



Save the Children



A Sense of Belonging

Case studies in positive care options for children

**FIRST
RESORT
SERIES**

Creating Positive Options for Children

A Sense of Belonging

Case studies in positive care options for children

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.

Save the Children UK is a member of the International Save the Children Alliance, the world's leading independent children's rights organisation, with members in 28 countries and operational programmes in more than 100.

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Cover photo: Iris Ntlakaza visits a mother and her son at their home in South Africa. The mother has TB and would be unable to care for her child at home without the support of a home-based carer. (Photo: Paul Weinberg/Panos)

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Abbreviations and acronyms

AAC	Area Advisory Council
AIDS	Acquired immune deficiency syndrome
CAS	Catholic Action for Street Children
CCF	Child Care Forum
CFWSP	Child and Family Welfare Society of Pietermaritzburg
CHH	Child-headed household
CPO	Child Protection Officer
CROA	Children's rights officers and advocates
CSW	Centre for Social Work
CWC	Child Welfare Committee
DDCT	District Diversion Core Team
FOST	Farm Orphan Support Trust
HIV	Human immuno-deficiency virus
LAC	Local AIDS Council
MAP	Maluti a Phofung
NDCT	National Diversion Core Team
NGO	Non-governmental organisation
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
OVC	Orphans and other vulnerable children

Introduction

The First Resort series focuses on the needs and rights of children who, for a wide variety of reasons, are lacking adequate parental care. In many cases, they will already have become separated and may be living outside their families, eg, in institutions, with relatives or on the street. These children are of particular concern to governments and to the international community because they are deprived of the protection normally provided by parents.

In other cases, the family may be vulnerable to breakdown because of the consequences of HIV and AIDS, armed conflict, forced migration, widespread poverty, child abuse or neglect, or other forms of family disruption. Such circumstances may place children at heightened risk of needing care outside of the family unless successful interventions can be made to support the family and prevent the need for alternative care.

The first paper in the First Resort series, *Facing the Crisis*, provided an overview of the range of approaches being taken to support children who lack adequate parental care, either to enable them to remain with their own families or to live with alternative caregivers. All such approaches need to be underpinned by the need for a high standard of care planning involving the child, the family and other stakeholders, and a pattern of reviews to ensure that plans for the child are altered in the light of changing needs and circumstances.

Although the individual and social circumstances of the children and their families will vary greatly, there is a growing consensus that supporting girls and boys to help them to remain safely in the 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 available, and the kind of support necessary to make them work effectively, will depend upon the particular context. In many situations, a 'package' of protection and care support is likely to be what is required for an individual child and his or her family.

The idea of 'packages' implies a range of responses, which can be combined to meet the individual needs of the child, with a bias towards the child remaining in the family in conditions in which the child's needs and rights are met. This term is preferred to the idea of a 'continuum of care', as the latter may be seen to encourage an earlier and/or more definitive use of substitute care options rather than encouraging efforts to maintain the child in the family. However, the term 'packages of protection and care' also refers to the range of 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. Family support and substitute care may often be complementary – for example, when short-term care outside of the family is used to achieve particular objectives, leading to the child's planned return home. Similarly, respite care might be part of a family support strategy that centres on the needs of a disabled child, and is used in order to give the family a break from its day-to-day care responsibilities, or in order to undertake a particular piece of work with the child.

This third paper in the First Resort series presents practical examples of the range of options available to policy-makers, practitioners and others with responsibilities for the care and protection of children without adequate parental care. As indicated above, these options fall into two main categories. In the first category are child and family support strategies that may help to sustain girls and boys in their own family environment (set out in Part 1); in the second are various care options for those children whose needs and rights can no longer be adequately met within the family (presented in Part 2). Case studies drawn from around the world illustrate the huge variation in practice in these areas, reflecting different social, economic, political and cultural contexts and traditions.

