsibility among community members.<br>• Able to develop teamwork within the profession of social work and other professions.<br>• Able to critically develop self-reflective practice. |
| 5. Understanding of living in the community (social living) | • Appreciate dignity and uniqueness of people and their environment.<br>• Demonstrate appreciation to diversity in community (race, culture, ethnicity, local language, gender, sexual orientation and different abilities).<br>• Demonstrate appreciation to clients' right to services.<br>• Take initiatives to advocate and change in socio-structural, political and economic situations that contribute to disempowerment, marginalisation and dehumanisation of the people. |

## Handout 7.6: Core Competence Elements for Social Work Education in Indonesia

List of social work education core subjects to be taught at university, as agreed by The Association of Social Work Education in Jember, East Java on 4 and 5 October 2010.

1. Philosophy, value, ethics and human right perspective of social work/social welfare
2. Psychology for social work
3. Sociology of social work
4. Human behaviour in social environment
5. Social Work Practice/Social Welfare in a Multicultural Society
6. Social laws/legislation
7. Social welfare service system
8. Social policy and planning
9. Introduction to social welfare and social work
10. Generalist Social Work Methods or Methods of Social Intervention
11. Social work methods with individual and family
12. Social work methods with group
13. Social work methods with community
14. Social work and social welfare theories
15. Social research methods
16. Human service organisation and management
17. Supervision and consultancy theory and practice
18. Practicum (basis level)
19. Practicum (advance level)

These core topics should comprise between 40-80% of the curriculum for Social Work Education at Bachelor level. The remainder of the curriculum can include supporting subjects. For example STKS will provide sessions on Methods of Social Work, while the University of Indonesia will add Policy and Planning. The final curriculum will be designed around the goals of each school.

## Handout 8.1: Assessing the National Care System and its Key Components

A key resource has been developed to assist in the assessment of key structures and components of a national child protection system. This is the Child Protection Systems Mapping and Assessment Toolkit (UNICEF, 2010). A copy of the User Manual and System Tools is contained on your Resource CD/Flash Drive.

This Mapping and Assessment Toolkit is designed to enable a mapping and analysis of the current situation and to generate a strategy that sets goals and targets. It provides guidance on: the process for conducting a national system assessment, the components to be assessed; and how to interpret and use the information. The philosophy behind this Toolkit is to:

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(i) Synthesise what is already known, looking at child protection from a systems perspective;
(ii) Draw on existing knowledge and expertise to reach some conclusions about the child protection system through the mapping and assessment; and
(iii) Develop and strengthen a coordinated effort or program within a country to strengthen the system, ultimately leading to much enhanced child protection efforts.

