A Last Resort

The growing concern about children in residential care

Save the Children's position on residential care

Save the Children

The International Save the Children Alliance
is the world's leading independent children's
rights organisation, with members in 29
countries and operational programmes
in more than 100. We fight for children's
rights and deliver lasting improvements
to children's lives worldwide.

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Acknowledgements

Introduction

In the West, abuse of children in residential homes continues to be reported and has long-term consequences for the affected children. In sub-Saharan Africa the use of residential care appears to be increasing because of the deaths of parents from HIV/AIDS. Asia is beginning to face similar issues. Armed conflict kills parents, separates children from families and necessitates urgent solutions to childcare problems. In former socialist countries, the new governments have to overcome the legacy of large, resource-consuming institutions that are not an answer to childcare and child protection problems.

This paper sets out the International Save the Children Alliance's position on the residential care of children and highlights concerns about its growing use. Its aim is to draw attention to an area that has largely been ignored as a rights issue for international attention and action.

The reasons for so many children – over 8 million worldwide – living in residential care are multiple and complex. At a macro level, socio-economic problems, globalisation, poverty, migration, HIV/AIDS and armed conflict affect the ability of families to raise their children. Social protection systems to support families facing these problems are failing, and the result is that many children are growing up outside the family. These children need care and protection, but it is social policy influenced by culture, history, politics and many other contextual factors that determines the type of support a child will receive. In many countries, residential care is the main strategy for helping children in need of care and protection.

Save the Children argues that many features of residential care are an abuse of children's rights and is concerned that the issue of children living in institutional care is escaping international attention and needs placing on the international agenda. A parallel concern is that the search for good community-based childcare alternatives is not being given sufficient attention by governments and donors. Through working with children themselves, we need to find better solutions for helping children affected by poverty, conflict and HIV/AIDS.

This paper brings together the learning of Save the Children and other bodies, examines the issues, and provides advice and guidance for Save the Children and other agencies working with children living outside of family care. It is hoped that other agencies and partners can use this document as a basis of shared work, dialogue and action.

For the purposes of this paper Save the Children uses the following working definition of residential care: "a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society".[1] This definition implies an organised and deliberate structure to the living arrangements for children and describes a professional relationship between the adults and the children rather than one that is parental.

The UN Convention on the Rights of the Child

Save the Children strives to make all its responses to the care and protection of children in accordance with the United Nations Convention on the Rights of the Child (CRC). As with all of our work, in our activities with children we are guided by the four general principles of the CRC:

• The best interests of the child (Article 3)
• Non-discrimination (Article 2)
• Survival and development (Article 6)
• Children's participation and influence (Article 12).

United Nations Declaration of Commitment on HIV/AIDS

The United Nations Declaration of Commitment on HIV/AIDS (June 2001) was signed by 189 countries. This Declaration is particularly relevant to children growing up without families. Articles 65–67 of this Declaration clearly spell out the obligations of states in relation to the care and protection of orphans and other children made vulnerable by HIV/AIDS:

65. By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;

67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa.

Save the Children's position

Save the Children wants to see a significant global reduction in the use of institutional care as a solution for children who are in need of care and protection, together with the growth of durable and sustained forms of community care.

Residential care is a rights issue

Based on increasing documentation and first-hand experience, Save the Children concludes that, in general, residential care as a long-term growing-up environment for children is associated with increased risk to children both during care and following it. In Save the Children's experience and through its observations, children's homes provide a variable quality of care.[2] Children's rights may be ignored or directly abused and this has significant effects on their quality of life, effects which may have an impact lasting into adulthood. It must also be said that experience has shown that many forms of family-based alternative care, unless well planned and supported, can also prove unsatisfactory for the child and carers. The results for children can be homelessness, a childhood on the streets or exploitative domestic labour.

Preventing abuse

At a minimum, all children in residential care or living in alternative family care, such as fostering and adoption, must be safeguarded. Save the Children is particularly concerned that the abuse of children by people in positions of trust with regard to children is prevented and stopped. In all countries, the agencies working for the care and protection of children should establish and be subject to rigorously enforced codes of conduct that have zero tolerance for the abuse and exploitation of children by their personnel.

The UN Convention on the Rights of the Child

Children growing up outside of family care have rights. The principles in the UN Convention on the Rights of the Child (CRC) must be more rigorously applied to all children who have been placed in residential care:

- **Non-discrimination:** It is the state's obligation to protect children from any form of discrimination and to take positive action to promote their rights.
- **The best interests of the child:** All decisions taken by states and other organisations regarding the care and protection of children should be in the child's best interests.
- **Survival and development:** The state has an obligation to ensure the child's survival and development.
- **Children's participation and influence:** The child has a right to participate in decisions in accordance with his/her age and maturity. This must include all decisions about childcare placements and discharge, which should be made through a suitable legal process and consultation and be periodically reviewed.

