

Facing the Crisis

Supporting children through positive care options

David Tolfree

Save the Children fights for children in the UK and around the world who suffer from poverty, disease, injustice and violence. We work with them to find lifelong answers to the problems they face.

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Published by
Save the Children
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London EC1M 4AR
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First published 2005

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Registered charity number 213890

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Facing the Crisis: Supporting children through positive care options is the first report in the 'First Resort' series.

Typeset by Grasshopper Design Company

Printed by Page Bros (Norwich) Ltd, UK

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Definitions

The following is a list of definitions that will be used throughout the 'First Resort' series.

Adoption: A permanent living arrangement for a child that confers full family membership in his or her adoptive family. Adoption is usually understood to be a formal, judicial process that transfers legal rights and responsibilities for the child to the adopters. However, in some legal codes, there is a distinction between 'simple adoption', which does not usually involve a change of name and family identity, and 'full adoption', which does. In some situations traditional forms of adoption exist which do not confer a changed legal status, hence there is a blurring in the distinction between traditional adoption and long-term fostering.

Carer, care-taker and care-giver: These terms are used interchangeably to describe the person who has the actual care of the child, without necessarily implying legal responsibility.

Fostering: The term refers to situations where children are cared for in a household outside their family. Fostering is usually understood to be temporary, and in most cases the birth parents retain their parental rights and responsibilities. This definition reflects the great importance attached to the blood tie in many societies, which often leads to a sharp distinction between related and unrelated care-takers. The term 'formal' or 'agency' fostering is used for fostering arrangements resulting from the intervention of agencies that accept continuing responsibility for the placement. The term 'spontaneous' or 'informal' fostering refers to arrangements resulting from the spontaneous actions of families to take in an unrelated child without the intervention of a third party.

Kinship or extended family care: This refers to girls and boys placed within the extended family. Very often this is spontaneously arranged within the family, but sometimes agencies intervene to arrange and support

the placement. In the latter context, the term 'kinship fostering' is sometimes used. However, in the 'First Resort' series, this term is avoided as 'kinship care' and 'fostering' (ie, by unrelated families) are seen as quite different concepts.

Orphan: A child who has lost one or both of his or her parents ('single' or 'double' orphans respectively). The distinction between a 'single' or 'double' orphan is not always as meaningful as it might appear: for example, in some communities where kinship is derived through the male line, the loss of the father often results in the mother leaving the children and returning to her village of origin, leaving the child parentless (Mann 2002). In some contexts, the local term for 'orphan' may refer to a child living in an irregular or unsatisfactory situation (eg, on the streets), regardless of whether one or both parents have died.

Orphans and vulnerable children: This term is widely used to describe children who have been orphaned by AIDS and/or affected by the HIV and AIDS pandemic (children living with sick parents, children living in highly affected communities, children living without adult care). However, this term is generally avoided in the 'First Resort' series: first, because it implies that all HIV and AIDS-affected children, regardless of their situation, are 'vulnerable'; and second, because it can isolate HIV and AIDS-affected children from other vulnerable children in the community.

Packages of protection and care: This term is used to describe the creation of a 'package' of support for a child or family by combining elements from a range of different approaches or interventions, in order to diminish the likelihood of the child needing care outside of the family or to support children living in some form of alternative care such as fostering. It is similar to the concept of a 'continuum of care' but is preferred, as the latter tends to imply a clearer break

between family support and alternative care and can be interpreted as a progression between mutually exclusive alternatives rather than a set of options that can be combined in various ways to protect a child's best interests.

Parent: This term is generally used to describe the child's biological mother and father. However, it is important to note that in some societies it is very common for girls and boys to spend various periods of time with other members of their extended family and sometimes with unrelated families. Throughout this publication the term 'parent' will generally refer to the biological parent, but sometimes it will also refer to the person(s) who have assumed the child's care on a permanent basis – eg, adoptive parents or extended family members providing long-term care.

Prevention: This term incorporates a wide range of approaches that support family life and help to diminish the need for the child to be separated from her/his immediate or extended family or other traditional care-taker, eg, in the case of parental illness or of risk of abandonment as a result of poverty. This is the main usage in the 'First Resort' series but it is important to be aware that in contexts such as AIDS-affected communities, the term has other connotations linked to the prevention of HIV infection; it is therefore important to be clear in which sense the term is being used in any particular context.

Protection: This term is used in its broadest sense to describe activities that aim to protect children from harm resulting from exploitation, neglect and abuse. Harm can take a variety of forms, including impacts on children's physical, emotional and behavioural development, their general health, their family and social relationships, their self-esteem, their educational

attainment, and their aspirations. The need to protect children from harm within the family or from harm from other sources is often a key element in decisions made about the care of a child.

Residential care, institutional care, or orphanage: A group living arrangement which normally takes place in a building provided by the organisation responsible, with care provided by paid adults who may or may not live on the premises and are not considered as traditional carers within the culture (adapted from Tolfree 1995, p. 6). The term 'orphanage' is not representative, as in practice these facilities often admit many children who are not actually orphans.

Respite care: A service, usually based on foster or residential care, to give the family a break from caring for a child.

Separated children: Children separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may therefore include boys and girls accompanied by other adult family members (derived from ICRC 2004). Separations may be categorised as voluntary (eg, the child leaving home to live on the streets) or involuntary (as frequently happens in the mass displacement of people).

Substitute care, alternative care or out-of-home care: These terms are used in this series to refer to arrangements for the child to be looked after by people other than the birth family or other traditional care-givers. It implies not just physical and material care, but an appropriate response to the whole range of children's needs and rights, including emotional, social, educational and spiritual.

Acknowledgements

There are a number of people I need to thank for their contributions to this publication. Bill Bell, Claire O’Kane and Christina D’Allesandro from Save the Children UK have worked with me throughout the publication. Additionally, I would like to thank Richard Carter from Everychild for his contributions to the case study of their work in Georgia. There are also many others I would like to thank for their

information and support in developing this publication. Save the Children staff both in London and in the field helped tremendously in providing materials on this issue, and in commenting on various drafts. In particular, special recognition to those who attended the Save the Children UK meeting about First Resort in Cardiff. The discussions at that meeting contributed greatly to this paper.

Preface to the ‘First Resort’ series

The ‘First Resort’ series, of which this is the first paper, is intended as a learning series, exploring a range of options to better support the care and protection of children at risk of separation from their families or needing substitute care. It aims to move beyond the critique of residential care provided in *A Last Resort* (Save the Children UK 2003) to advocate for a series of positive options for children, wherever possible in their own families and communities.

The series will emphasise the importance of developing strategies to enable families and communities to care for, and protect, their own children. However, the series will also explore the range of family- and community-based alternatives for children who cannot remain in their own homes for whatever reason. In this way, the ‘First Resort’ series will encourage the sharing of the growing knowledge and experience on good community-based care alternatives, as well as the importance of strategies that support families as a part of positive care responses.

The ‘First Resort’ series will also explore the way care decisions about children are made and the importance of placing individual children at the centre of these decision-making processes, enabling their views to be heard and promoting their best interests. The series will emphasise the importance of viewing the child as an active agent, being influenced by his/her circumstances, but also influencing them.

This first paper aims to provide an overview of the main issues facing policy-makers and those working in this field. It emphasises the need for practice and policy responses that reinforce family- and community-based care and support options. Such options have been increasingly favoured in responding to traditional social work concerns such as neglect and maltreatment. Given the scale of the HIV epidemic

in resource-poor countries, and the numbers of children in those countries now living with ill parents and with extended family members, the imperative to develop mechanisms to support children in community-based contexts has become ever more urgent.

The second paper in the series offers more detailed discussion of family support strategies and alternative approaches to care, with case study illustrations. Subsequent papers in the series will provide more elaborate and illustrated discussion of specific topics. Many alternative care options are complex, none risk-free and some difficult to introduce in contexts where they are unfamiliar. Yet the need for alternatives to institutional care responses and support for de-institutionalisation processes remains.

The ‘First Resort’ series aims to be global in scope, recognising that the approaches needed, and what is possible, will vary from one context to another. A wide range of factors, including HIV, conflict, poverty, discrimination and violence, affect children’s care and protection needs. Different cultures will have different norms about what forms of childcare are considered acceptable, and in turn this will reflect different ideas about the nature of childhood and the ‘proper’ way of caring for and protecting girls and boys. What is realistic, achievable, affordable and culturally appropriate in one context may not be so in another. The ‘First Resort’ series needs to be read with these crucial variables in mind.

