Report on Wilton Park Conference WP1010

Co-sponsored by Save the Children and in partnership with UNICEF and the Better Care Network

The Neglected Agenda: Protecting Children without Adequate Parental Care

Monday 30 November – Thursday 3 December 2009

Policy recommendations and conclusions

1. The new Guidelines for the Alternative Care of Children[1], together with the Convention on the Rights of the Child (CRC), provide a clear framework for action to support families to care for their children and to develop quality family-based alternatives to residential care. This conference sought to bring energy and drive into realising the changes needed to better care for and protect vulnerable children.

2. Leaders from Governments, bilateral donors, international agencies, private foundations and academia concluded that in order to champion the changes required to improve significantly the situation of children without adequate parental care:
    - As a basis for intervention, more research is needed to understand child vulnerability, the root causes of children's placement into care, and the interventions required to support children and families. More data is required, using common and internationally-accepted

---

[1] United Nations, *Guidelines for the Alternative Care of Children*, 2009. This document is available in six languages from http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/11/L.13

outcome measures[2], to evaluate and demonstrate the effectiveness of interventions, and to be able to compare and share information.

- In coming up with solutions, we should turn to the strengths of children and families, and ensure their meaningful participation in all aspects of decision-making as well as in the development of policy and practice.

- Policies and programmes for alternative care must reflect the principles enshrined in the Convention of the Rights of the Child and the Guidelines for the Alternative Care of Children, with the focus on preventing family separation, and providing stable family-based care for children unable to live with their parents.

- Political will, leadership, and creative thinking from governments is essential in order to co-ordinate policies and programmes relating to the care and protection of children across national and local government, donors, and implementing agencies.

- Preventative work is essential in enabling children to remain with their families. It empowers families with the capacities and tools to enable them to adequately protect and care for their children, reducing the impact of risks that lead to family separation.

- Programmes must respond to the root causes of the risks that affect the capacity of families to adequately care for and protect their children, via the development of the child protection system and through social protection, social welfare, education, and health policies.

- Social protection programmes (including but not restricted to cash transfers) seeking to address the vulnerability of children and families, should be combined with investments in service provision and good governance, and should endeavour to target the most vulnerable children, including those not in households.

- De-institutionalisation is required in those countries overly or inappropriately reliant on residential care, and must be combined with

---

[2] For a set of common global indicators for children in formal care placements please refer to the following document: Better Care Network and UNICEF, *Manual for the Measurement of Indicators for Children in Formal Care*, 2009 available at: www.bettercarenetwork.org.

the reunification of children with their families wherever possible, the availability of family and community based support services, and the provision of quality alternative family based care (wherever possible and certainly for children under the age of three)[3]. It is recognised that this process requires a long-term commitment and sustained efforts to build public and political understanding of the harm that can be caused by family separation, unnecessary institutionalisation and inappropriate alternative care placement.

- Investments are needed in the child welfare workforce in order to provide the necessary quality prevention and support services and an adequate supply of alternative care placements. This will involve improvement in the recruitment, retention, training and supervision of social work professionals, para-professionals, substitute caregivers, and volunteers working to protect vulnerable children.

- All forms of care, including family based care, must be regulated, monitored and supported to ensure children are well cared for and to enable regular reviews of their needs. The development of national standards, based on the Guidelines for the Alternative Care of Children, is vital in ensuring the quality of care provision.

- More research, programme development, and discussion is needed to improve how we care and protect children with disabilities, children in child headed households, children living on the street, and children on the move. Another key neglected area, is the issue of supportive after care for children leaving placements.

- Adequate resources for preventative services and alternative care should be considered in the implementation and development of programmes.