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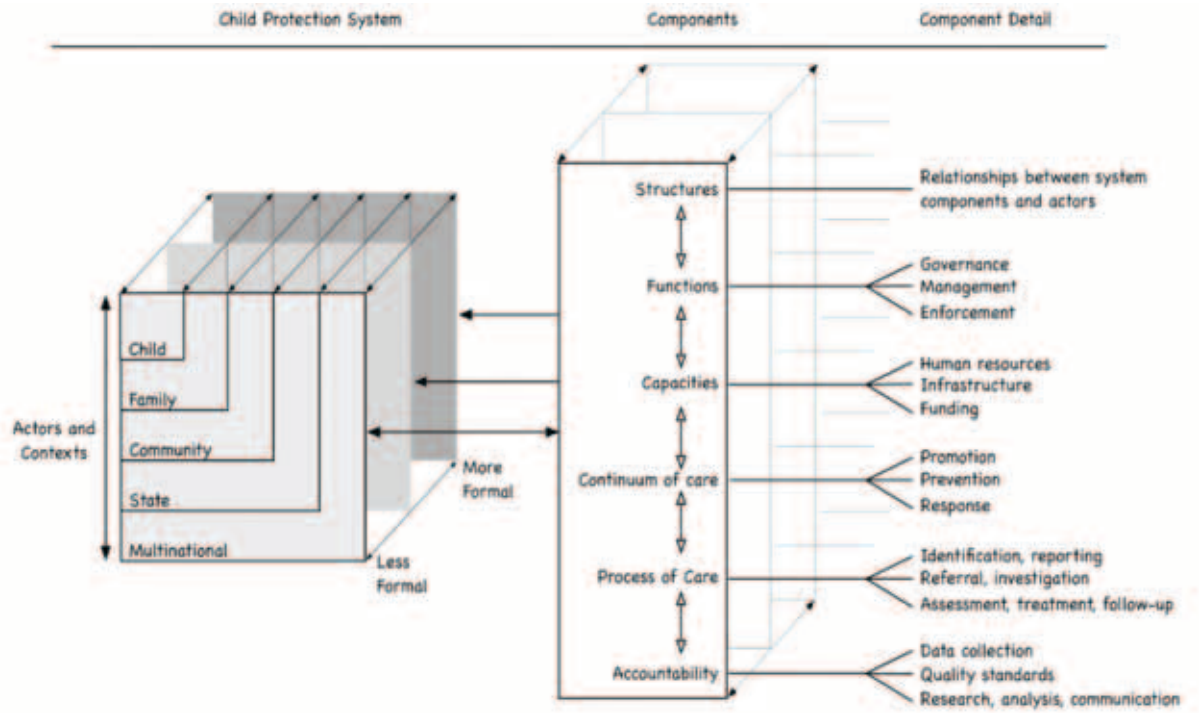
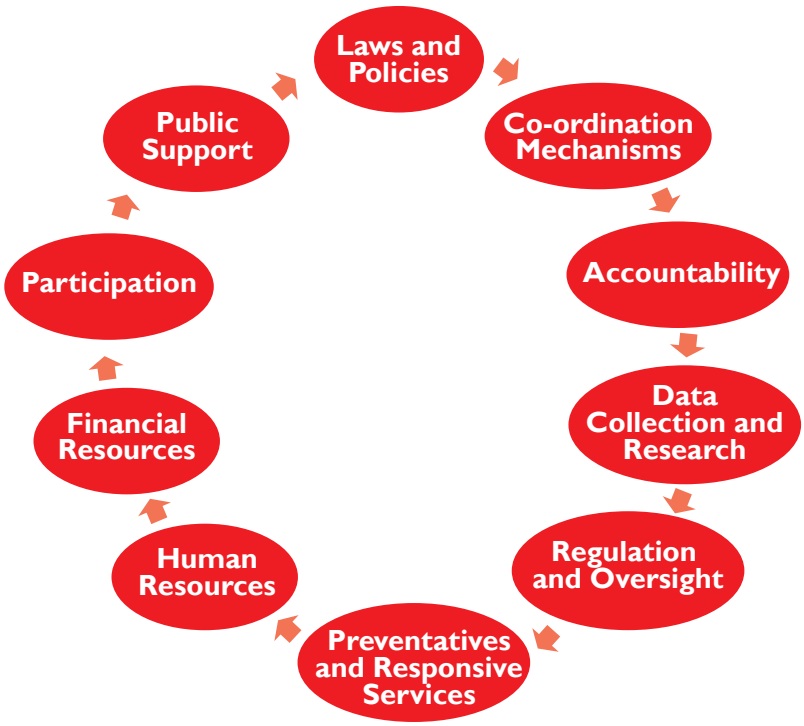
The Mapping and Assessment Toolkit assumes that a country is able to mobilise individuals with expertise and sound professional judgment in the child protection sector in order to collect data with is valid and to be able to interpret the information generated.

The Toolkit breaks down a Child Protection System into the following components (see diagram below) and provides guidance on what to assess in each, depending on the particular protection issues. It includes several sections relating to children without appropriate care.




Source: Chapin-Hall, p. 22. Child Protection Systems: Mapping and Assessment Toolkit, Users' Guide, UNICEF, May 2010
Handout 3:3 should provide you with additional guidance on the key issues to assess within a National Care System. These were:




An additional tool is the Manual for the Measurement of Indicators for Children in Formal Care (UNICEF and the BCN, 2009). The purpose of this manual is to introduce a set of common global indicators for children in formal care, which includes children living in institutional care or formally arranged foster family care (whether with kin or families not previously known to the child family). This manual explains why this information is valuable and offers practical guidance on data collection as well as the tools and analytical framework for gathering data. It provides the framework for the development of an information system that will allow childcare agencies and local and national authorities to better monitor and improve the situation of children within care systems.