Ultimately, these complexities do not undermine the central message that governments and donors need to ensure that their policies and resource allocations support community-based prevention, care and protection initiatives. Not only is this where the vast majority of care is already occurring, it is also where long-term outcomes are likely to be most successful and where children most often choose to be.

Abbreviations and acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
CBO	Community-based organisation
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
EU	European Union
FBO	Faith-based organisation
HIV	Human Immuno-Deficiency Virus
NGO	Non-governmental organisation
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USSR	Union of Soviet Socialist Republics

I Supporting children to live in families in their communities

Introduction

Children have the right to live in a caring family environment. Governments have a responsibility to develop policies and practices, that support and strengthen families and communities to care appropriately for their children. In the changing world in which children are increasingly affected by HIV, conflict, violence, inequality and migration, the scale of children's protection and care needs is escalating. Developing appropriate responses has proved challenging. Increased efforts are needed by governments, donors, and humanitarian, religious and non-governmental organisations (NGOs) to support families in a variety of ways that enable children to stay with their own biological or extended families, while also providing positive care options for children who require alternative living arrangements. Taking into account the evolving capacity of the child, the views of children are key to making good care decisions in their best interests, and this should be seen as part of the process of building upon the strengths and resilience of children, families and communities.

At the beginning of the twenty-first century, new challenges are facing policy-makers concerned with children's protection and care needs. The HIV pandemic is creating a rapidly escalating care crisis on top of pre-existing high levels of need arising from poverty, conflict, natural disasters and family breakdown. In communities most affected by the pandemic, huge numbers of girls and boys are losing their parents or other care-givers, placing an intolerable strain on the extended families and communities left behind. Millions more girls and

boys may not have yet lost their care-givers, but they are deeply affected by the epidemic, living with and caring for sick and dying parents. Recent estimates put the number of children aged under 15 who have already been orphaned by HIV and AIDS at 14 million, and it is projected that the global figure may exceed 25m by 2010, if incidence rates continue unchecked (UNAIDS, UNICEF and USAID 2002).

In this particular context, the UN and a range of other agencies have recently reaffirmed their belief in the importance of supporting families and communities in caring for their children. *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF 2004) aims to guide different agencies in responding to the care needs of children affected by HIV and AIDS and outlines five strategies for developing a comprehensive response (see below).

Key strategies set out in *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*:

1. Strengthen the capacity of families to protect and care for children.
2. Strengthen and support community-based responses.
3. Ensure access to essential services.
4. Ensure that governments protect the most vulnerable children.
5. Raise awareness to create a supportive environment for children affected by HIV/AIDS.

This framework has evolved from experience in those countries most affected by HIV and AIDS. It is clear, however, that the basic approach, with its emphasis on strengthening the capacity of families and communities, is relevant in addressing many other protection and care needs of children.

Large-scale conflicts and natural disasters are another context in which children can lose or become separated from their families. For example, following the genocide and widespread conflict in Rwanda, it was estimated that about 150,000 children lost their parents or were separated from them (Rädda Barnen 1995). Furthermore, in countries affected by conflict, where children have been increasingly targeted, boys and girls are often separated from their families. They are then at risk of becoming associated with armed forces, engaged as child soldiers, messengers, domestic workers or 'wives' of the commanders. The increased scale of child trafficking across diverse regions of the world has similarly compounded the need for appropriate family support, care and protection responses.

In many countries, years of conflict, poverty and/or the incidence of HIV and AIDS have reduced the ability of families and communities to care for their children. While high proportions of orphans and other affected children are living with extended families, it is often with insufficient support and, with increasing numbers of children to be cared for, the situation is getting worse. For example, across sub-Saharan Africa a disproportional burden falls on more vulnerable households, including elderly, female-headed, child-headed and poor households. In some instances this can lead to a further cycle of child rights violations. For example, boys or girls taken in by extended family members living in poverty-affected households may be forced to earn a living through begging or exploitative work. In such situations, girls, children with disabilities, and younger children of either gender may be especially at risk.

Despite these growing demands, governmental responses to the care and protection needs of children are weak and underdeveloped in many countries across

the world, with an over-reliance on institutional care as a solution. Recent years have seen a growing global awareness that residential forms of care generally do not offer an experience that upholds children's rights or leads to good developmental outcomes for children. The available evidence – which in some cases still needs to be fully evaluated for the long-term impact – points instead towards family-based care as offering the potential for children to receive love and nurturing, and to be cared for in a way that reflects the local customs and traditions.

Even where government and donors recognise the importance of family care in rhetoric, they often do very little to ensure that resources reach those in the greatest need. Community protection mechanisms and other community-based initiatives are integral to the response, but are too often unable to get access to any resources to support their interventions.

Supporting children in families

The first step in any intervention regarding children's care needs should involve exploring the possibility of keeping children within their own families. There are many reasons for this, including the following:

- As the preamble to the United Nations Convention on the Rights of the Child (UNCRC) asserts, the family is the 'natural environment' for the growth and well-being of its members.
- Maintaining children within their own family helps to ensure continuity in their upbringing and the maintenance of family relationships. The growing child's sense of identity is derived largely from a sense of belonging within her/his family and community. Continuity of relationships with school, friends and neighbours adds to the child's sense of security and belonging.
- Family-based care is much more cost-effective than residential forms of care.
- It is clear that most children would much prefer to remain with their families, provided that the care and protection they receive is at least adequate.

A wide range of family support options are potentially available to help achieve this. These include:

- existing, universal services such as healthcare, education and early childhood development
- more targeted services such as psychosocial support, parent education, child and youth empowerment projects, programmes designed to divert children away from juvenile justice systems, social assistance grants, and specific facilities for children with disabilities and their families.

Support for keeping children within their family should not be offered in isolation, of course. Success will be dependent on also taking steps to ensure that the child is adequately cared for and protected. While family-based care in general clearly provides the best environment for children's development and well-being, it is important to recognise that not all families are caring and protective of their children. The abuse, neglect and exploitation of children at the hands of family members is not uncommon, especially in contexts where there is a high level of poverty and other forms of stress. Community-based monitoring and response mechanisms are required to protect children irrespective of age, gender, disability, HIV status, ethnicity, etc. Combining support to families to provide better care with enabling children to be safe and active members of their families is fundamental to preventing the breakdown of the care environment for the child. At the same time, it is crucial to recognise that in some cases it would not be in the best interest of the child to remain within his/her family or extended family, especially where the child is in need of protection from his or her primary carers. In such situations, alternative forms of family- or community-based care should be made available.

Children lacking parental care

Across the globe, and from time immemorial, children's survival, development and well-being have been largely determined by the care and protection provided by parents, members of the extended family and others within their community. In recent decades many factors have caused increased numbers of

children to lose or to become separated from their families: armed conflict, forced migration, large-scale epidemics (most notably HIV and AIDS) and widespread poverty have caused parental death, accidental separation, the abandonment of children by parents, and sometimes the abandonment of families by children. Relationship difficulties in the family, child abuse and neglect, family disruption and the behaviour of the child, are other reasons why boys and girls are brought up outside of the family. In some cases this reflects the family's unwillingness to care for the child or the child's decision to leave the family home. In other cases, governments or child protection agencies deem that the family is not able to care appropriately for the child and that he or she should be removed from the family. In all of these cases, orphaned and separated children are, by definition, children who are deprived of the protection normally afforded by their parents acting as the primary carers and duty-bearers. For this reason, it is vital that the state, as ultimate duty-bearer, fulfils its responsibilities to ensure the care and protection of children as outlined in the UNCRC.

In many cultures, the term used for 'orphan' carries connotations of misfortune and a loss of social status. In some contexts, children themselves have revealed reduced expectations of themselves, suggesting an acceptance of the lower status they acquired on losing their families (Tolfree 2004). Frequently the stigma associated with orphanhood or parental loss is compounded by other factors such as HIV and AIDS, disability, ethnicity, anti-social behaviour and gender.

Families taking in additional children, as well as the staff of residential institutions, may not be immune to these deep-seated cultural assumptions about the differential value of children. For this reason the potential protection issues associated with all forms of substitute care need to be taken into account in order to avoid further damage or trauma. In any care situation, the responsibilities taken on by the immediate care-takers need to be supplemented by the duty-bearing responsibilities of others. These include community leaders, adults and children within informal social networks, religious institutions, and

practitioners (social workers, health workers, teachers, etc), all under the overarching responsibility of the state under the UNCRC.