- There are challenges to overcome in terms of gathering data, harnessing political will, strengthening systems, securing funding, and increasing public and political understanding regarding children without adequate parental care. These solutions are not simple – they need to be based on the rights, wishes and best interests of

---

[3] This is in line with the guidance given in the Guidelines for the Alternative Care of Children, United Nations, 2009

children; they should address the root causes of vulnerability; and they should establish systems of social service, social protection and care. At the heart of these solutions is the goal of supporting families and communities to care for their children. This conference brought together people who wish to champion this issue in their national contexts and to work together to share ideas and give moral support in taking these issues forward.

Overview of the situation of children without adequate parental care

3. Children have the fundamental right not to be separated from their family unless absolutely necessary and Governments have an obligation to ensure this right is respected. There are an estimated two million children in institutional care around the world[4]; however the global figure is likely to be severely underestimated due to under-reporting and a lack of reliable data.[5] The overwhelming majority of children in residential care have at least one surviving parent or contactable relative.

4. Children vulnerable to inappropriate care and institutionalisation include children who have lost one or both parents; children with disabilities; children from marginalised groups and ethnic minorities; children in families affected by substance abuse; children who live on the streets; children in child and peer headed households; children associated with armed forces and groups; victims of trafficking; child migrants; or children in families living in poverty. There is a broad variation across countries regarding the numbers and types of children entering the care system, and the services or placements offered to such children and their families.

5. While globally the underlying cause of most placements is poverty rather than the lack of a family, in the EU Member States it is the case that children are primarily in institutions for protection reasons. Whatever the reason, however, boys and girls in residential care may be at heightened

---

[4] UNICEF, *Progress for Children: A Report Card on Child Protection: Number 8, September 2009*, p. 19.
[5] UNICEF, *'The Institutional Care of Children'*, Programme Division, UNICEF, New York, January 2008 (internal document).

risk of violence compared to children whose care and protection is governed by parents and teachers, at home and at school. [6]

6. Despite the evidence that family and community based care is in the best interests of children, institutions continue to spread at an alarming rate across certain regions of the world including Sub-Saharan Africa and South Asia. Many of these new institutions are funded by well-meaning individuals and external donors.

7. In Middle Eastern and Northern African countries unregulated proliferation of institutional care is not a major problem. Their concerns focus more on issues of substance abuse and other family stressors leading to family breakdown and family separation.

The Impact of Poor Care Options: A Call to Action

8. In child psychology it is well established that for the optimum development of a child, he or she requires an environment which includes parents, siblings, neighbours, and a sense of belonging to a community and society. In residential care in particular, a child is more likely to lack these essential elements: s/he may have little opportunity to learn from older or younger children; a lack of independence and poor sense of self; and an absence of stimulation. Where children lack individual attention and stimulation, a sense of learned helplessness develops, and results in a failure to thrive.

9. Young children are at a particularly high risk of lasting developmental delays and disability as a result of their institutionalisation. The Bucharest Early Intervention Project found that every part of the brain of young children in institutional care showed significantly less activity than those children who were fostered.[7] Although it can be harder to find national adoptive or foster families for children who develop learning delays or

---

[6] United Nations Secretary-General's Study, *World Report on Violence against Children, 2009*, Chapter 5: Violence against Children in Care and Justice Institutions, p.6.
[7] See also Browne, K. *The Risk of Harm to Young Children in Residential Care,* The Save the Children Fund, 2009

disabilities, there is also evidence that when such children are placed in a loving family, they can begin to recover developmentally.

10. It is stated in the Guidelines for the Alternative Care of Children that substitute care for young children, especially those under the age of 3 years, should be provided in family-based settings.[8] Individual governments are starting to change their policies to stop children under three from being placed in an institution e.g. Romania, the Slovak Republic, and Italy. This is a positive indication of evidence-based policy improving conditions in the best interests of children.

11. Children who grow up in residential care may have little opportunity to leave the institution and to integrate with their community, to learn about themselves or their families, to retain their language or identity, or to feel loved. This can have serious implications for their ability to rejoin their families, communities, and society on leaving the institution. Leaving care services are particularly important in helping young people prepare and cope with living independently. Such services need to include not only education, health and livelihoods support, but should also address the young person's social and emotional needs.