The principles outlined in this paper apply equally, if not more so, to disabled children. Children should not be in residential care just because they are disabled, but should be protected by the same mechanisms as other children in need of care and protection in terms of assessment of abuse, neglect and risk.

Putting residential care on the agenda

Increasing understanding

Save the Children has learned of the real problems through listening to children who have lived in residential care or outside of family care. Children on the whole are critical of the discrimination and stigmatisation, and the way that residential care does not prepare them for adulthood in the community. All organisations can learn from

children, and it is important that children are involved in studies about their lives.

Although the problems affecting children growing up without their families are often individual, and specific to the particular country and cultural context, Save the Children argues that improvements for these children will be more immediate if concern is raised at the international level. Save the Children believes a start can be made in this respect by improving knowledge and understanding of the issue. In view of the lack of up-to-date research on institutional care, fostering[3] and other forms of childcare in developing contexts, Save the Children calls for increased genuine enquiry into this complex theme. More longitudinal studies involving children themselves are needed in order to provide evidence-based data as to 'what works' and which provision will provide quality care. Understanding the problems of disabled children in institutions and providing care for them in the community is also critical, especially in countries in transition. At the same time, the proportion of children living outside family care needs to be regularly monitored at national level.[4]

International agenda

Largely due to the HIV/AIDS pandemic, interest in the protection of children outside of family care is growing. This care issue, however, is still seen to be secondary to health and education. Social care systems in many countries are inadequately resourced and are generally passed over for donor support. Save the Children believes, in accordance with the CRC, that the care and protection of children should be acknowledged as a priority right and provided as a basic service, along with health and education. Children in residential and foster care and children living independently deserve to be shown the same interest and

commitment by international and UN bodies as child soldiers, working children and sexually exploited children.

Providing more resources

Children have the right to live in a caring family environment. Save the Children argues that the first priority for resources and interventions should be to protect and support a child within this environment. States have a duty to ensure that adequate resources reflecting the necessary long-term commitment to children in need of care and protection are made available. Donors and other agencies funding social care projects should ensure that their projects meet the provisions in the CRC.

Developing national standards

Children are entitled to standards of care and protection that guarantee their rights. Many states are failing to monitor the quality of care for children placed in institutions or in alternative families. It is the primary responsibility of states to establish policies, laws and services for the protection and care of children, in accordance with the CRC. These should address standards of childcare and regulate practice and agencies providing the services. States should also monitor and take action regarding all agencies and other groups within their borders that support the provision of childcare in foreign countries that is contrary to the spirit and intention of the CRC.

International standards

Low standards of care are common to many countries. Save the Children believes that governments would be helped to achieve better standards through the use of international guidelines on childcare that would act as standards to protect children living in residential care, or community placements such as fostering and adoption. Save the Children calls on UN agencies

with responsibilities for children – the CRC Committee, UNICEF and the UNHCR – to make greater enquiry into the issue of childcare and set a process in motion for the development of international guidelines.

International policy-makers and donors

Donors and other international agencies increasingly see respect for human rights as part of the enabling legal and institutional framework necessary for development, but children and child law reform have not, to date, benefited significantly from good governance and other initiatives. Donors should avoid funding residential care programmes that are not part of a state's comprehensive national policy on childcare.

Apart from an initial high profile and media interest in Central and Eastern Europe (CEE), the former Soviet Union (during the last two decades), and countries with very high rates of HIV infection, the issue of children needing care and protection remains relatively hidden from both the public eye and international concern. The plight of children in CEE led to public outcry over conditions in institutions, which stimulated a considerable demand for international adoption and attempts to improve the care standards and material conditions of institutions.

Save the Children urges the European Union and the Council of Europe to ensure that countries wishing to become members agree to reform their childcare systems and adhere to their international obligations to guarantee children's rights. Save the Children, therefore, calls on the European Commission to specify the need for full and urgent reforms of childcare systems that are dominated by the use of institutional care.

The problems of the estimated 14 million children aged under 15 orphaned by AIDS, the vast majority of whom are in sub-Saharan Africa, appear to have produced an increase in sponsorship schemes, community care and outreach initiatives, and residential care homes. The criterion for assistance is very often orphanhood, rather than other factors influencing protection and survival within families and communities. These factors might be family size, food security, livelihoods, availability of extended family to provide care, access to education and health, or other wealth ranking indicators. Outdated national policies and the absence of practice guidelines and international standards to guide donors and NGOs has led to inconsistent and variable solutions to the problem. Donors and charitable foundations inexperienced in childcare are being asked to assist with the increasing problem of parentless children but are given no guidance on practice and policy. The result has been inappropriate short-term schemes and a proliferation of residential care, without due consideration of its implications for children.