This loss of status and stigmatisation of orphaned and vulnerable children can be compounded further where family-based care options are limited. Where parents or extended family are unable to care properly for and support their children, the state is meant to step in. In reality, state institutions are ill-prepared and often unwilling to take on a parental role and responsibility beyond placing a child in some form of residential care. Many of these children will end up on the street, either immediately or upon leaving care. These children become dangerously ‘out of place’ in a world where neither the state nor their families are able to care for them or recognise their right to care for themselves. Their survival behaviours are criminalised and many will be drawn into violent criminal justice systems for petty thieving, vagrancy, begging and other strategies that will allow them to survive. State agencies responsible for law and order are left to deal with the results in the only way they know or can do, by removing the child from the street and detaining them in residential or custodial institutions, which often do little more than confirm them on a criminal pathway. Alternative responses to these children, embracing their resilience and self-protection strategies, must be developed.

Residential care: an unsatisfactory solution for children

In the countries of the former Union of Soviet Socialist Republics (USSR) and its satellites, and in many countries in Latin America, an elaborate system of large-scale institutional care has become entrenched social policy. These services absorb a disproportionate percentage of the resources available for social welfare so that other services that might prevent the need for admission, and alternative family-based care services, are often poorly developed. This vicious circle situation has proved very difficult to change, with many legal, financial, bureaucratic and attitudinal obstacles.

In other contexts, residential forms of care have persisted as the legacy of either the former colonial power or charitable and religious institutions. Donors and other organisations are also drawn to residential care because it offers tangible, visible responses to the needs of ‘disadvantaged’ or ‘orphaned’ children. These well-meant but misguided interventions seek to provide a simple answer to a complex issue, with a response that is more readily understood than more appropriate, but perhaps more complex, family- and community-based responses.

The damaging effects of residential care – including some of the supposedly more humane models – are now well established empirically (see, for example, Tolfree 1995 and 2004). In 2003, Save the Children produced a publication called *A Last Resort* (Save the Children UK 2003), which argued that many features of residential care are an abuse of children’s rights and pose a serious threat to their normal developmental processes. A group of former residents had this to say about their experience:

We didn’t know what a mother’s love was like; or a father who gives himself to his son or daughter, and even if he has many children loves them all the same. We didn’t know what that was. In the orphanages, the substitute mothers could not give us the love of a true mother. We didn’t have our parents’ care and that is something terrible. We would have really wanted to have it, even if they were starving poor, we would have wanted to have the care that each child deserves.

(Young people in residential care in El Salvador, quoted in Sprenkels 2002)

The combination of widespread poverty, discrimination and the ready availability of institutional care as the main option has led to the unnecessary and damaging separation of children whose parents are still alive, sometimes into inappropriately titled ‘orphanages’. The ‘easy solution’ offered by residential care has perversely become a significant problem for large numbers of children.

In some situations, external interventions have focused excessively on ‘humanising’ institutions rather than

changing the complex systems in which they operate. This has sometimes resulted in making residential care a more attractive, though still inappropriate, solution to the problems of impoverished, discriminated and/or stressed parents. Efforts to improve the quality standards within residential care may be an important starting point, and they are crucial during the transition phase while children continue to live in institutions. However, there is a need for multiple strategies for working with governments and other agencies to reunify children with their care-givers, and for demonstrating and scaling up a more appropriate range of family-based alternatives. In some cultures, while there is an extremely strong sense of extended family responsibility for children, the idea of girls and boys living with an *unrelated* family may be unfamiliar and viewed with suspicion. In such contexts, the challenge may be to alter cultural attitudes as well as developing new systems and approaches.

Change is possible

In the face of these challenges, huge progress is being made in developing better family-based options for protection and care in a number of contexts, and valuable learning is emerging which can be applied to other contexts. The 'First Resort' series aims to make some of this learning more widely available.

Case study: Uganda

In 1991 in Uganda, the Government worked with Save the Children to close down many residential homes, and improve standards in those that remained. Ultimately, radical change was achieved by a strong government-led move towards family- and community-based care, backed by an enabling legislative framework.

Save the Children was invited by the Government to set up a programme to help with the problems of abandoned and neglected children. In subsequent years the combination of a protracted civil war and the rapid onset of HIV and AIDS led to the large expansion of residential homes, most with appalling

A History of Residential Care

In the former Soviet Union at least 284,000 children were living in 1,404 large, impersonal institutions in 1987 (Tobis 2000), many of which failed to provide even the most basic facilities for physical survival. Many of the institutionalised children had at least one parent and could have been supported within their families by a very modest level of assistance.

Frequently, children are placed in institutions simply because they have a disability, usually in contexts where little or no services are provided for them in the community. Other forms of discrimination that lie behind institutionalisation are those based on gender and on ethnicity: in Bulgaria, for example, Roma people form about 9 per cent of the total population but almost 70 per cent of the children in institutions.

conditions. This lent urgency to the need to develop policies and practices to maintain children within their families and communities. Save the Children located staff within the Ministry of Labour and Social Welfare, and the following components of the programme emerged:

- the introduction of babies' homes and children's homes to limit admissions and to allow a system of registration and inspection and the enforcement of standards
- the encouragement of residential care-providers to develop community-based responses
- an extensive family tracing programme to enable institutionalised children to return to their families. Guidelines were produced to facilitate good practice
- an 'open learning' programme offering training to residential and, later, community-based staff
- following a research study into the social consequences of AIDS, a pilot programme of community-based care was promoted in the District most affected. The programme involved strengthening governmental systems within the District, training and supporting of child volunteer advocates, community sensitisation and children's

rights training, family tracing and resettlement of children, legal advice, and interventions to settle property disputes

- a new act, The Children's Act 1996, was drawn up with the help of Save the Children and promoted laws, rooted in the UNCRC, to safeguard children in civil and criminal respects. It emphasises parental and community responsibility for children, it facilitates the diversion of children away from the criminal justice system, encourages local resolution to conflict, and emphasises the rights and welfare of children.

Case study: Georgia

Georgia gained independence in 1991 and underwent a difficult transition in moving away from the former Soviet system. Serious economic problems emerged, compounded by civil conflict, large population movements and a big increase in social vulnerability. An elaborate system of institutional care was part of the Soviet legacy, and during the transition period, even more children were admitted, mainly for socio-economic reasons. Georgia signed the UNCRC in 1994 and the Government committed itself to making changes to national legislation and to making systematic change in the country's child welfare policies.

In 1999, the Ministry of Education and UNICEF invited EveryChild¹ to help the Government to establish and develop community-based alternatives to residential care. EveryChild initiated a family support and foster care project, in partnership with UNICEF and the Government. An early step was to carry out research into the status of, and the reasons for, admission of children in residential care. The information gathered was used for the planning and implementation of the new pattern of services.

Implementation of the programme began in 2000. Six social workers were recruited and trained in each of the three regions of Georgia and given ongoing training by international technical advisers. These social workers were then given the responsibility for implementing community-based social services for

children and their families. Individual assessments were conducted and care plans established for each child and family. The family support aspect of the programme utilised existing community resources as well as the newly trained social workers. The project pursued three main alternatives to residential care:

- reintegration of children with their birth families
- preventing the need for admission to residential care
- the development of fostering for children who could not return to their families.

The pilot project resulted in 82 children being prevented from entering residential care; 45 of them were reintegrated with their families and 28 were placed in foster care. In 2002 the project was successfully handed over to the Government. During the following three years EveryChild supported the Government to replicate the model in other parts of the country, while at the same time expanding its scope, for example, to reach children of different ages and those with special needs.

In many developed countries there has been a move towards a 'mixed economy' of care that strongly emphasises prevention and family support, and family-based care options such as fostering and adoption. The result is relatively small numbers of children in residential care, usually those with very particular needs, and on a short-term basis in order to pursue specific objectives for the child and family. Italy, for example, saw a fall in the numbers of children in residential care from 150,000 to 15,000 between 1971 and 1998 (UNICEF 2003).

The following appear to be some of the key elements to consider in the development of national strategies to promote family- and community-based protection and care:

- creating the political will to enact supportive legislation that encourages community-based care and strongly discourages residential care
- raising awareness of government to particular groups of girls and boys who require increased levels of family support or care outside of the family

- carefully co-ordinating all actors, both within government when responsibilities for children are divided among different government ministries and between government and other stakeholders such as NGOs, the private sector, faith-based organisations (FBOs), etc
- providing external technical support, with an awareness that the momentum for change can be lost when that technical support is removed without adequate transition
- adequate resourcing is a vital component of change, especially early on – as government homes close, resources can be released for family- and community-based care; however, it is necessary to allocate funds earlier to begin to develop alternatives
- campaigning to increase public awareness may be necessary, especially when different forms of care are being introduced or reinforced in a culture
- advocating with donors and with NGOs and FBOs may be needed to encourage investment in non-residential forms of care
- addressing ‘perverse incentives’ – for example, if the funding of residential care is the responsibility of a ministry other than that charged with developing alternatives, gaining support for de-institutionalisation can be difficult
- planning at both national and regional level, and at the level of the individual child and family
- creating space to involve girls and boys in practice and policy developments affecting them.