12. Children in care not only have the basic need for adequate nutrition, shelter, protection, love and stimulation, but also need a sense of permanence and identity in the context of their own countries. Helping to reunite children with their families, providing family-based care, and ensuring they do not remain in alternative care unnecessarily, means children are more likely to have high self esteem and to make successful relationships. There are many variables associated with achieving such positive outcomes for children in care, for example, the child, the child's family, the characteristics and skills of the carers, the work of social workers and other services, and the laws, systems and procedures for care planning, review and service delivery. These variables raise key

---

[8] United Nations, *Guidelines for the Alternative Care of Children*, 2009, p.7.

questions for policy makers, academics and practitioners regarding how rich and poor countries can learn from each other while avoiding importing practices inappropriately.

A Framework for Action

13. The Guidelines for the Alternative Care for Children were developed as a result of a joint International Social Service and UNICEF initiative in 2004, in follow-up to a recommendation of the Committee on the Rights of the Child. A NGO Working Group assisted in the drafting, and the Brazilian government spearheaded intergovernmental consultations. The Guidelines were accepted by the General Assembly of the United Nations on 18 December 2009 and now serve as a vital instrument in which future work in this sphere should be grounded. The Guidelines build on the provisions of the CRC, and focus on preventing family separation; ensuring the safety and well-being of children in foster and institutional care; and improving the use and conditions of out-of home care, including reference to the State's role vis-à-vis informal arrangements. There are two key thrusts to the Guidelines: firstly, establishing the *necessity* of alternative care by, for example, consulting with the family and child, ensuring the availability of family support, addressing negative societal factors, and ensuring effective gate-keeping; and secondly, ensuring the *suitability* of alternative care, for example by ensuring each possible care option meets certain general standards, and that the chosen care option is designed to meet the specific needs of the child concerned.

14. The First International Conference in Africa on Family-Based Care was held this year in Kenya. In line with the recommendations in the Guidelines for the Alternative Care of Children, the conference objectives were to discuss ways to improve knowledge of family based care for children; enhance the legislative and policy environment to support family based care for children in Africa; and improve the skills of actors in the provision of family based care for children in Africa. The conference recommendations and declarations will be presented to the African Union.

15. Policy-makers, practitioners, and donors need to find ways to move, as quickly as possible, to policies and practices that really do care and protect children to the maximum extent possible, based on the Guidelines for the Alternative Care of Children. The tipping point will be when political leadership, government budget lines, donors, service providers, and public opinion are all aligned behind the Guidelines and supporting the transformation of national systems of care.

16. Experience at country level shows that alternative approaches to institutional care can serve as an entry point to strengthening child protection systems. UNICEF, as well Save the Children and other partners, have recently focused more intensely on helping governments to improve and reform existing systems and structures to improve coordination and deliver care and protection for children, and to meet the responsibilities laid out in CRC and the Guidelines for the Alternative Care of Children.

17. Polices and practices relating to preventing and responding to the need for alternative care can be transformed by: promoting and using the new Guidelines as international standards; developing national strategies for family support and alternative care; carrying out strategic law reform; using research and improved data collection; increasing the awareness of donors and organisations; and recruiting political, religious and other leaders as champions of each nation's most vulnerable children.

Keeping Families Together: Preventing the Need for Alternative Care

18. Prevention of family separation is a child's right and everything must be done to mobilise communities, services, and policies towards increasing family resilience and reducing family separation. Prevention strategies will be multi-layered and need to be community responsive and informed, effectively managed, affordable and sustainable, and scientifically sound.

19. The causes of separation are complex and must be understood in context to prevent effectively family separation and its negative consequences.

There are multiple factors involved (e.g. structural, environmental, economic etc), with poverty often being the prevailing key issue. However these factors greatly differ from country to country and community to community, and therefore will require diverse responses.