Responses needed from Save the Children and other agencies

Programming and advocacy

Exposing abuses and rights violations

The CRC must be more rigorously applied to children growing up in residential and other forms of care. The issues facing children in need of care and protection are not going to be resolved unless the CRC is implemented holistically and indivisibly. It is the responsibility of all people, but especially governments, to honour their obligations under the Convention. Save the Children and other rights-based organisations must challenge states to meet their obligations to ensure that the four general principles of the CRC are realised for these children.

We need to expose and resolve human rights abuses in all aspects of life for children living outside their families, but particularly for those in residential care. We must find out how these abuses have been dealt with. Applying a rights-based approach to programming will expose rights violations and improve analysis of the immediate and structural causes. Save the Children believes this approach is particularly useful for working with children growing up without a family.

Achieving policy change

Save the Children will advocate and work for policy change. In many countries the present policies, legal frameworks, and planning and delivery systems for the protection and care of children are inadequate and do not take into account the rights and developmental needs of the child. It can be predicted that countries with strong institutionalisation policies and no experience of prevention and care in the community will face considerable difficulties and possibly be overwhelmed as parental mortality increases due to HIV/AIDS.

Save the Children will advocate for, and support

the development of, sustainable growing-up environments for children that reflect rights and insight into child development.

We can help governments find alternative roles for institutions. For example, children's homes could take on the role of community-based child development resource centres, and use their staff and expertise in following up children placed in the community, as well as conducting follow-up and training of foster parents.

Knowledge development and constituency building

It is important that our knowledge of child development and different forms of childcare in their cultural contexts is improved. We need to achieve a more substantial empirical and knowledge base, including finding answers to such questions as: why do some countries have many institutions while others have very few? What is the role of institutions in a particular context? What social, political and religious functions do they serve?

At present, we do not know the full resource implications for the provision of care and protection either within children's own families or in institutions. While some research has indicated that community-based care is less costly than institutionalised care, more rigorous empirical cost-effectiveness analysis must provide convincing evidence that community-based care represents the optimal use of resources without compromising the quality of childcare.[5] Increasingly, especially in countries severely affected by HIV/AIDS, the responsibility for providing care is going to lie outside the child's immediate family. We need to identify good practices and programmes that can be scaled up as a matter of urgency.

We need to raise awareness, understanding, public debate and interest surrounding these issues through research, conferences, public hearings and articles. We need to ensure that the voices of children are heard and responded to.[6]

We need to build consensus on national principles of good practice for the care and protection of children, akin to the agreed and endorsed programming principles for children affected by HIV/AIDS.[7] These 12 principles, developed through a process of UN and NGO inter-agency consultation, prioritise the aim to 'strengthen the protection and care of orphans and other vulnerable children within their extended families and communities'.

We need to create an awareness and understanding of the issues at international level that will mobilise the political will to develop international standards – that can be monitored and enforced – for the protection of children at risk of institutionalisation. Save the Children seeks to work in partnership with other agencies to lobby for the setting of these international standards.

Developing good practice

As a guide to good practice, Save the Children offers below a series of questions that we hope will be useful in determining interventions and programmes. Through experience we believe that the prevalence and high use of institutions in certain countries has been brought about by the comparative weakness of services that could, if better resourced:

- prevent the breakdown of family care
- develop alternative childcare systems and make better decisions on the need for admission
- assist children leaving care
- carry out good periodic reviews of the child's need to be in the institution
- provide regular supervisory functions to ensure standards in institutions.

For these reasons, Save the Children prioritises supporting activities that prevent admission and support children leaving institutional care rather than interventions that improve care within institutions. Our experience has shown that we improve our understanding of the issues confronting children if we first undertake a comprehensive analysis of all the factors that surround the care and protection of children in a particular cultural and social context.

Policies and laws

These are generic issues to work with in any country. The first step is a situation analysis, based on the following themes:

1. What are the main current causes of admission to residential care? What statistics are available?

2. What is the socio-economic and cultural context?

3. What are the historical and traditional reasons for childcare policy and practice?

4. What are the national policies and who makes them? When were they made? What/who influences them?

5. What is the legal framework? To what degree is the CRC incorporated?

6. What control and regulation does the government exert?

7. What support does the government give?

8. How is the policy implemented and through which mechanisms? What is the quality of the implementation?

9. What are the numbers and characteristics of institutions and the public/private mix?

10. What alternative methods of care exist? Traditional? NGO driven? Others? How long have they been in operation?

11. What is the potential for increased community care?

12. What measures prevent separation and family breakdown?

13. What is the funding base for institutions and community care?

14. What research is available, particularly on the experience of children in institutions and after leaving them?

15. What are the levers for change? Where would it be most strategic to start change processes? With whom?

16. What opinions does the general public have on residential care for children? On alternative forms of care?

Prevention and critical questions to be asked at the time of admission

1. Why does the child need alternative care?

2. What is the opinion of the child?

3. How does the child feel?

4. Does the child have particular experiences (abuse, war experiences, etc) that need special follow-up, and how will they be dealt with?