Note

1 EveryChild is an international development charity which has kindly provided the material for this case study.

2 Guiding principles

The principles that underpin the ‘First Resort’ series are derived from two main sources: first and foremost, from human rights instruments, principally the UNCRC, and second, from the emerging global consensus on good practice in responding to the needs and rights of children who are outside of parental care or who are at risk of being separated.

The UN Convention on the Rights of the Child

The UNCRC both promotes the care of children within their families and specifically addresses the situation of children who are unable to live with their own families, or who are at risk of separation. The principles of rights-based programming with children, based on the UNCRC, directs our attention towards the need for a holistic approach to children’s rights, needs and circumstances, which includes such issues as their psychosocial well-being and emotional needs, and giving children a sense of predictability, security and permanence. In turn this requires multi-sectoral and multi-agency/ministerial working. When children’s immediate and primary duty-bearers, their parents, are no longer able to ensure their protection and care, this places a clear and inescapable responsibility on governments as ultimate duty-bearers.

The following good-practice principles in the UNCRC are especially relevant:

The negative impact of separation

It is well established that separation from the child’s family, especially if this results in poor-quality care, usually has a negative effect on the child. It may affect the growing child’s capacity for close relationships with other people, it may weaken or destroy his/her personal, family and community identity, and deny

the child the informal support that is often provided by the extended family and community of origin. The UNCRC (Art. 9) emphasises the child’s right to live with his/her parents unless this is not in accordance with his/her best interests. It also affirms the child’s rights to have contact with both parents where they are separated. This requires a strong emphasis on avoiding unnecessary separation of children from their families, and where separation is in the child’s interests, a proactive approach to maintaining contact with the child and her/his family.

The importance of family-based care

There is now ample evidence that almost all forms of residential care, especially for young children and in situations where a period of many years is spent in a residential home, have extremely poor developmental outcomes for children. By contrast, placement with a family potentially offers the individual care and love from a parent figure, opportunities to learn about the roles within the social structure of the family and community and to be involved with normal activities within the community and wider culture. These all make it more likely that the child will enter adulthood better equipped to cope practically and emotionally with independent life. Article 20 of the UNCRC asserts the rights of a child who is deprived of a family environment to be provided with alternative care. It also emphasises the desirability of continuity in the child’s upbringing and the importance of the child’s ethnic, religious, cultural and linguistic heritage. This article gives a strong lead to the importance of family-based care options.

Family reunification

When children do become separated from their parents or other care-givers, it is vital that steps are taken, with all possible urgency, to facilitate the child’s return, unless this is judged not to be in the child’s

best interests. The child's own family are the most immediate duty-bearers in respect of the child, and in general provide the level of care and protection which best facilitates his/her development. Experience and research show that the longer the period of separation, the more difficult it is for the child and the family to be successfully reunited. Article 10 underlines the importance of family reunification and obliges states to facilitate contact between child and family, and reunification, when they are in different countries (eg, as refugees).

Planning and reviewing the child's progress

Research has highlighted the danger of children 'drifting' following placement in an alternative care setting. This can lead to a loss of focus on important issues such as whether the placement is meeting the child's needs, whether changes are required, what changes are occurring in the child's family and how he/she will be enabled to manage the transition into adulthood. This underscores the importance of good care planning. Children who have been placed outside of their own family are entitled to a periodic review of all aspects of their placement (Art. 25). This is frequently disregarded by governments and other agencies but is vital in ensuring that the child's best interests continue to be pursued. Reviews also provide an opportunity to ensure that the child's views are kept in constant focus.

More broadly, all of the articles of this Convention, which has been almost universally ratified, are applicable to children who are actually or potentially outside of parental care. The Convention has four key principles that are of particular importance, and in turn, link with some of the more specific articles:

Non-discrimination (Art. 2)

It is an obligation of the state to protect children from all forms of discrimination and to take positive action to promote their rights. Children suffer discrimination on account of ethnicity, gender, social class or caste, disability and many other criteria. Children who have lost, or have become separated from, their parents or other traditional care-takers also experience

discrimination, and those living in institutions are especially likely to be stigmatised. It is self-evident that those children who meet several or even all of these criteria may experience a multiplying effect on their sense of worth and well-being.

Best interests of the child (Art. 3)

All actions concerning the child shall be in his or her best interests. This fundamental principle of the UNCRC raises the paradox that, on the one hand, children are potentially vulnerable and need special protection and support, and on the other, they can be competent human beings with a right to play an active part in decisions that affect them. A consideration of the individual child's best interests can be a vital criterion in making decisions, so long as those involved bring detailed knowledge of the child's needs, capacities and problems and take account of the child's expressed wishes. The 'best interests' principle also applies at the level of service planning and requires policy-makers to plan and develop services which respond primarily to the needs and rights of children rather than a range of other considerations (which might include, for example, the wishes of parents or staff, or financial or bureaucratic issues), though these may need to be taken into consideration. There is a great deal of evidence that children's admission into residential institutions is frequently not done in the interests of the child but rather in those of the parents or other care-givers.

Participation (Art. 12)

Girls and boys have the right to be involved in decisions affecting them. In turn, this requires that they are given information which is provided in an appropriate form (Art. 17). This principle requires that children of any age should be allowed to express their views, in ways which are appropriate to their age and stage of development. In particular, 'best interests' decisions should be informed by what children themselves have to say. Again, this principle applies both to individual children and to children collectively – for example, in the planning, monitoring and evaluation of programmes, care provision, policy development and research.

The rights to survival and development (Art. 6)

The state has an obligation to ensure the child's survival and development. This implies a right to an adequate standard of living (Art. 27), the right of access to health facilities (Art. 24), and to protection from abuse, exploitation and neglect (Arts 19 and 34). The Convention recognises that girls and boys are potentially vulnerable and need special protection and support, but they must also be given the opportunity to be active in their own physical, psychological and social development. This requires, for example, opportunities for play and recreation (Art. 31), education (Arts 28 and 29) and freedom of association (Art. 15) as well as opportunities to express their opinions.

A call for international standards

Several attempts have been made to articulate the principles of good practice that should underpin responses to the needs and rights of children who have lost their families, or who are at risk of becoming

separated from their families. One example of these initiatives is the development of good-quality childcare standards that can be applied to a range of care settings, which have been produced by Save the Children UK in east and central Africa (Save the Children UK 2005).

While the UNCRC provides the underlying principles, more detailed standards are needed to detail the care options for children (along the lines of the Beijing principles for the treatment of juvenile offenders). UNICEF and International Social Services have written a series of working papers to support the call for internationally agreed standards for children deprived of parental care. These guidelines would seek to ensure that, on the one hand, children do not find themselves in out-of-home care unnecessarily and, on the other, the out-of-home care provided is of a type and quality that corresponds to the rights and specific needs of the child concerned. They are designed to promote, facilitate and guide the progressive implementation of the UNCRC in this particular area of concern.

3 Packages of protection and care

There is a growing consensus that support for the child being cared for appropriately in the context of his or her family or extended family should always be the first option, and that residential care is almost always the last resort. The range of other options between these two, and the kind of support necessary to make them work, will depend upon the particular context. Experience demonstrates that children (and their families) who are actually or potentially in need of support and care have multiple needs, requiring different types of response according to the context. In many situations, packages of protection and care support may be what is required for an individual child and family.

The idea of ‘packages’ implies a range of responses, which can be combined to meet the individual needs of the child. In most situations, this demands a variety of ways of supporting the child and family so that they can remain together in conditions in which the child’s needs and rights are met. The term ‘prevention’ is often used broadly to describe a range of interventions supporting the family and helping to reduce the risk of a child needing care outside of the family. However, in AIDS-affected communities the term ‘prevention’ usually has other connotations. In order to avoid confusion in the ‘First Resort’ series, these interventions are referred to as ‘family support’ – a

term which may also apply to families supporting children who are not their own.