20. There is a significant need for descriptive, analytical, and causal research in order to build our knowledge of prevention science, and use this to inform community programmes, policies and strategies relating to children's well-being.[9] It was highlighted that across Africa and in transitional countries there is a mushrooming of small-scale programmes by public and private sector organisations, which are not rigorously studied or evaluated. This results in a lack of evidence on which to scale up efforts into national programmes.

21. Making the case for prevention and family support can be assisted by good evidence of the effectiveness of various services and programmes. Particularly important for prevention approaches is evidence that early intervention can save money in the long term e.g. US evidence suggests that investments in high-quality Early Childhood Development programmes consistently generate benefit-cost ratios exceeding 3-to-1, or more than a 300% return for every dollar invested.[10]

22. In addition to preventing family separation, action is also required to improve the welfare of vulnerable children in their families. It is necessary to have a foundation of reasonable economic security at the household level on which to build the capacities of families to care for children since the greatest threat to family cohesion is poverty and low self-esteem. The challenge is in improving the economic well-being of families, and measuring this and its impact on children.

---

[9] See the following websites for more information on prevention science: www.preventionscience.org; www.preventionaction.org

[10] Lynch, R. *Exceptional Returns. Economic, Fiscal, and Social Benefits of Investment in Early Childhood Development*, Economic Policy Institute, 2004, p vii,

23. The Displaced Children and Orphans Fund (DCOF) of the United States Agency for International Development (USAID) invests in microfinance/micro credit activities and cash transfers as a means of helping vulnerable children and their families. For example, a small irrigation programme in Nepal resulted in a significant rise in household income, improved education attendance and nutrition, and reduced family member migration.

24. The World Bank is supporting a number of national cash transfer programmes as a means of reducing household and child poverty, and improving the health and nutrition of children in recipient households. Unconditional and conditional cash transfer programmes include public works programmes, and direct cash transfers including pensions and child care grants. The largest unconditional cash transfer programmes are in South Asia. Cash transfer programmes are spreading from Latin America to other parts of the world, and are now being piloted across various countries in Africa.

25. Conditional cash transfers which are contingent on a child's attendance at school have been shown to improve enrolment and/or attendance; however they do not necessarily improve the child's educational outcomes. Transfers therefore need to be combined with quality service provision across health, education and social protection services, as well as effective governance. There was also recognition of the need to look beyond the immediate impact of cash transfers, and to assess how they affect the psycho-social well-being of children and the level and quality of care received.

26. While universal transfers increase the numbers of vulnerable children reached, they are often not affordable. Instead improvements are needed in how transfers are targeted in order to ensure that children not in households or not easily identified can benefit e.g. migrant children, children in child headed households, children living on the street etc. Long-standing communities, where these exist, are often best in

determining how transfers should be distributed using community based targeting. Targeting can also be made easier by the registration of children from birth, as well as registration of those children in care, in protection programmes, or identified as at risk. More research is needed on the effects of the normal practice of giving the cash transfer to the female head of the household, and more generally on how to engage men more in care-giving and child protection.

Building Positive Family-Based Care Alternatives

27. There are three basic foundations to addressing the care needs of children without adequate parental care and to prevent and respond to family separation – public awareness, legislation, and service development. Service development includes the provision of day care, therapeutic interventions, kinship care, foster care, and national adoption. Residential care should be a minimum subset of service provision, primarily used for children with special needs such as those at risk of harming themselves or others.

28. There are many models of foster care. Short term foster care is useful in helping to provide respite to birth families without resulting in permanent separation. It can also be used as a stable alternative for children who do not wish to be adopted, or for whom adoption has not been judged to be in their best interests by competent authorities. Foster care however is not a cheap and easy option and more investment is needed to ensure proper support is available to foster carers and looked after children before, during, and after placement. Consideration should also be given to the payment of foster carers.

29. Kinship care is the dominant form of care for children unable to live with their parents and is used as an alternative to adoption in countries where adoption is not the norm. Special effort is required to ensure that kinship care is recognised, and to ensure extended families are supported in looking after their children. The challenge is in providing the right level of

support to kin carers and in determining whether payments should be made.