5. Does the institution have competence in helping the child?

6. Does the child have siblings who are already in the institution or have been admitted at the same time?

7. What has the child been told about the admission and its causes? Does the child believe what she/he has been told?

8. How was the child prepared for admission?

9. What other alternatives have been tried or considered?

10. What is the benefit of the institution for the child? How does it benefit the family?

11. What will the care plan be and how long will the child need to stay?

12. How will the situation of the child and his/her family be reviewed?

13. Does the institution meet the needs of the child?

14. Why can't the child stay at home?

15. What support would be needed for the child to live at home, and who can provide this?

16. What is the plan for family and community contact? What are the child's expectations regarding this?

17. Are there any signed documents regarding the placement of the child?

18. Does the child have a guardian external to the institution?

Leaving the institution

1. How is a child helped to prepare for leaving? Does this differ according to how long the child has been in the institution?

2. When does this preparation start?

3. How is the decision for the child to leave made and what is the child's level of participation?

4. What are the child's feelings about leaving the institution? How are these dealt with?

5. Where is the child going and what is the level of home contact?

6. To what degree will the child be able to maintain contact with the institution?

7. What is the follow-up and support plan?

8. Who will provide support and assistance?

9. Does the child present the same 'problems' on leaving as she/he was admitted for in the first place?

Why residential care should be a last resort

Save the Children's experience

Save the Children is currently working in countries where children are affected by armed conflict, HIV/AIDS, poverty, transition economies and the increasing globalisation of markets. In working to assist children who have been separated from their families and those associated with armed forces, we have seen that it is possible to reunite and re-integrate the majority of these children with family members and, in the event that family members cannot be traced or are dead, to find suitable foster homes for them in their home communities.

Save the Children has provided training and technical support to governments[8] and other partners on a range of childcare issues including community care and protection systems in communities affected by HIV/AIDS,[9] fostering,[10] and standards and practice in residential care. Save the Children has experience of working with models of interim care[11] for separated children and children who have escaped from or demobilised from armed forces. We have also worked with models of care for street[12] and working children. Lastly, and perhaps most importantly, Save the Children has worked with children leaving public care and has listened to their experiences of reintegrating into families and communities.

Listening to children

Reports from children who are living in,[13] or have left,[14] residential care have strengthened Save the Children's view that this type of care, especially when used as a long-term solution, can threaten normal developmental processes and is a negative experience for many children. Too often admission to residential care is synonymous with children losing all contact with their family and socio-cultural background. Children will often be deprived of the life skills that they would learn growing up in a family and may well find it difficult to cope with life outside the institution.[15]

Although Save the Children recognises that there are exceptions, few outsiders are concerned with what happens in these homes. As a result, many abuses to children that take place within them are not investigated. Anecdotal evidence suggests that children abused in institutions may have greater difficulty in reporting the abuse, escaping from the situation, or getting support from outsiders. Due to the child's utter dependence on the institution, the abuse may continue for a long time. Children with disabilities are especially vulnerable.

Many children admitted to institutional care have a chronic illness such as HIV/AIDS, have experienced traumatic losses and/or serious abuse, and may also have physical or learning disabilities. These are children who need special help and attention regarding their development and well-being. However, very often the capacity and structure of institutions means that they are not able to meet the needs of these children or fulfil their rights to rehabilitation.

In many countries, thousands of children spend their childhood in large institutions without love, attachment or individual attention from adults. Children are instead subjected to administrative procedures and routines, serving the needs of homes for order, efficiency and conformity. The difference between this and normal patterns of upbringing and social development is striking, and is a basis for problems integrating into society on leaving institutional care.

International legal framework

The CRC provides a comprehensive framework to ensure protection of children from many violations of their rights, as well as underlining the premises for healthy child development. Children have the

right to protection from abuse and neglect (Article 19). It is the state's obligation to protect children from all forms of maltreatment perpetrated by parents or others responsible for their care, and to undertake preventive and treatment programmes in this regard. Many children living in institutions do not enjoy this right. There are, particularly in the West, increasing reports and allegations of abuse of children by staff or older children. The very people given the responsibility of protecting vulnerable children may be the ones perpetrating abuse. In recent years, public inquiries and convictions against staff have received widespread media attention. In many countries, there are no well-functioning child protection services, and the closed nature of institutions makes reporting of abuses by children or holding inquiries very difficult. Even when abuses are documented by organisations like Human Rights Watch, very little action is taken to prevent further abuse or provide justice.