The data and information generated by these indicators can be used to:

- Monitor policy and practice improvements at the level of individual care services and at the national level;
- Help governments, child welfare agencies and child advocates to identify the needs of children in formal care;
- Provide policy makers and managers with information to guide program development and budgeting;
- Support advocacy to improve systems and services for children at risk or in alternative care;
- Increase the visibility and status of those engaged in the provision of formal care; and
- Demonstrate national commitment to globally accepted measures of formal care.

The manual contains 15 indicators, four of which are considered core indicators; suggestions on how to map a childcare system to ensure that all childcare providers within a given country or area are included; and tools for collecting data at the level of an individual childcare provider if those data are not yet being systematically collected. The indicators themselves can be used by an individual childcare agency to help analyse and improve their childcare practice, by a district government oversight office to monitor and improve the childcare system in a specific area or, preferably, by a national government body. The goal is for governments to report against the indicators at a national level. Active participation and collaboration with non-governmental organisations (NGOs) working on child welfare, childcare agencies both private and public, and any other groups participating in the formal care system are critical to the design of an information system as well as its implementation. However, as mentioned above, the indicators and measurement approaches can be used at the sub national and municipal level even where national information systems are not yet in place.

**The 15 indicators are shown in the following table**
**Global indicators for children in formal care**

| Indicator | | Description |
|---|---|---|
| | | **Quantitative indicators** |
| 1 Core | Children entering formal care | Number of children entering formal care during a 12-month period per 100,000 child population |
| 2 Core | Children living in formal care | Number of children entering formal care on a given date per 100,000 child population |
| 3 Core | Children leaving residential care for a family placement | Proportion of all children <15 years leaving residential care for a family placement, including reunification, in a 12-month period |
| 4 Core | Ratio of children in residential versus family-based care | Proportion of all children in formal care who are currently accommodated in non-family-based care settings |
| 5 | Number of child deaths in formal care | Number of child deaths in formal care during a 12-month period per 100,000 children in formal care |
| 6 | Contact with parents and family | Percentage of children in formal care who have been visited by or visited their parents, a guardian or an adult family member within the last 3 months |
| 8 | Use of assessment on entry to formal care (gatekeeping) | Percentage of children place informal care through an established assessment system |
| 9 | Review of placement | Percentage of children in formal care whose placement has been reviewed within the last 3 months |
| 10 | Children in residential care attending local school | Percentage of children of school age in residential care who are attending school within the local community with other children who are not in residential care |
| 11 | Staff qualifications | Percentage of senior management and staff/carers working with children in formal care with minimum qualifications in childcare and development |
| 12 | Adoption rate | Rate of adoptions per 100,000 child populations |
| | | **Policy/implementation indicators** |
| 13 | Existence of legal and policy framework for formal care | The existence of a legal and policy framework for formal care that specifies:<br>• Steps to prevent separation<br>• Preference for placement of children in family-based care<br>• The use of institutionalisation as a last resort and temporary measure, especially for young children<br>• Involvement of children, especially adolescents, in decisions about their placement |
| 14 | Existence of complaints mechanisms for children in formal care | Existence of mechanisms for formal complaints that allow children in formal care to safely report abuse and exploitation |
| 15 | Existence of system for registration and regulation | Existence of a system of registration and regulation for those providers of formal care for children |

*Including children living in institutional care of formally arranged foster family care (whether with kin or families not previously known to the child's family)

The resource Deinstitutionalising and Transforming Children's Services (Mulheir & Browne, 2007) is designed to assist policy makers, practitioners and other concerned individuals on how to transform systems of institutional care into those based on family and community support. It is based on a ten step model of change, beginning with awareness raising and assessment and analysis.