30. It should not be assumed that children are safe simply because they are in a family-based setting. Wherever possible, foster care and kinship care must be regulated, monitored and inspected to ensure that children are not neglected, abused or exploited.

31. The child welfare workforce is emerging as the strategic interface between policy frameworks, service provision and outcomes for highly vulnerable children. This workforce is made up of professionals and paraprofessionals, including social workers, child protection officers, child welfare supervisors and others working on behalf of highly vulnerable children. A USAID supported study is currently being carried out on the child welfare workforce in Eastern and Southern Africa. A similar study has already been completed on Europe and Eurasia.[11] While there is very limited quantitative data and a lack of documentation regarding the practice of social work in Africa, initial findings suggest that social workers in the child welfare workforce have low status, high caseloads, and disempowering working conditions. What is required is the professionalisation of social work, with career progression, licensure, resource investment, workforce standards, and clear accountability structures. Several countries have invested in the development of the child welfare workforce. For example, South Africa has translated the Children's Act into a model of service and calculated the workforce needs based on the services required.

32. It was also acknowledged that foster carers and residential staff are part of the child welfare workforce and like other social work related professionals, require training and professional supervision. Volunteers working through child welfare /community based committees also play a key role in supporting families and working with vulnerable children. Save

---

[11] *Social Work Education and the Practice Environment in Europe and Eurasia*, USAID, 2008

the Children is currently working with UNICEF and other partners to assess how to best to support such groups.

The Challenges to Putting Positive Care Alternatives into Practice

33. There is a serious issue of how child protection and care services are co-ordinated, funded and delivered. The key stakeholders working in child protection often do not have the capacity to respond adequately at present, or lack financial or other incentives to move towards family based care and preventative work. This is the case, for example, when the funding for residential care facilities comes directly from national government while local government is expected to fund family based care and support services from its own resources. Inevitably this creates a strong disincentive to develop positive care alternatives. Similarly, when overall responsibility for the provision of child protection services is decentralised to local government it is important that adequate funding is made available by central government to finance such provision. Moves towards positive alternatives can also be blocked when institutions and services are unregistered and/or externally funded, and exist outside of national policies and accountability measures. Without centralised co-ordination of decision-making and provision, interventions are likely to be ineffective and fragmented.

34. A key challenge to responding to the needs of vulnerable children is the lack of comprehensive and systematic data collection and management. Countries are unable to plan strategically without adequate and reliable information on the current situation, needs and profiles of vulnerable children and families. The use and implementation of the *Manual for the Measurement of Indicators for Children in Formal Care*[12]*,* which provides a framework for data collection, can help address these challenges.

35. Non-governmental agencies are often weak in communicating to ministries and donors the purpose and desired outcomes of their interventions. The

---

[12] Better Care Network and UNICEF, *Manual for the Measurement of Indicators for Children in Formal Care*, 2009 available at: www.bettercarenetwork.org.

child protection sector can perhaps learn from the health or other sectors how to do this more effectively.

36. There is an issue of how key words are defined and understood in different contexts and cultures. For example, 'orphans' are currently defined internationally as children who have lost one or both parents- thus differing from the common usage that requires the loss of both parents. The use of the term 'orphan' also increases the stigma for children and has distorted the targeting of programmes and services on children's vulnerability. In some contexts, the word "orphan" does not apply in the local culture where the extended family is assumed to take on full parental responsibilities. Different approaches are required for so-called 'orphan' children who are living with one parent; children living with extended families; children without any parental care; children temporarily abandoned due to labour migration etc. It was suggested that orphaned children should no longer be labelled as such but instead be referred to as a children who have lost one parent or children who have lost both parents. Definitions relating to the types of out-of-home care can also lead to misunderstandings. For example, it may be mistakenly believed that an adopted child will return home after receiving an education, or that a fostered child will be permanently separated from his or her family. Families need access to clear and accurate information, which is culturally appropriate, in order to make informed decisions.