The CRC and other human rights instruments also emphasise the role of the parents. Parents or, when applicable, the extended family or legal guardians, have the primary responsibility to take care of, support and guide the child in a way that is in the child's best interest. The state shall render appropriate assistance to parents and legal guardians (Articles 18, 5, 3 and 27). If the child is deprived of his or her family environment, the state shall provide special protection and assistance (Article 20), but it is the right of children placed by the state for reasons of care, protection or treatment to have all aspects of that placement evaluated regularly (Article 25). When the child's placement is not periodically reviewed in accordance with the CRC it means that there is no regular assessment of the child's situation in terms of their best interests or that of the family, and the question of alternative solutions is not considered.

Residential care and disabled children

There is very little data available on the number of disabled children who live apart from their families in hospitals, mental health institutions, residential schools or residential care. However, the fact that children are living in such facilities does not necessarily mean that they are there to receive 24-hour nursing care or special education. Very often, children are in these facilities because they are rejected by their families or because community-based services are not available. Many disabled children are accommodated in orphanages or public institutions just because they have a disability and not for reasons of care or protection.

Discriminatory practices mean that childcare principles are less likely to be applied. There are increased problems for disabled children in reporting abuse, participating in decisions and accessing community care. This is not due to their disability but to discrimination and stigmatisation which also increase the likelihood of abandonment and separation and make finding community care placements more difficult. The challenge for practitioners and policy-makers in this field is to better understand the rights issues and problems facing disabled children in institutions – some of whom need specialised services to be provided in the community – and to tackle the problems of discrimination.

This paves the way for long-term institutionalisation.

In many countries the laws governing childcare and child protection have not been updated to conform with the CRC, which is one of the obligations for states ratifying the Convention. Thus national laws tend to be inadequate and fail to protect children from risk and harm.

Challenges to children's rights and child development

Evidence from studies and from listening to children leads Save the Children to believe that many features of institutional care are incompatible with the four general principles of the CRC. These principles are fundamental to promoting children's rights and set overriding standards for regulating the obligation and responsibility of the state towards its child citizens.

The principle of non-discrimination (Article 2)
All rights apply to all children without exception. It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights.

The principle of non-discrimination is not rigorously applied to children living in residential care. These children are discriminated against with regard to education, employment opportunities, privacy, identity and association. Societal attitudes towards disabled children, children without economic resources and children with HIV/AIDS make it easier to place these children in institutions rather than trying to find community-based solutions. Children who are or have been in residential care are frequently stigmatised and discriminated against at school, and by society, agencies and staff who provide services. The extent and nature of such discrimination, which can

cause extreme humiliation and pain, is often not revealed by children for fear of recrimination.

Institutional responses to the needs of children with disabilities, especially segregation in homes, can further stigmatise and disable the child. Children are entitled to specialised assessment, and it is recognised that these services are often centralised and necessitate periods of residential care as essential contributions to their treatment. However, this care needs to be planned and have a purpose and must not exclude the importance of children's participation and involvement in society.

Girls are at particular risk in countries where for cultural or economic reasons parents prefer boys. This can result in girls being abandoned shortly after birth and received into institutions; or alternatively girls who are sexually abused or used for domestic labour are not recognised as being in need of care and protection by state services or institutions and are left to suffer.

Best interests of the child (Article 3)
All actions concerning the child shall be in his or her best interests.

'Best interests' covers all decisions affecting boys and girls. This means in any action involving children taken by the state, the authorities or relevant private institutions, the children's best interests should be a primary consideration before decisions are taken that affect them. Children should be given primary consideration when resources are mobilised and allocated. There is often no appropriate legal process regulating the use of residential care and ensuring that the 'best interests of the child' principle is applied. People without legal authority, and often without insight into the long-term consequences, are making decisions regarding children's admission and discharge from residential homes.

The child's rights to survival and development (Article 6)

Every child has the right to life. The State has an obligation to ensure the child's survival and development.

A basic concept of the CRC is that all children should be allowed and supported to develop to their full potential. Understanding and knowledge of child development as a process is important for grasping the real significance of children's rights and for informing decisions based on the principles of the CRC in relation to residential care. The field of child development is concerned with the process of growth and maturation from birth to adulthood, and how various factors in the life experience and cultural and social environment impact on the developing child. For example, admission to what may become lifelong residential care frequently happens as a response to some acute need without a holistic assessment of the child's situation, and without exploring other alternatives. Children may be totally unprepared for admission, and find themselves suddenly abandoned by their caregivers. This can have lifelong consequences in terms of their ability to develop trust for others.

Failure of social protection systems

States very often fail to provide social protection systems for children living in poverty which is a frequent reason for admission into residential care. For example, in Zimbabwe, a family's inability to pay for school fees is often the critical factor.[16] It is an abuse of rights to place a child in a residential care facility simply to improve their quality of care. In such cases of need, a child's family should be supplied with the resources to improve material care. Mechanisms must be in place to ensure the transferability of resources from residential care to family-based care.