Chapter three provides guidance on analysing children's services at country/regional level. This analysis maps resources and services available to meet the needs of children in different parts of the country. Chapter four presents an analysis at institutional level in order to be able to identify an institution to target for transformation. A 'stock and flow' analysis is outlined. This tool can be extremely helpful in understanding the dynamics of service use and vital to the design of future services. It also outlines the process of assessment of individual children prior to making any decisions regarding their future care. It provides some tools and tips for practitioners who are new to making assessments.

## Global Care Resources

Participant note: All the following documents are contained in the accompanying CD/flashdrive. The priority ones for you to refer to for this training are listed in Handout 6.1. For additional research and guidance documents please refer to the Better Care Network: www.crin.org/bcn. It is recommended that you sign up for their monthly updates. A resource bank of practitioner documents can also be found at the Better Care Network: http://bettercaretoolkit.org/bcn/toolkit/

Beecham, J (2000) Unit Costs- Not Exactly Child's Play. A Guide to Estimating Unit Costs for Children's Social Care, Department of Health, UK

Broad, B (2007) Kinship Care: Providing positive and safe care for children, Save the Children

Browne, K (2007) The Risk of Harm to Young Children in Institutional Care, Save the Children

Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (1993)

CPI (2009) Building Rights Based National Child Protection Systems: A concept paper to support Save the Children's Work, Save the Children

Csaky, C (2009) Keeping Children out of Harmful Institutions: Why we should be investing in Family-based Care, Save the Children

D'Allesandro, C (2006), Missing Mothers: Meeting the Needs of Children Affected by AIDS, Save the Children

Delap, E (2010) Protect for the Future: Placing Children's Protection and Care at the Heart of the Achieving the MDG's, EveryChild

DFID (2009) Advancing Child Sensitive Social Protection, DFID

Dunn et al (2003) A Last Resort: The growing concern about children in residential care. Save the Children's position on residential care, Save the Children

Foster, G (2005) Bottlenecks and Drip-feeds: Channelling Resources to Communities Responding to Orphans and Vulnerable Children in Southern Africa, Save the Children

ISS & SOS Children's Villages (2009) Guidelines for the Alternative Care of Children: A United Nations Framework, ISS & SOS Children's Villages

ISS (1999) The Rights of the Child in Internal and Intercountry Adoption, ISS

ISS (2009) Factsheet on Guidelines for the Alternative Care of Children, ISS

Long, S et al (2007) Children at the Centre: A Guide to Supporting Community Groups for Vulnerable Children, Save the Children

Martin, F (2009) Changing the Paradigm of Children's Care and Protection in Indonesia, Save the Children

McLeod, D (2003) Community-based Social Services: Practical Lessons Based Upon Lessons from Outside the World Bank, World Bank

McMillan, N & Swales, D (2005) Raising the Standards: Improving Quality Childcare Provision in East and Central Africa, Save the Children

McMillan, N & Swales, D (2006) Applying the Standards: Improving Quality Childcare Provision in East and Central Africa, Save the Children

Melville-Fulford, L (2010): The Neglected Agenda, Save the Children, UNICEF, Wilton Park Conference Report

Mulheir, G & Browne, K (2007) Deinstitutionalising and Transforming Children's Services: A Guide to Good Practice, European Union Daphne Programme

Oswald, E (2009) Because We Care: Programming Guidance for Children Deprived of Parental Care, World Vision

Quinlan, T & Desmond, C (2002) The Costs of Care and Support. University of Natal in Literature Review: The Economic Impact of HIV/Aids on South Africa

Reale, D (2008) Away from Home. Protecting and Supporting Children on the Move, Save the Children

Save the Children (2004) Taking Better Care? Review of a decade of work with orphans and vulnerable children in Rakou, Uganda, Save the Children

Save the Children (2005) Making Cash Count: Lessons from Cash Transfer Schemes in East and Southern Africa for supporting the most vulnerable children, Save the Children

Save the Children (2006) Keeping Children Safe: Standards for Child Protection, Tool 1, Save the Children et al

Save the Children (2006) Making HIV and Aids Financing Work for Children, Save the Children Briefing

Save the Children (2007) Care and Protection Definitions, Save the Children

Save the Children (2007) Children and Social Protection: Towards a Package that Works, Save the Children Briefing