37. A continuing challenge is in addressing the myths and misperceptions amongst the public, donors, governmental and non-governmental organisations that, for example, orphanages are the best way of supporting vulnerable children.

Selected Country Policy Initiatives/Approaches to Overcome the Challenges to Preventing and Responding to the Need for Alternative Care

38. **Canada** is providing small group care for children with special needs by coordinating and working across different ministries. Family group conferencing has been used successfully to empower families to solve the situation themselves. They also have a youth transition model in which young people themselves identify who in their family, and which services, they would like to have involved in their care and protection.

39. **Chile**: There have been substantial investments in the development of foster care and preventative and therapeutic support services, in an effort to reduce the numbers of children in institutions and in other forms of care. These programmes have had an influence in reducing the reliance on residential care; however they have not yet seen the overall number of children in residential care decline. It is recognised that the process of deinstitutionalisation can be challenging and slow.

40. **China:** Before 2006 about one fifth of orphans lived in government funded residential care. A recent policy shift towards providing extended families with financial support to care for children has resulted in a significant drop in the numbers of orphans in institutions.

41. **Costa Rica**: Problems of fragmentation and lack of coordination have been overcome through the creation of a national council for child services which coordinates and oversees the work of the different government ministries involved in child welfare. The Council is written into the Constitution of the country and therefore has the mandate to hold others to account, by legal force if necessary. It was recently voted as the second most effective public service in Costa Rica. Key to its success is the backdrop of political will, based on a foundation of child rights.

42. **Indonesia**: Significant changes have begun to be made in responding to the needs of children living and working on the street. Previously such children were placed in residential centres. In future they will be offered community based 'open house' services, providing food, health care etc. This model works on a family empowerment basis, with social work

paraprofessionals home visiting following reunification. They also use a case conference model to determine how best to help the child. For children with disabilities, they are moving towards more community based rehabilitation, including using a mobile social work service. In order to encourage local governments to invest in such family-based supports, local spending on child welfare is 'topped up' by funds from the national government.

43. **Iran**: A national structure has been created that connects child welfare, social welfare and family welfare frameworks. These integrated structures are more effective than working on child protection in isolation. In addition, the improved coordination of government is helping to engender greater political will. With greater accountability and efficiency, people are becoming more able to complain if their rights are not met. This in turn has led to greater action and commitment on the part of political leaders and decision-makers.

44. **Kenya**: A National Council for Child Services has been created which oversees the coordination and quality of action amongst different actors in the country. In addition, it has mandated the Ministry of Gender and Child Development as the lead for planning and implementing services for Child Protection. At the local level, the Council and the Ministry work together to deliver services and structures.

45. **Malawi**: The government of Malawi is providing family and community-based care by working at different levels: national, district and community. The government has been able to develop and implement policies to support family-based care and prevent institutionalisation via these different levels. Key components are the child protection para-professionals who work closely with communities and children.

46. **Namibia**: The government is working actively to develop a continuum of care. A foster care system is in place; however it is under stress. In 2010, the government will pass an act that will support and promote

kinship care, and which will limit foster care to only non-relatives. This process it will make it easier for social workers to provide psycho-social support and to improve coordination of services. The government has also developed minimum standards for residential care and is seeking to close any institution falling below these standards within the next 6 months, and to return children to their families.

47. **Pakistan**: A comprehensive child protection law has been introduced, and the policy framework is being changed to emphasise family based care. There is also a pilot project of cash grants to families looking after orphans.

48. **Sudan**: The government of Sudan, with the support of UNICEF, has been working to prevent child abandonment and to promote family based care. Children who are abandoned are initially admitted into state orphanages. Social workers try to reunify these children with their mothers and where this is not possible, to place them with emergency or permanent alternative families. To prevent separation and abandonment, public awareness programmes are being developed, and include the voice of religious leaders. This has helped to reduce the stigma associated with abandoned children, and has encouraged families to keep their children. Most recently it set up child protection units with a free phone number for children and families with protection concerns.