The term ‘packages of protection and care’ also refers to the options for girls and boys who, for various reasons, cannot or should not remain with their families. In most cases the package will need to change over time as the circumstances and needs of the family and/or child change. This may imply an overlap between family support and substitute care – for example, when short-term care outside of the family is used to achieve particular objectives, leading to the child’s planned return home. The diagrammatic illustrations that appear later in this chapter are intended to provide examples of how a package of protection and care might look in widely different contexts.

Planning for the child’s protection and care

Planning for an individual child’s protection and care requires integrated, multi-sectoral working, involving a high level of co-ordination and co-operation with a variety of stakeholders. It needs to be undertaken in accordance with a number of key principles, as outlined in the box overleaf:

Planning for protection and care of the child

- The child's best interests should be an overriding guide to all planning.
- Planning for the child should be based on a thorough assessment of the child and family situation, carried out by an independent person where possible, which explores a range of possible options.
- Planning should be child-centred and non-discriminatory.
- Child participation should be embedded at every stage of the process to ensure that the child's wishes and feelings are taken into account.
- Planning should give high priority to removal from harm and protection from abuse. Governments should be encouraged to take ultimate responsibility for children at risk of harm or placed in out-of-home care.
- Wherever children are not at risk, priority should be given to family preservation and the mobilising of appropriate preventive resources.
- Where this is not possible, family-based care should be arranged if this is available.
- The child's placement should be reviewed on a regular basis to consider his/her development and progress.
- Wherever possible, sibling groups should be enabled to remain together.
- When in an out-of-home care setting, the child should always be afforded the opportunity of talking privately with someone outside of the placement who takes on a duty-bearer role in order to ensure adequate protection and care. Such a role can be undertaken by a social worker, trained volunteer or community leader.
- Planning for the child's protection and care should aim to ensure that wherever possible, the child is given the security of a sense of permanence which ensures predictability and continuity, and encompasses such issues as the child's sense of personal and family identity, arrangements for initiation (where relevant), marriage and inheritance.
- After-care support should be provided in situations where the child needs to move out of the placement at a defined age.

Supporting families and children

The range of approaches that in some way help to prevent the need for a child to receive care away from home is almost limitless, and the pattern of what is most appropriate will vary considerably from one context to another. Many of the services provided under the broad headings of 'community development', 'universal services' or 'basic services' may well have a preventive effect, although many will not be so labelled. These would include:

- **educational provision** and facilitating access to formal or non-formal education and vocational training
- **fighting stigma and discrimination** (in respect of gender, girls and boys with disabilities, those from

AIDS-affected families and those from minority ethnic groups)

- **health-oriented programmes**, including primary healthcare, with a particular focus on child immunisation, health and nutrition, access to treatment for opportunistic infections associated with HIV and AIDS, antiretroviral therapies where appropriate, home-based care in AIDS-affected communities, sexual and reproductive health programmes, and the provision of safe drinking water and sanitation. Facilitating access to such programmes, and ensuring that they are child- or adolescent-friendly, will be important aspects
- **early childhood development** for preschool children can be vital in providing good experiences for children (focusing on physical and social skills,

providing opportunities for creative play and structured activities which help prepare the child for school, etc), as well as releasing the care-taker's time for economic activities

- **supporting the material needs of the family:**

Evidence strongly suggests that material insufficiency is the largest single cause of children leaving their families (eg, resulting in placement in institutions or living on the streets). In many contexts, poverty is combined with the necessity of caring for other people's children. Interventions can be envisaged at four interrelated levels:

1. *At national level*, social assistance and social protection schemes can provide vital cash grants (eg, child support grants) and other support to enable families to continue to look after their children.
2. *At the level of the community*, community mobilisation approaches can be used to facilitate community fundraising, income-generating activities (eg, communal gardens, setting up co-operatives, etc), and access to development programmes.
3. *At the level of the family*, interventions can include savings and loans schemes, income-generating activities, training in small business development, and work with families to enable them to get access to government grants.
4. *At the level of the child*, there are various interventions which can complement those outlined above, mostly taking a long-term view of the growing child's own economic capacity: for example, enhancing enrolment in formal and non-formal education, vocational training, apprenticeship schemes, micro-finance and other income-generating activities. A clear gender focus will be required.

Other types of programme may be promoted more specifically in order to enhance parental capacity and to prevent the need for children to be placed in residential or other forms of care. This section provides some of the most frequently encountered types of programme but is not intended to be exhaustive.

- **Facilitating children's protection:** This is likely to include measures to promote awareness of children's rights and child protection at national, provincial and local levels, developing specific child protection measures (for example, by setting up community-level child welfare/protection committees, training and deploying volunteers, building the capacity of government departments). Boys and girls can be empowered and mobilised to play an active role in their own protection with gender and age differences taken carefully into account. See the second paper of the 'First Resort' series.
- **Psychosocial interventions:** 'Psychosocial' refers to the dynamic relationship that exists between psychological and social effects, each continually interacting with and influencing the other. Children and their families may face a range of personal and interpersonal problems ranging from grief and loss, breakdown of family relationships, various forms of abuse and neglect, discrimination, working in dangerous environments, and so on. Psychosocial interventions are based on several key principles: reconnecting children with key adults, including family members, friends and neighbours; fostering social connections and interactions; normalising daily life; promoting a sense of competence and restoring a sense of control over one's life; and enabling children to express their views and concerns within a trusted environment.
- **Parent education approaches:** These may be especially important to parents experiencing difficulty in providing their children with adequate care, protection and control, and also for care-takers taking on the care of children who are not their own.
- **The empowerment of children and young people:** This means enabling girls and boys to have a voice in their own care and protection, and preparing adults to listen to children and take their views seriously. Children should be heard individually and collectively in care decisions, practices and policies affecting them. From a young age, children can express their likes and dislikes. Creative forms

of communication can enhance adults' ability to understand the views of children of younger ages and/or with disabilities. The development of children's groups in community and/or alternative care settings may further facilitate girls' and boys' participation, giving them the space to discuss, analyse and action-plan on issues affecting them. Children can monitor and promote their rights, provide peer support and play together, thus building on their resilience and enhancing their life skills.

- **Resources targeting children with disabilities and their families:** These may include the provision of special education and/or advocating for integrated education, daycare, support groups for parents, advice and counselling, community-based rehabilitation and respite care to give the care-takers a break.
- **Advocacy and legal support:** This may include help in obtaining birth certificates; securing land and inheritance rights; facilitating school enrolment; obtaining access to specific resources; and community-wide advocacy to discourage discrimination and facilitate community inclusion.
- **Programmes targeting children who are at risk of conflict with the law as a result of the care and protection issues they face:** Many of the children who end up in precarious care situations and are having to care for themselves may find themselves on the street, either trying to make a living or actually living on the street. These children face particularly acute problems as the law criminalises their survival strategies and they end up inevitably in conflict with the law. 'Diversion' programmes encourage the communities and law-enforcement agencies to seek community-based alternatives to the formal justice system, as the latter does not address any of the care and protection issues these children face and instead compounds the problems by exposing them to often violent and stigmatising criminal processes. Diversion programmes focus on the child's longer-term reintegration into their communities and families and the responses needed for them to be supported there.
- **Family tracing and reunification:** The practices and procedures for family tracing have been

developed primarily in response to children separated from their families as a result of armed conflict and forced migration. However, these can also be used, for example, to trace the families of children whose parents have died, or of those who are living on the streets or of those separated as a result of natural disasters. See, for example, Uppard and Petty (1998), Uppard, Petty and Tamplin (1998).

Many agencies provide a range of responses, which incorporate a number of the above elements. While the role of NGOs, community-based organisations (CBOs) and FBOs is often central in providing a range of services which serve a preventive purpose, it is important to emphasise the central role of governments in providing good-quality and accessible basic services, in ensuring strategic planning of services, facilitating co-ordination between different government departments and NGOs, and in enacting and implementing laws and rights, especially in the area of child protection. Whichever organisation delivers any of these child and family support services, it is vital in any context that the pattern of services is based on a participatory situation analysis which involves girls and boys directly, using tools and techniques appropriate to the culture and to their ages and genders.