I Child and family support strategies

Introduction

In *Facing the Crisis*,¹ ‘prevention’ (of family separation) was seen as the outcome of a range of interventions that support family life and help to diminish the risk of children needing care outside of the family. This will be a familiar concept to anyone working in the social or childcare fields. Among those working with children in communities affected by HIV and AIDS, however, the concept of ‘prevention’ has rather different connotations (ie, preventing infection). Given the growing efforts being focused on addressing the care needs of the rapidly rising numbers of HIV and AIDS-affected children it seems wise to find terms that are commonly understood by practitioners in both fields. For this reason, the alternative term ‘child and family support’ is used in this publication to describe approaches that focus on strengthening families and enabling them to protect and care for their 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 what is most appropriate will vary considerably from one context to another. Many of the services provided under the broad headings of ‘community development’ or ‘basic services’ will often have a preventive effect, although many will not be so labelled. These would include improving access to education, anti-discrimination measures, healthcare and early childhood development programmes, and support for the family in relation to their material needs, eg, social protection or income-generation schemes.

Other types of programme may be targeted more specifically at maintaining or enhancing parental capacity and preventing children being placed in out-of-home care – eg, home-based care for chronically

ill parents, initiatives to promote the engagement of fathers, and parent education programmes. Such programmes may be provided by a range of governmental and non-governmental agencies, requiring good collaboration and co-ordination to make sure they are available to the families most in need of their help.

The case studies that follow provide examples of the way in which packages of support and care can be provided to strengthen families and prevent children being kept apart from their families unnecessarily. The first describes a programme designed to prevent the abandonment of young children in institutions in Bulgaria that works by providing a range of support to the children’s mothers. The second examines the work of childcare forums in South Africa that use a range of approaches to support children made vulnerable by HIV and AIDS (eg, volunteers work to identify children in need, ensure they are able to access government services, and mobilise the local community to address their social and emotional needs). The third case study describes a project in Georgia that provides packages of support to children and families to facilitate the process of de-institutionalisation. The next case study looks at work undertaken in Kenya to divert children away from judicial and custodial systems and to address the care and protection issues that led to them becoming involved with the police in the first place. This is followed by a case study of the role of unconditional cash transfers in creating improved conditions for children in Kenya, while allowing them to remain in their communities and benefit from support locally. The final case study in this section looks at ways of supporting child-headed households, with the example of the Heartbeat after-school centres in South Africa.

Case study 1: Take Me Home: a programme to prevent the abandonment of children in Rousse, Bulgaria²

Background

Following the end of the communist period, and contrary to many expectations, the numbers of infants entering state residential care in Bulgaria continued to rise between 1990 and 1998. As a result of growing social inequality, Bulgaria had the highest rate of infants entering institutional care of any European country and an exceptionally high rate of intercountry adoption, many of the children coming from these institutions. Many of the admissions to infants' homes were the result of a combination of poverty and the stigma associated with discriminated-against groups such as single parents, children with disabilities and Roma people. The Roma, for example, formed an estimated 9 per cent of the country's population but made up 65 to 70 per cent of children living in institutions and some 90 per cent of children sent for intercountry adoption.

The Take Me Home project

In this situation, Save the Children's Take Me Home project became a pilot programme to pioneer a range of measures to help avoid children's admission to residential care, in the hope that this would demonstrate the feasibility of promoting preventive policies. A survey into the situation of mothers who referred their children (aged from birth to three years) to institutions was used to give a picture of the kind of support they would need in order to avoid institutional placement. A project steering group was formed, including representatives from the Ministries of Health, Labour and Social Policy, and Finance at local and central levels, as well as Save the Children. Simultaneously, work went ahead with the Bulgarian government to amend and support the implementation of the Child Protection Act that promoted the idea of institutional care being used only as a last resort.

The programme involved working with hospital staff to identify mothers who were perceived to be at risk of abandoning their infants, and training and supporting government social workers to undertake assessments of family situations. Where admission to care could be avoided, social workers provided a range of interventions:

- supportive visits and counselling
- helping mothers to access employment, coupled with advocacy with employment agencies to help them to obtain work
- small amounts of money for the purchase of essential items of equipment for their children.