Reducing and Improving the Use of Residential Care for Children

49. A group of World Health Organisation (WHO) and European Union (EU) experts have drawn up a list of what each individual child requires as a package of measures that would represent a comprehensive alternative to institutionalised care. This includes local services; an assessment of each family in relation to their child's needs; financial, practical and emotional family support; the rehabilitation of families assessed as being at high risk of harming their child; good quality foster care; adoption where rehabilitation and other interventions have failed; and free legal representation.

50. The development of family based services and supports can be difficult to finance in low resource settings. An analysis of care provision in Romania, Ukraine, Moldova and Russia, however, concluded that the cost-per-user for institutional care is six times more expensive than providing social services to vulnerable families or voluntary kinship carers, and three times more expensive than professional foster care.[13] However, where staffing costs are not included in calculations of the costs of residential care, institutional care can be perceived as cheaper. As availability of family support services increase (as one part of the deinstitutionalisation process) the demand for services may increase, hence the overall cost for child care services may not initially reduce.

51. Longitudinal studies are needed to evaluate the long-term benefits to the child and society of different forms of care, and the associated cost effectiveness and efficiency of the different forms of care. Consideration also needs be paid to those costs for the child who leaves care once an adult.

52. Investments should not focus on refurbishing residential facilities, but instead concentrate on the development of family based care and associated services. This process requires careful planning in order to ensure the alternatives to institutions are available, are supported and monitored, and are sustainable. Potential services which can help prevent children from requiring alternative care include installing multidisciplinary social workers in hospitals to provide pregnant women/young mothers with psycho-social support; providing assistance with employment and shelter; addressing household poverty; providing parenting support; improving access to health care and education; and making rehabilitation and specialist services for children with disabilities available in the community.

---

[13] Carter, R. Family Matters: *A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union*, Everychild, 2005

53. A ten step model to de-institutionalisation has been developed[14] and has been disseminated in a number of countries in Europe. The ten step process includes: raising awareness; managing the process; country level analysis; analysis of institutional level; design of alternative services; planning transfer of resources; preparing and moving children; preparing and moving staff; logistics; and monitoring and evaluation. It was recognised that the use of such a model may not be appropriate in every setting. Importantly, sustainable and positive change requires political commitment and the efforts of national organisations. Where there is a lack of national leadership, co-ordination and political will, pilot deinstitutionalisation programmes may well fail.

54. Since 2005, the Government of Indonesia, with support from Save the Children, UNICEF and other children's agencies, has been moving from a dominant model of residential care towards family based care. This process has been challenging, given the reliance on residential care as a means of looking after poor children and the large numbers of children's homes across the country. A comprehensive assessment and review of the residential models used was undertaken, and there is now a process of establishing a regulatory system including the registration of care homes, a database for children in alternative care, and national standards of care. There have also been investments in the development of the social work profession. They are piloting good practices, for example conditional cash transfers, and working across relevant ministries and with local governments to prioritise and resource social welfare responsibilities. A key to their progress has been the national leadership, with change coming through policy makers and leaders of faith-based organisations. The challenge now is to sustain and continue the process of transformation of the care and protection system over the next 20 years.

55. For countries in transition, the move away from a reliance on institutional care has brought about many lessons regarding the importance of co-

---

[14] Browne, K. & Mulheir, G. *De-Institutionalising and Transforming Children's Services: A Guide to Good Practice,* University of Birmingham Press, 2007

ordination, long-term planning, and sustainability. While it was recognised that a range of preventative and substitute services and supports were required, as well as alternative forms of family based care, the response has been fragmented. Closing down institutions was seen as a 'quick fix', with children often placed in worse forms of care; family support services were poorly targeted and not integrated within the national de-institutionalisation plans; and efforts to improve institutional care did not decrease the number of children in care. It is now recognised that resources should better target different groups such as children leaving institutions, children in institutions, and children at risk of entering institutions, with clear plans of action and legislation to address each group.