Absence of standards and guidelines

In many countries there are no national enforceable standards governing the running of children's homes. Governments are failing to register and regulate organisations, monitor standards and inspect facilities that are providing care for children. Little effort is made to enquire about resources, staff quality and material standards. The material standards within a residential facility, such as food, shelter, clothing, education and health provision, can be variable within countries and over time. Where residential care offers better standards of material care than can be provided in ordinary homes, children or parents may see it as the best option, or are persuaded that this is in the child's interests, in particular by the promise of education. In poor countries, this can attract inappropriate placements, and be a factor in sealing long-term institutionalisation and gradual loss of contact with the home environment. In poorly funded and badly managed facilities providing low material standards of care, both cold and disease are prime causes of mortality.

The effects of institutionalisation

Institutional regimes are governed by many factors, often to do with size, the physical environment, the numbers, skills and knowledge of staff, and the numbers, ages and gender of the children. Very often the needs of the regime become all consuming and the rights of the individual child are neglected. The concept of the developing capacities of the child is one of the key features of Article 6 of the CRC. This means that the age and maturity of the child should be taken into consideration when determining the scope of the child's self-determination and freedom. This concept is almost totally undermined by institutionalisation – a process of loss of independence and autonomy due to a totalitarian form of care.

Quality of life

The quality of life for children living in institutions in terms of their development and well-being may be adversely influenced by a range of factors. The most often observed are:

- reduced potential to form secure, long-lasting attachments, and reduced access to individuals who take a real personal interest in the child's problems and achievements
- overcrowding and lack of privacy
- reduced or no possibility to maintain contact with family members and friends
- stigmatisation in the local community
- a restricted choice of friends, especially from outside the institution
- the imposition of religious beliefs contrary to their family background
- a lack of preparation for future life when leaving the institution. There may be inadequate resources to assist them in finding accommodation and employment, developing relationships, and getting access to services. It may or may not be possible for the young person to remain in contact with the institution.

Costs of care

Residential care is an expensive resource, and ensuring that children are only placed in these facilities when it is in their best interests should go some way to reducing social service costs and enabling resources to be targeted towards children who need this type of care, and towards those who need support to remain with their families. Institutional care of children can be up to 12 times the per capita cost of community-based care options.[17]

Participation (Article 12)

Girls and boys have the right to be involved in decisions affecting them.

Children do not in general participate in decisions regarding their admission to or discharge from residential care, or in relation to their lives in the institution. Children may not know why they have been admitted; they may have been lied to, or be unaware of the agreement between their parents or relatives and the care facility.

Article 12 places an obligation on governments to ensure that children's views are sought and considered in all matters that affect their lives. Children of any age should be allowed to express their views, and in ways with which they are comfortable. Decision-making bodies, other institutions and families must listen to children and take their views into account in accordance with the child's age and maturity. Adults do not always know what is important for children. With regard to informal fostering for example, research in Malawi indicates that children's placement preference is based on where they feel they will be loved and best taken care of, whereas parents and other adults prioritise economic factors in decision making. Very rarely do the adults consult the children.[18] In order to be able to make decisions, children have the right to relevant information provided in a form they can understand.

According to various sources of documentation and research, and Save the Children's observations and what it has learned from listening to children, the factors listed below are frequently in conflict with the rights of children and may have serious consequences for their development:

Why are children growing up outside their families?

There are many factors, often working in synergy, which prevent children living at home with their families. The same factors, operating at a macro level, affect the state's resources and ability to

develop a full range of child welfare, care and protection services. In general, limited resources are often used to provide rescue centres, shelters or children's homes instead of providing assistance to support children to remain in family care.

The socio-economic environment

- Globalisation, protected markets and the burden of debt leads to migration, unemployment and increasing numbers of families living in poverty and in separate dwellings.
- Rapid unplanned urbanisation puts enormous pressures on families and social services.
- The HIV/AIDS pandemic is currently, and will remain, a major issue, causing millions of children to lose both their parents and possibly many of their relatives. By 2010, it is estimated that around 25 million children aged under 15 will have lost their mother or both parents.
- Armed conflict, which can last for many decades, destroys family structures through death, disappearance, migration, and involuntary separation of parents from children. Relationships between people in communities, as well as traditional values, often break down, and with them community care systems.

The common denominator for many families affected by such factors is increasing poverty. Families cope in different ways when their means of survival are threatened. Children may be sent to better-off relatives, or may be encouraged to seek employment as domestic servants. Older boys in particular may decide to work on the streets, and later gradually drift from their homes. It must also be emphasised that children whose families are no longer able to care for them for whatever reason are always at greater risk from trafficking, exploitation, forced labour and forced recruitment, and all the adverse consequences these abuses entail.

Factors operating at family level

In Save the Children's experience, the main reasons for children growing up outside families, at the household level, appear to be:

- death or disappearance of one or both parents or carers – eg, armed conflict causing parental death or separation during flight
- divorce, separation and remarriage. Frequently step-children are not accepted by new partners
- migration of mothers for employment
- poverty
- behaviour of the child and relationship difficulties
- discrimination, particularly with regard to disability and gender
- abuse and neglect of the child within the family; alcohol and drug abuse
- parents or the family unable to provide care.