Providing a range of alternative care models

However comprehensive and high quality the range of preventive services, it is inevitable that some children will not be able to receive care and protection within their own families. The concept of packages of protection and care requires an appropriate range of other options, based on a thorough and participatory analysis of the needs and rights of children. These may include:

- facilitating the placement of the child within the extended family and providing an appropriate level of support and monitoring
- fostering – ranging from short-term care to permanent care

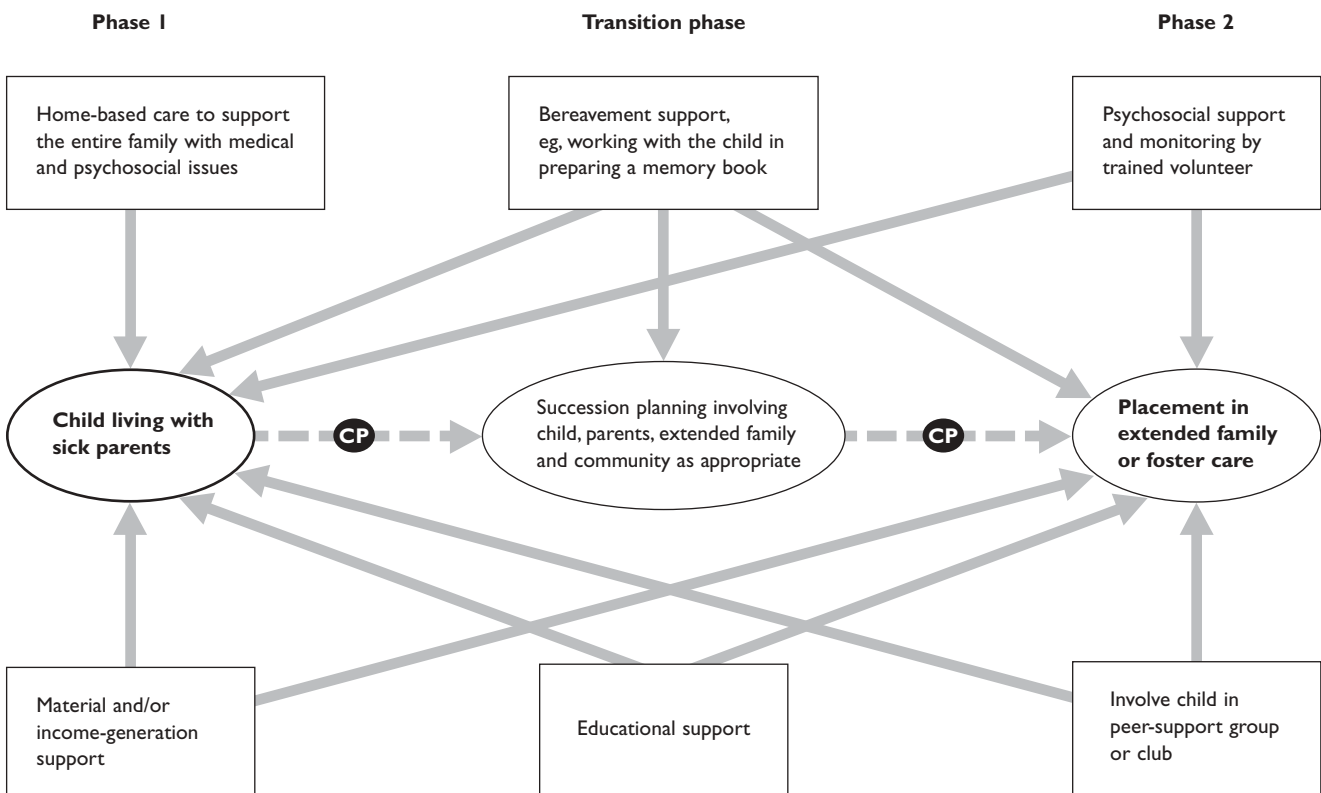
- adoption (either through a judicial process or in accordance with custom and practice)
- supporting child-headed households
- supporting girls and boys in peer households or living independently on the streets
- small family-group homes integrated into the local community
- residential care, usually as a last resort
- supporting young people leaving care.

Packages of protection and care – some illustrations

The first illustration (Figure 1) looks at the situation of a child whose parents are dying of an AIDS-related disease, in contexts lacking a well-developed social welfare infrastructure, and illustrates how the package may change over time. It should be noted that some of the sources of support can be used both prior to and following parental death.

In our second paper in the ‘First Resort’ series, all of these forms of care are described and discussed in more detail, with case study illustrations.

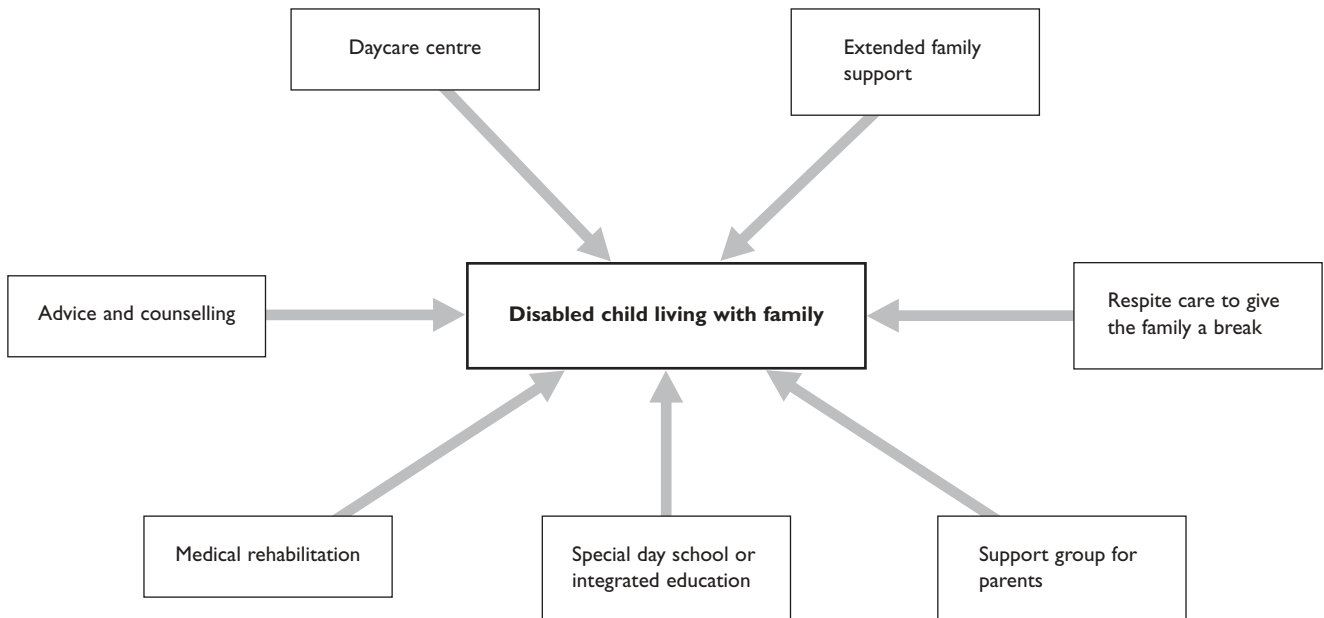
Figure 1: The situation over time of a child whose parents are dying of an AIDS-related disease, in contexts lacking a well-developed social welfare infrastructure



CP This symbol denotes points at which the child's participation is crucial. Children, parents and other stakeholders should be consulted at every stage.

— — — Dashed lines show a change in care arrangements

Figure 2: Example of a protection and care package for a child with a disability in a context where services for people with disabilities are relatively well developed