56. In Romania, the shift away from residential care came about partly from external pressure from the EU, as well as significant national commitment. The Government transferred responsibility for paying for residential and community based care to local government, eliminating the previous incentive to maintain institutions which were funded by the National Government. The Minister for Education included in the school curriculum, a programme for all school children to visit and befriend children in residential care, thereby successfully reducing the stigma associated with children in institutions. Finally, the use of health visitors was reintroduced via the Ministry of Health.

The Possibilities for Change: New Perspectives

57. Politicians have a very important role to play in bringing about substantial change for children without parental care. They can introduce comprehensive legislation to promote family-based care; implement policies which emphasise family reunification and positive alternative family based care for children who cannot be reunified; ensure adequate resource allocation for family based care, support services, and social safety nets; and they can use their position to influence society more broadly to persuade others to support family preservation and family-based care.

58. The challenge for governments is to develop a range of services which are well administered, well regulated and well resourced. The solutions are not cheap or simple, but there are solutions. They require time and sustained efforts to achieve a range of quality care options that can provide children with stability and permanency. In order to sustain developments, it is necessary to show the effectiveness of work and its' ability to save the Government money.

59. UNICEF, Save the Children and others have shifted to a more systemic approach to they way in which they assist with national efforts to address the underlying elements that create various protection risks for children. This involves supporting developments in the laws, policies, services and attitudes relating to how children are cared for and protected.

60. The Better Care Network [BCN] was recognised as a very useful tool in co-ordinating national and international efforts to improve the care and protection of children without adequate parental care, and in promoting networking and information sharing. A monthly discussion forum is to be set up on the BCN website and BCN is about to launch a social work practitioner toolkit for implementing better care.[15] They also have the Faith to Action Initiative advocating with U.S. Christian faith-based organisations.[16]

Moving Towards a National Model of Care and Protection for Children

61. In order to overcome the challenges in the care and protection of children, passion and commitment are essential. Collaboration is needed between service providers, donors, and governments in order to ensure co-ordination, and effective resourcing and delivery of programmes. In an effort to support this process, UNICEF is testing mapping and assessment tools on child protection systems, which in part will assist key actors in co-

---

[15] www.crin.org/bcn

[16] See publication *From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa,* Firelight Foundation, 2006

ordinating activities.   This toolkit from this work should be available in 2010.

62. Responding to the needs of children in natural disaster and conflict situations can provide an opportunity to strengthen national child protection systems and help to promote the care of children by their own families. The use and development of residential care for vulnerable children in emergencies must be discouraged since it can increase the incidence of family separation, and draws resources away from family and community based supports. Early action by Governments to set policies and practices which highlight the need to support families in caring for their children is vital.

Conclusion

63. There are challenges to overcome in terms of gathering data, harnessing political will, strengthening systems, securing funding, and increasing public and political understanding regarding children without adequate parental care. This conference provided the opportunity to share good practices, information and ideas. These solutions are not simple – they need to be based on the rights, wishes and best interests of children; they should address the root causes of vulnerability; and they should establish systems of social service, social protection and care. At the heart of these solutions is the goal of supporting families and communities to care for their children. This conference brought together people who wish to champion this issue in their national contexts and to work together to share ideas and give moral support in taking these issues forward.

Louise Melville Fulford
December 2009

Wilton Park Reports are brief summaries of the main points and conclusions of a conference. The reports reflect rapporteurs' personal interpretations of the proceedings – as such they do not constitute any institutional policy of Wilton Park nor do they necessarily represent the views of rapporteurs.

Should you wish to read other Wilton Park reports, or participate in upcoming Wilton Park conferences, please consult our website www.wiltonpark.org.uk To receive our e-newsletter and latest updates on conferences subscribe to http://www.wiltonpark.org.uk/news