Work was also undertaken with hospital staff to promote family-based care and discourage child abandonment, in a context in which parents, especially Roma women, were often actively encouraged to relinquish their infants. At the same time, awareness-raising campaigns were run in the media on the theme of the importance of children growing up in a family. Work was also undertaken to transform the services provided by the infants' homes, with a new emphasis on day care and outreach support.

Impact

In the area where it operated, the pilot programme contributed to a 38 per cent drop in the number of children who were no longer permanently abandoned and who were therefore no longer available for adoption. However, because this initiative on its own had limited success at national level in influencing policy in the direction of preventive services, other complementary strategies were adopted. Most notably, the government's aspirations to European Union accession – with its promise of economic and financial support – were used as a lever to bring about policy change by making progress on accession conditional on improvement in the childcare situation. As a result of this, the concept of the Take Me Home programme was taken up at national level and key aspects of the model were built into new legislation.

Case study 2: Childcare forums in South Africa³

Background

In 1994 South Africa emerged from a history of separate development for people of different races (apartheid) into a new democracy. Under apartheid, the black majority were moved into 'homelands' far from the centres of economic activity. The homelands supplied labourers who migrated into the mining or urban centres for the time during which they were employed. The families of the labourers remained in the homelands and the labourers retired there. The migrant labour system led to the significant disintegration of nuclear and extended families. Most of the homelands were very overcrowded and poorly serviced by both the government and NGOs.

After the end of the apartheid era, many new structures began to be established in the new municipalities to address the needs of the whole population. A key issue was the rising rate of HIV and AIDS, and, in response, new structures were created, one of which was the local AIDS councils (LACs). LACs were designed as forums through which leaders of key sectors would meet to review and improve local AIDS responses, encourage co-ordination and provide proactive local leadership.

The Maluti a Phofung (MAP) municipality is in the eastern part of the Free State Province. It is a very poor area and the number of households without any income doubled between 1996 and 2001 (from 14,000 to 28,000). The MAP LAC was established in 2001 with support from an NGO that works nationally (the Education and Training Unit). As with other LACs, it had three task teams focused on education and awareness, care and support, and orphans and other vulnerable children (OVC).

The childcare forums

The OVC task team decided that it would aim to establish childcare forums (CCFs) in all 34 wards of the municipality during 2003. CCFs are groups of

volunteers who work to identify vulnerable children in their community, ensure that these children access government support and services, and work to mobilise the community to address children's emotional and social needs. The core members of the task team at this point were from the municipality, the Departments of Social Development, Education and Health, and Save the Children. To progress this work, the task team met with leaders of religious groups, preschool teachers and MAP ward councillors at a series of meetings in early 2003 in order to seek support for the establishment of CCFs.

The councillors agreed to spearhead the formation of CCFs within their wards and the task team then undertook the training of at least five members of each forum for five days. It was also decided that each CCF should send one representative to the monthly meeting of the task team. This ensured that there was regular communication between the forums themselves, and between the forums and the government and NGO support system that the task team was also working to establish. By October 2003, at least one CCF had been established, and some members had been trained, in all 34 wards.

During the course of the training the task team designed a household survey form that the CCFs could use within their wards to assess children's vulnerability. Throughout 2004, the CCFs carried out the household survey to identify vulnerable children in their communities (including the very poor, the disabled, those living with ill parents or care-givers, as well as the orphaned, abandoned, or otherwise not cared for). The CCFs then helped these children to get birth certificates and identity documents that are critical in South Africa to access government social grants, education and other support. They helped families apply for social grants and distributed food parcels when these were available. CCF members also began to visit children in child-headed households (CHHs). They brought the situation of these children to the attention of the schools and negotiated with them to waive school fees and allow the children to attend school. Some schools also began programmes

to support vulnerable children, for example providing meals at school and establishing clothing banks through which better-off children could share clothes with those who did not have enough.

In 2005, CCFs were encouraged to do more to mobilise community support for vulnerable children – such as help with homework, establishing recreational opportunities for children and making sure they had an adult who would support them. The task team is also working to establish a closer relationship between CCFs and government social workers working in the wards. This should facilitate a better referral system from CCFs to the formal social welfare system, with fewer delays and fewer chances of children being missed completely.