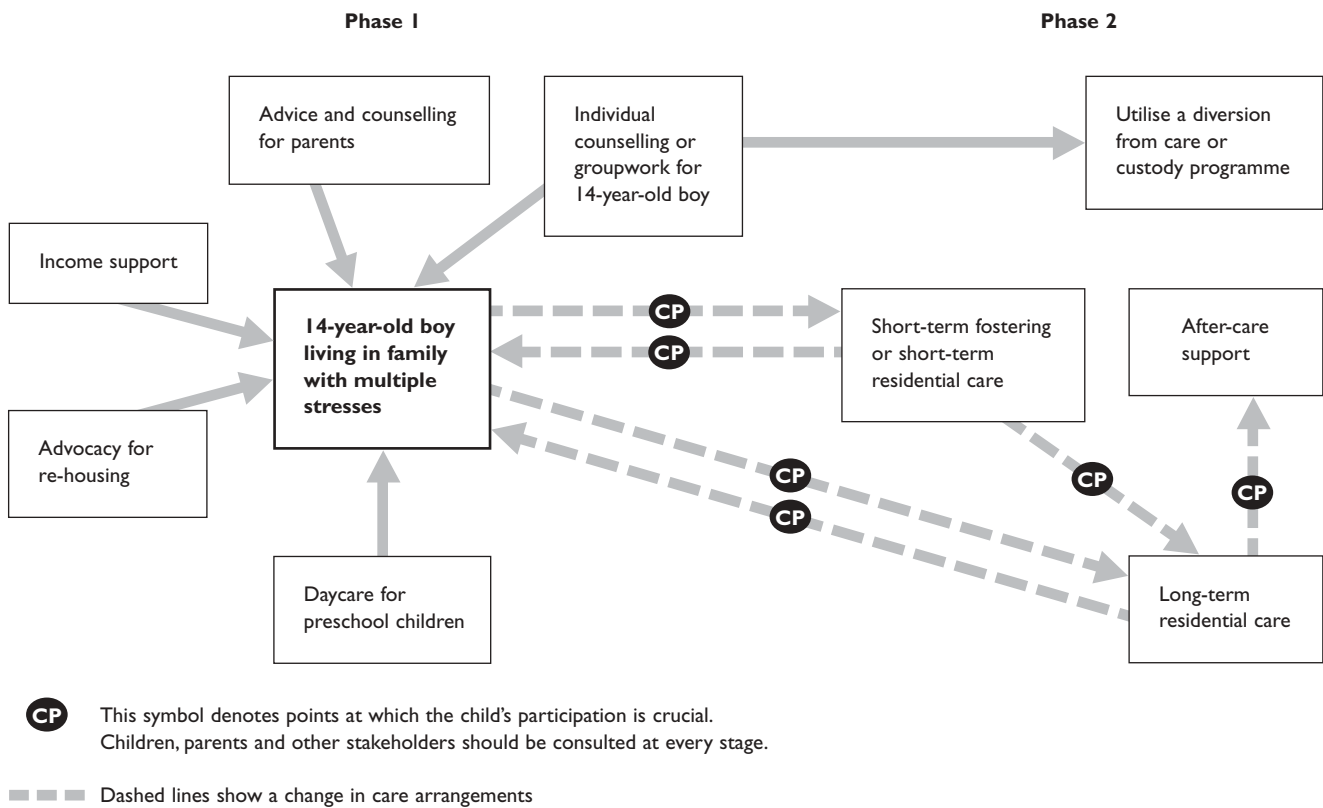
A protection and care package for a child with a disability in a context where services for people with disabilities are relatively well developed might look like Figure 2 above.

Where such a range of services is available, children’s development and well-being are likely to be greatly enhanced if they can be sustained within their own families, often at much less cost than the provision of alternative care. It should be noted that some components target the child while others focus on the needs of parents or other care-givers. In either case, the active participation of the child and other family members is vital, especially in major decisions. However, in situations where such a package of support is not sufficient to maintain the child in his/her own family, a range of care options might need to be considered, such as fostering or placement within the extended family, with residential care being used only as a measure of last resort. Where the child is placed within the extended family or with unrelated carers, a package of support similar to that illustrated in Figure 2 may need to be offered.

In some situations, the family problems may be complex. For example, Figure 3 shows the situation of

a large family with very limited economic means, poor housing, difficulty in coping with three preschool children, and a highly stressed relationship between the parents and a 14-year-old boy who is getting into trouble with the police. In such a situation a comprehensive package of care, tailored to the individual family, may be needed. In this example, out-of-home care is initially considered only on a short-term basis, perhaps in order to understand and address the boy’s offending behaviour, while at the same time facilitate an improved relationship with his parents and address other issues such as poverty. This out-of-home care could be with the extended family or other community member if agreed by the boy and the parents. Long-term residential care is, once again, only used as a last resort. It is important to note that there is a great deal of evidence to show that once a child has crossed the threshold into residential care, many institutionalisation factors conspire to make it increasingly difficult for the child to return home unless constant emphasis is placed on the temporary and task-centred nature of the placement. The diagram in Figure 3 illustrates a possible package of protection and care in such a complex situation.

Figure 3: Example of a possible package of protection and care for a family facing complex problems



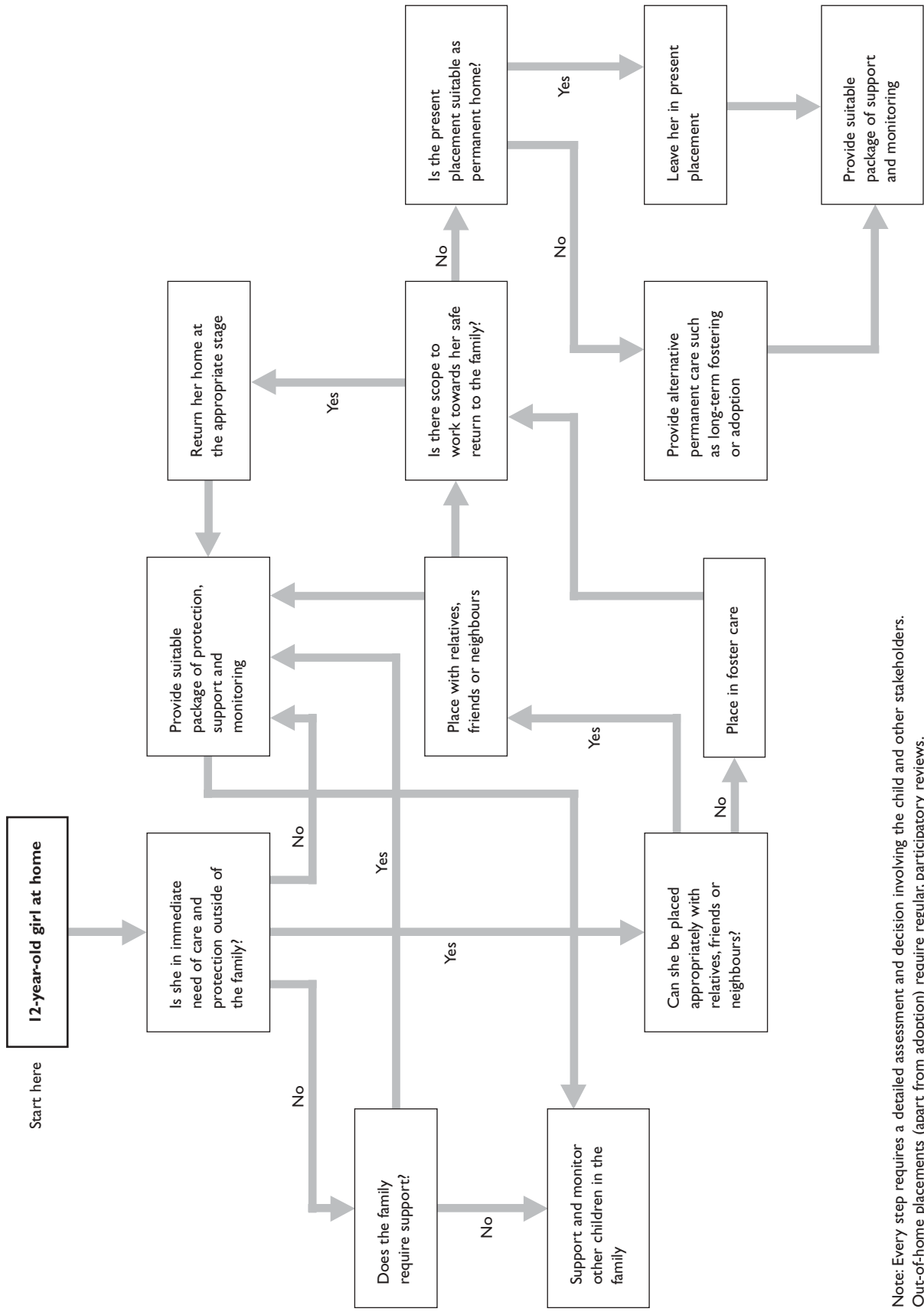
Again, in this model, short-term care may be used as part of a package aimed at returning the 14-year-old boy to the care of his parents. Where foster care is used, this may require a similar package of support to the child and foster family, modified as necessary.

The development of an appropriate package of services needs to be based on a comprehensive analysis of the needs of the girls and boys who are perceived as potentially needing alternative care. Often, the respective needs of girls and boys will differ greatly even within similar contexts. In turn, this approach demands that careful planning is undertaken with each individual child to ensure the option(s) respond to the needs, rights and best interests of the child. Furthermore, the needs and circumstances of both the child and the family change over time, hence the need to review the child's situation regularly. Both care planning and reviewing need to incorporate appropriate means of ensuring that the views and concerns of the child and the family are carefully taken into account.