What happens to children who cannot live at home with their family?

The type of assistance children receive is governed by the external environment rather than by what is in the best interests of the child. The care and services children receive is very much dependent on the socio-economic and cultural context in which they live. Some children, such as homeless, street or working children, may receive no help. Some families may be supported by social protection systems to continue to care for their children. Other families may place the children directly into a children's home, with relatives, with friends, into domestic labour or they may allow the child to be trafficked. In other countries the state will receive a child into public care if it is established that the child needs care and protection. Once in public care, it is the state that determines the most suitable place for the child to live. This may be in an institution or with a family in the community.

Why is the use of residential care so extensive?

Unfortunately, in many countries social policies are neither compatible with the CRC nor with childcare best practices, and tend to be based on outdated childcare and legal systems. Yet it is social policy, along with attitudes and traditions in society, that appear to be determining factors in shaping responses to care. In many countries, for historical, religious or political reasons, residential care is the preferred or only alternative means of providing care for children not raised by their families. In socialist or former socialist countries, children were cared for by the state for the good of the collective, to relieve burdensome childcare problems and to facilitate full employment. In other countries, institutions were used to provide religious or secular education to poor orphaned children, or as a means of controlling difficult or deviant behaviour that the state wished to remove from society. The best interests of the individual child were subsumed to the needs of society and the common good.

The global use of residential care is often underpinned by a belief that if children are removed from undesirable influences in their homes or environment, given training, and subjected to strict discipline, they will somehow turn into 'model citizens'. Others believe that removal from poverty to higher standards of living in a children's home will bring lasting benefits to the child and society. Modern research on child development, and the effects of loss, separation and institutionalisation on children, have now challenged these assumptions.

In many countries, there is no tradition of caring for children who are not linked to families through kinship. In other words, fostering of non-biological children is not practised, and therefore residential care provides the only alternative. Once such establishments are in place, backed by policy, laws and frameworks for the delivery of services, they prove difficult to change and to adapt to new functions in accordance with growing insight into what is best for children. Institutions are further consolidated by the fact that they provide employment and often housing, particularly for women, in areas of high unemployment.

What we have learned from programme experience and research

There are no reliable global figures regarding the numbers of children presently living in residential care. Estimates suggest that as many as 8 million children[19] are in this situation, but there could be many more. Governments may not be fully aware of how many homes have been established within their borders, how many children are in them or why they are there. The available information shows that there are large variations in the proportion of children in institutions in different countries, their length of stay, and the personal circumstances that led to admission.

From the few statistics available, and based on direct observations, it appears that in many countries placement in residential homes is still the main strategy for the care of children separated from their parents. This is particularly the case in Central and Eastern Europe and former Soviet countries where transition to market economies has increased the numbers of children entering residential care for poverty-related reasons. According to UNICEF, in Bulgaria and Romania, which have the highest levels of public care, the numbers of children in public and residential care increased by 39 and 26 per cent respectively from 1990 to 1995.

Currently there are about 1 million children in public care across the 18 countries monitored by UNICEF;[20] an increase of about 50,000 since 1989. In Russia, 1 per cent of children are in residential care. These children are mostly living in large-scale institutions: infant homes, orphanages, homes for disabled people and/or children, and hospitals. In eight of the 18 countries – Slovakia, Bulgaria, Romania, Estonia, Latvia, Belarus, Russia and Ukraine – the number of children aged under three placed in infant homes has risen by over 20 per cent since 1989. In some cases the increases are very large – between 35 and 45 per cent in Romania, Russia and Latvia, and as much as 75 per cent in Estonia. This is a profoundly disturbing development, contrary to all expressed policy intentions.

China, on the other hand, has a smaller number of children in residential care than its size would suggest.[21] In 1993, figures indicated that China only had 63 registered orphanages. But less than half of China's children in institutions are in specialised units for children, and it is still possible to find children placed in institutions with disabled adults, people with mental illnesses and elderly people.

In Africa, armed conflict and the HIV/AIDS pandemic have led to a rise in the number of children in orphanages, and a perceived need for residential care for the growing number of children outside of family care. Latest estimates put the number of orphans aged under 15 in sub-Saharan Africa at around 34 million, which is equal to about 12 per cent of the child population. In the most heavily affected countries in southern Africa, up to one-quarter of children will be orphans by the year 2010.[22] Research has shown, however, that many of the children in existing orphanages are not actually orphans. In Uganda, the most

comprehensive information on children's institutions was obtained through research conducted by the then Ministry of Labour and Social Affairs and Save the Children in 1997.[23] The significant finding, contrary to the popular belief that the children in institutions were orphans, was that 85 per cent of the children had identifiable and traceable relatives.