Save the Children (2010) International Adoption, Save the Children

Save the Children (2010) Family Strengthening and Support: Policy Brief, Save the Children

Save the Children (2010) Social Protection Primer. Internal Briefing Report, Save the Children (Internal Use Only)

Save the Children Indonesia (2008) Someone that Matters: Executive Summary, Save the Children, DEPSOS, UNICEF

SOS Kinderdorf International (2007) Quality4Children: Standards for Out-of-Home Care in Europe, SOS

Tobis (2000) Moving from Residential Institutions to Community-based Social Services in Central and Eastern Europe and the Former Soviet Union, World Bank

Tolfree, D (2005) Facing the Crisis: Supporting children through positive care options, Save the Children

Tolfree, D (2006) A Sense of Belonging: Case studies in positive care options for children, Save the Children

UNICEF (2003) Gate-Keeping Services for Vulnerable Children and Families, UNICEF Innocenti Research Centre

UNICEF (2009) Analysis of the Progress and Remaining Challenges in Child Care System Reform in Azerbaijan, Kazakhstan, Kyrgyztan, Tajikistan, Turkey, Turkmenistan, UNICEF

UNICEF (2009)Budgeting in the Context of Care Reform in CEE/CIS, UNICEF

UNICEF (2010) Child Protection Systems Mapping and Assessment Toolkit: User's Guide, UNICEF

UNICEF (2010) Child Protection Systems Mapping and Assessment Toolkit: System Tools, UNICEF

UNICEF(2007) Child Care System Reform Efforts. Country Examples from South East Europe, UNICEF
United Nations (2006) Violence against Children in Care and Justice Institutions, United Nations Secretary-General's Study on Violence Against Children

UNICEF & the BCN (2009) Manual for the Measurement of Indicators for Children in Formal Care, UNICEF & the BCN

United Nations (2010) Guidelines for the Alternative Care of Children, United Nations. Copies in Arabic, Chinese, English, French, Russian, and Spanish

USAID (2008) Field Report No.2: Economic Strengthening for Vulnerable Children. Principles of Program Design and Technical Recommendations for Effective Field Interventions, USAID, Save the Children, AED

USAID (2008) Field Brief No.3: Economic Strengthening for Vulnerable Children. Principles of Program Design and Technical Recommendations for Effective Field Interventions, USAID, Save the Children, AED

USAID (2009) The Job that Remains: An overview of USAID Child Welfare Reform Efforts in Europe and Eurasia, USAID

Wessells, M (2009) What are we Learning about Protecting Children in the Community: An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings, Save the Children

Williamson, J & Greenberg, A (2010) Families not Orphanages, Better Care Network

Wright et al (2006) The Participation of Children and Young People in Developing Social Care, Participation Practice Guide 06, Social Care Institute for Excellence, UK

Yablonski, J & O'Donnell, M (2009) Lasting Benefits: The Role of Cash Transfers in Tackling Child Mortality, Save the Children

## Regional Care Resources for South East Asia & South and Central Asia and the Pacific

Authorless (2004) Assessment and Analysis of the Situation of Children without Primary Caregivers in Vietnam

Authorless (2006) Children in Institutional Care: The Status of their Rights and Protection in Sri Lanka.

Bilson, A & Cox, P (2005) Home Truths: Children's Rights in Institutional Care in Sri Lanka. Advocacy Document, Save the Children in Sri Lanka

Danzan, N (2008) Mongolia: Baseline Study Report, Save the Children

Hasan A (2007) Draft Report: Focus Group Discussion – Existing Care Systems for Children Who Have Lost Parents in District Bagh and Muzzafarabad, Save the Children UK

Kane, J Violence Against Children in the Countries of South Asia. United Nations Secretary General Study on Violence Against Children

Kang, K (2008) What You Can Do About Alternative Care in South Asia: An Advocacy Kit, UNICEF

Khan, S (2000) Herds and Shepherds: The Issue of Safe Custody of Children in Bangladesh Save the Children UK & BLAST