Decision-making process for planning for the child

A model for decision-making is given in Figure 4 (overleaf). This case concerns a 12-year-old girl who was found wandering around the neighbourhood late at night. She looked dirty and neglected and was expressing fears about returning home. Neighbours reported that she was often heard crying in her home. The resources which might be potentially available will clearly vary according to the context: in some situations, social workers will assume the principal responsibility for intervening, and in turn may have access to a range of child and family support services and alternative care options. In other contexts, community leaders or volunteers may play a central role and may have to rely mainly on resources contained within the local community. Similarly, there will be contextual differences in terms of the availability of child protection legislation and the means to implement it.

Figure 4: Model for decision-making



Note: Every step requires a detailed assessment and decision involving the child and other stakeholders. Out-of-home placements (apart from adoption) require regular, participatory reviews.

4 A call for action

Save the Children and its many partners across the globe have extensive experience of working with children and their families to protect them from harm and promote their care in line with the principles and standards of the UNCRC. This includes work in established social welfare systems in developed and transition countries, as well as in resource-poor and fragile states. In both emergencies and longer-term development situations, good practice has been developed to enable children to remain safely in their families, to be returned to their families when conditions permit or to find good-quality substitute care when required. This evidence base, and the key lessons learned, now needs to be made widely available to policy-makers and practitioners as they develop their own responses to the crisis in children's care.

In some countries, considerable problems remain in moving beyond large-scale institutional care as the main care option for children at risk and families under stress. In others, the political will to ensure that children are properly cared for is often not present – with the recruitment of child soldiers or the detention of children living on the streets as some of the most egregious examples. Other countries find their commitment to children's protection and care limited by severe financial constraints and the pressure of competing demands. However, developments in recent years give cause for optimism for the promotion of children's rights to quality care and protection and to a family environment. Increasing efforts by governments, international agencies and NGOs have demonstrated the benefits, cost-effectiveness and sustainability of new approaches to preventing family breakdown, and ensuring family-based care for those who cannot remain at home. These efforts now need to be scaled up and incorporated into more systematic responses to children's care and protection needs at community, sub-national and national level. The devastating impact of the HIV and AIDS pandemic

on children – and on the capacity of their families and communities to provide care and protection – has given added urgency to this task.

The 'First Resort' series will promote learning and experience that will enable children to enjoy a safer and more fulfilled childhood – as far as possible within a family environment. But if this is to reach the many millions of children affected, it will require a much more sustained effort by the governments and international organisations with the duty to ensure the protection and care of children, whether within their families or outside. In this conclusion we now focus on what needs to happen to make sure this occurs.

1. Acceptance that care and protection of children is a fundamental role of government

Government has the overall responsibility for ensuring the safety and satisfactory care of all children in its jurisdiction – whether in peace or war. Children who are outside of parental care – or who are at risk of placement in out-of-home care – have to be seen as the special responsibility of governments, not least because these children may lack the protection and care which is normally the immediate responsibility of parents as primary duty-bearers. It is therefore vital that governments make the care and protection of children a fundamental part of their activities and develop systematic responses to the range of children's protection and care needs. This requires a range of initiatives that will depend on the country context but might include the creation of an enabling legislative framework, policy development, resource allocation, co-ordination across government departments and partnership with service providers. Particularly, the care and protection of children should be integrated into social welfare and social assistance programmes, where they exist. Governments need to take the

initiative in the creation of a real momentum for and commitment to change. They need to raise the profile of child protection as a key responsibility of governments and other actors under the UNCRC.

2. Prioritise family support and keep children in their families wherever possible

Governments and other stakeholders need to make available practical support to families to help them provide for the care and protection of children. This requires a systematic approach to supporting children and their families, with specific attention to situations where there is a risk of a child needing care outside of the family. In prioritising child and family support, governments again need to adopt a strategic approach which mobilises existing resources contained within communities, provides basic services and develops more specific approaches for children and families in the greatest need.

3. Empower children

There are clear dangers in silencing the voices of children on care and protection issues. The inability to speak out or to be listened to carefully by a responsible adult may condemn a child to further years of abuse and maltreatment. Similarly, an unhelpful emphasis on children's vulnerability may also mask the incredible resilience that children so often display and the active role they can take in responding to their own problems and concerns. Recent advances in recognising the competence, resilience and strengths of children in situations of adversity are therefore greatly to be welcomed. All those involved in securing good-quality care for children need to move beyond seeing children as victims, silent dependants or passive (and often unwilling) recipients of services. Children's role as social actors should be promoted and encouragement given to their role as 'activists' in child protection (eg, as advocates, as service users and as researchers). Agencies should promote the active participation and organisation of girls and boys in diverse care settings and local communities. They should also foster partnerships between children and

key duty-bearers to further children's care, protection and opportunities to develop as active, respected citizens.

4. Build on existing community strengths but encourage innovation

Wherever possible, it is important for governments and other agencies to build on existing traditional family and community structures that have the potential to provide good-quality care and protection that is clearly in the best interests of the child. Where these do not exist or where their effectiveness is unproven, alternatives are needed. In some such contexts, certain established forms of alternative, family-based care such as adoption and fostering are culturally unfamiliar, if not actually alien. Experience, however, demonstrates that these types of family-based care can be developed even in the most challenging of contexts. Cultural norms related to the care of children are sometimes more flexible than they appear. Governments and other agencies need to be bold in creating a vision of what is possible and achievable in their context, looking beyond their own history to the rich experience of other governments and organisations around the globe. At the same time, it is important to weigh the risks that might be involved in any form of care, and then take steps to ensure that children continue to receive the care and protection to which they are entitled.

5. Support international standards for children deprived of parental care

Strong governmental and international support is required for the development and adoption of international standards relating to children deprived of parental care. These should be built on the emerging global consensus on what constitutes best practice in this field, as promoted in the 'First Resort' series. Once the standards are agreed, there needs to be a strong momentum to ensure that standards and good practice guides are translated into policy and everyday practices that improve the lives of children and families.

6. Accelerate the process of deinstitutionalisation

It has been clearly established that large, impersonal and under-resourced residential care is expensive, has extremely poor outcomes for children and frequently disregards children's rights in numerous different ways. Governments must have the ultimate responsibility for breaking with the dependence on institutional care solutions by: closing unsatisfactory residential care provision; promoting prevention work and family-based care and protection; controlling the numbers and quality of care in residential homes provided by other organisations; and promoting better alternatives. Given the strength of vested interests and the difficulties of resourcing a transition to other alternatives, this will often require strong political will and a very deliberate change-management strategy (eg, to transform institutions into 'one-stop' centres for community-based family support and children's services).

7. Increase public awareness

In very many contexts, public opinion lags behind the development of new models of prevention and care. For example, in the countries of the former USSR, collective forms of care are still seen in a positive light, while among many religious organisations there is still a bias towards residential forms of care. Greater use of the media needs to be encouraged, emphasising childcare and protection issues seen from a human rights perspective, and drawing attention to the positive outcomes of family-based forms of care. Strong, government-backed advocacy against discrimination of all kinds is required to fight the stigma often associated with gender, ethnicity, disability, HIV and AIDS and more generally with children outside of parental care.

8. Encourage funders to promote family-centred care

The choices and preferences of institutional and private donors (including FBOs and congregations) are one of the main obstacles to improving the care

offered to vulnerable and 'at risk' children. It is still the case that many funders and donors find the concept and image of residential care very appealing, failing to take into account the poor outcomes of this form of care for children. Socially responsible funders and donors need to transfer their support from residential care options towards investment in programmes that support family integrity and develop family-based forms of care. Faith-based donors need to be particularly targeted for advocacy. Public awareness campaigns in the media in the richer countries may assist some donors to change their priorities without prejudicing their capacity to raise funds.

9. Make knowledge available to all

It is an unfortunate fact that the personnel involved in developing some of the best new approaches to prevention and care often have no means of sharing their experience with others. There is an urgent need to ensure that all stakeholders find more and better ways to share their experience with others – whether through networks (such as Global Network for Better Care), conferences, exchange visits or publications. International organisations such as UNICEF, the World Bank and international NGOs have an important role to play in catalysing and supporting better knowledge management, practice exchange and information sharing.

10. Fill the research gaps

Although there is now a growing knowledge base derived from research into prevention and care issues, significant gaps remain. First, there is a general scarcity of participatory research that enables children themselves to articulate their experience and contribute to debates on policy and practice in the field of prevention and care. Second, there is a lack of long-term studies that examine the outcomes for children of different approaches. Thirdly, there is little detailed analysis regarding the cost-effectiveness of different protection options.

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