In Liberia,[24] after seven years of civil war, up to 2,500 children separated from their families had been placed in 'orphanages'. In 1989, there were just four orphanages in Liberia and an SOS Kinderdorf Village. Even so, there was concern about the need for so many. By late 1995, there were 24 accredited orphanages in Monrovia alone and, by 2001,[25] Liberia had a total of 117 orphanages accommodating 8,168 children. Many of these orphanages are run by faith-based groups.

Information from a study in the Middle East[26] also indicates widespread use of residential care. In Lebanon, the figure is surprisingly high: there are 25,170 children in residential care (1999–2000) excluding the 5,708 children served in day and overnight institutions for special needs. The total number of children in residential institutions in Lebanon is 43,096, including reformatories and vocational training centres. In Morocco, according to religious leaders, there were 31,600 people in residential institutions in the year 2000–2001. For 1999–2000, the number of children in residential care was estimated to be 25,317.

Some organisations, like SOS Children's Villages, specialise in residential provision. SOS[27] is active in 131 countries and territories as of March 2001. Around 49,000 children and youngsters are growing up in 423 SOS Children's Villages and 312 SOS Youth Facilities worldwide. The number of children they look after in residential care is

five times the number of children looked after in residential care by the local authorities in England.[28] Recent moves by SOS to explore community-based support options are encouraging, as are emerging good practices in de-institutionalisation of children from ophanages, such as those in Ethiopia.[29]

Care in the community

While the right of children to grow up in a family environment appears to be universally accepted, there are significant challenges in fulfilling this for children who do not have surviving kin. There is considerable difficulty in mobilising the political will and financial and human resources to really develop alternatives to residential care. Although there may be many small-scale examples of assistance to families supporting children, these are usually financed by NGOs and church congregations struggling, like many of the children's homes, to find funds and keep donors interested over time. The growing demand caused by the HIV/AIDS pandemic is overwhelming all care systems.

Although adoption and formal fostering (ie, foster arrangements on the basis of a contract with child welfare authorities or, at times, NGOs) provide possible alternatives, they require the professional implementation of a legally-based system to prevent abuse, which many countries cannot afford. In addition, there is also the underlying challenge of preventing the factors that lead to parents having to give up their children in the first place. Rising AIDS-related mortality can only increase the existing pressures to provide care for children.

Countries in transition cannot afford to run their children's homes, yet the number of places sought for children whose families are in poverty is increasing. While countries in Central and South East Europe have taken steps to implement fostering programmes, this has not led to a decrease in residential care, since often children are only being fostered when the residential care facilities are full. In situations of conflict (for example, Rwanda and the Former Yugoslavia) and some countries badly affected by the HIV/AIDS epidemic, formal fostering schemes with non-relatives are being promoted by governments and NGOs, and are raising a number of issues. These include:

- the permanence of the placement
- the rights of the child, the responsibilities of foster parents and obligations to the natural family if they can be found
- who should take decisions on behalf of the child if re-placement has to be considered
- issues of inheritance, use of name and nationality still need to be resolved in law (many placements are *de facto* adoptions)
- the supervision expected and needed from fostering agencies
- the continued payment of any allowances
- obligations of fostering agencies, many of whom only have donor funding
- the challenge of building sustainability through income-generating schemes
- the responsibility of the state towards the children involved
- how children can be best involved in the fostering arrangement decision
- how to deal with anxiety over the health of designated foster parents in contexts of high adult mortality.[30]

Variable practices and weak policies and legal frameworks lend credence to the Save the Children standpoint that there are no easy

solutions for children who do not live within their family environment. While this represents us with a considerable challenge, we must redouble our efforts to find alternatives to residential care of children. Through directing resources to the building of capacities of communities to care and maintaining a vigilance regarding abuses of child rights, more children can remain within a protective family environment, leaving residential care as the last resort.

Endnotes

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3 We recognise that the term 'fostering' has legal and Western connotations which may not be applicable in many developing contexts. The term 'informal fostering' may be more appropriate in sub-Saharan Africa for cases where extended families take in orphaned children. We use the term to relate to the taking in of a child by an adult other than the biological parent. Using this definition, on average between 10 and 15 per cent of all children aged under 15 in sub-Saharan Africa are being fostered, ie, not living with a biological parent (Roeland Monasch, *The Situation of Orphans in a Region Affected by AIDS*, paper presented to the UNAIDS Inter-Agency Technical Consultation on Indicator Development for Children and made Vulnerable by HIV/AIDS, Gaborone, April 2–4, 2003).

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24 Report of Sub-Regional Meeting convened by the International Save the Children Alliance: The Institutionalisation of Children during and after Conflict, 4–6 May 1998, Abidjan, Côte d'Ivoire.

25 The Protection Network Task Force, July 2002, Phase 1 Report.

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