Khan, S & Rahman M (2008) Protection of Children in Conflict with the Law in Bangladesh, Save the Children UK

Martin, F (2009) Changing the Paradigm of Children's Care and Protection in Indonesia, Save the Children

Meemeduma, P (2006) Community Based Child Protection System: Vietnam. PowerPoint Presentation

Ministry of Labour and Social Affairs (2003) Children Deprived of Parental Care in Afghanistan – whose responsibility? Ministry of Labour and Social Affairs & UNICEF Afghanistan

Ministry of Women and Child Development (2006) India: Building a Protective Environment, Ministry of Women and Child Development

Pouwels, R et al (2010) Child Protection and Child Welfare in Asia and The Pacific: Discussion Paper. High Level Meeting in Cooperation for Child Rights in the Asia- Pacific Region, UNICEF

Rahman (2003) Tracing the Missing Cord: A Study on the Children Act, 1974, Save the Children UK

Rajabdeen, S A Tool for Social Workers, Save the Children Sri Lanka

Roccella C (2006) Out of Sight, Out of Mind: Report on Voluntary Residential Institutions for Children in Sri Lanka. Statistical Analysis, UNICEF & Ministry of Child Development and Women's Empowerment

Save the Children UK (2004) My Childhood in Chains: Juvenile Justice and Violence against Children in Bangladesh, Save the Children UK

Save the Children UK (2001) Our Children in Jail. Year Book on the State of Juvenile Justice and Violence against Children in Bangladesh, Save the Children UK

Save the Children UK (2002) Our Daughter in Safe Custody. Year Book on the State of Juvenile Justice and Violence against Children in Bangladesh, Save the Children UK

Save the Children UK (2000) Shoshur Bari: Street Children in Conflict with the Law, Save the Children UK

Save the Children A Research Report to China Program. Part 3: Using Budget Standard to Estimate the Costs of Children. The Case of Funan

Save the Children (2005) The Difficulties We Face: Children's Experiences , Participation and Resilience – Views and Voices from HIV/AIDS Affected China, Save the Children

Save the Children (2007) Someone that Matters: The Quality of Childcare Institutions in Indonesia. DEPSOS, UNICEF, & Save the Children

Shang, X & Saunders, P (2006) The Role of Family and State in Child Welfare: Kinship Foster Care of Orphans in Rural China, Save the Children

Tomison, A & Stanley, J (2001) Strategic Directions in Child Protection: Informing Policy and Practice. Brief No. 5: Alternative Care- Comparative Analysis of Kin versus Residential Models. Unpublished Report for the South Australian Department of Human Services

Tomison, A & Stanley, J (2001) Strategic Directions in Child Protection: Informing Policy and Practice. Brief No. 6: Alternative Care – Shifting Demands on Voluntary Foster Care. Unpublished Report for the South Australian Department of Human Services

Tomison, A & Stanley, J (2001) Strategic Directions in Child Protection: Informing Policy and Practice. Brief No. 7: Placement Decision Making. Unpublished Report for the South Australian Department of Human Services

Tomison, A & Stanley, J (2001) Strategic Directions in Child Protection: Informing Policy and Practice. Brief No.8 & 9: Placement Support Models and Tailoring Support Packages to Meet Needs. Unpublished Report for the South Australian Department of Human Services

Tomison, A & Stanley, J (2001) Strategic Directions in Child Protection: Informing Policy and Practice. Brief No.10: Alternative Care – Methods for Monitoring Health and Well-being. Unpublished Report for the South Australian Department of Human Services

Tomison, A & Stanley, J (2001) Strategic Directions in Child Protection: Informing Policy and Practice. Brief No.11: Models for Support for Younger Children with Challenging Behaviours and/or in Juvenile Justice. Unpublished Report for the South Australian Department of Human Services

University of New South Wales (2003) From Social Exclusion to Social Inclusion: Deinstitutionalisation of Alternative Care in Three Chinese Cities, University of New South Wales

West, A (2006) A child Protection System in Mongolia: Review Report, Save the Children UK
West, A (2005) A Strange Illness: Issues and Research by Children Affected by HIV/Aids in Central China, Save the Children

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