Challenges and impact

Mobilising community support in fractured and poor communities is not easy. Save the Children is working to develop relations with faith-based organisations and local schools. They are also working to establish even closer links with ward councillors, whose support is vital for the success of the CCFs. One of the key challenges is that the majority of CCF members are themselves poor and unemployed. For this reason, Save the Children has argued that CCF members should receive a regular stipend from the government. In the meantime, it is trying to be creative in finding ways of helping CCF members to earn small amounts of money, for example through catering for training events which Save the Children sponsors.

Save the Children has been able to work very closely with government at all levels and has received excellent support. We have recently received funding to facilitate the expansion of the CCF model to the other four municipalities of the Thabo Mofutsanyana district and to support a local NGO to establish a similar programme in another former homeland area in the north of the country.

Case study 3: Building family-based care in Georgia⁴

Background

Since declaring independence from the USSR in 1991, Georgia has undergone a difficult transition from the Soviet system towards a market economy. Like many other former Soviet republics, Georgia has experienced serious economic difficulties leading to a huge rise in unemployment, migration and social vulnerability. These issues and their complex social consequences, including alcoholism and drug abuse, have contributed to an increase in the rate of family breakdown, child and family separation, illness and mortality, as well as the neglect and abuse of children. One serious consequence is that the number of children being placed into institutional care has increased. Children's institutions are an inheritance from the Soviet era and, until 1999, represented the only state support available for vulnerable children and families. Children were readily placed in residential institutions for socio-economic reasons without any adequate assessment of the child's needs.

Following its ratification of the United Nations Convention on the Rights of the Child (UNCRC) in 1994, the Georgian government took steps to begin reforming legislation and policy in the sphere of child welfare. In 1999, UNICEF and the Ministry of Education invited EveryChild to support them in establishing and developing a pilot model of community-based alternatives to institutional care for children. The project aimed to demonstrate the feasibility of returning children in residential care to their families and to determine the kind of services that could ensure family-based care. EveryChild also helped to develop a foster care model.

Piloting family-based care options

Implementation of the project began in January 1999 and research was undertaken into the status of children in institutions and the reasons for their

admission. Six social workers were recruited in each pilot site. Social workers received intensive training in general social work over a four-month period. On-the-job practice supervision followed the formal training and continued throughout the life of the project, involving input by technical advisers with regional and international expertise. The case management approach that social workers continue to use is based on a detailed assessment of individual children and their families. It also involves the design and implementation of practical action to support tailored assistance plans (including utilisation of existing community resources) and regular monitoring of cases.

The packages of family support that could be offered include the following elements:

- assessment of child and family needs and the formulation of care plans
- working with the family's support networks; these are relatives, friends, colleagues, neighbours, etc. It involves organising meetings with these groups, with the family's consent, to see how they might be able to support the family and to verify information given by families about their situation
- assisting parent/s to get required documentation (eg, child's birth certificate, documentation from childcare commissions regarding the formal status of the child – eg, disabled)
- assistance in ensuring children receive school books and, in some cases, that they attend school
- working with families to overcome the stigma and fear surrounding single parenthood, encouraging wider families to support them and accommodate them
- working directly with families to address specific social issues including domestic violence, relationship difficulties (not just between parents), and emotional and physical child abuse
- liaising with local authorities to provide support services and medical care (eg, specific operations) and to deal with housing issues

- networking with private tutors and classes to access opportunities for children in the areas of sport, art, dance and music
- networking and advice on employment for parents. Working closely with local employment departments to access free training courses. One component of the project offered training in small business development
- a specific project, in partnership with World Vision and UNICEF, provided a shelter for young and vulnerable mothers and their infants. This provided a temporary housing solution and a base for assessment and social work intervention to prevent abandonment and institutionalisation
- the provision of training to biological parents on parenting, child development and awareness of the damaging effects of institutionalisation, and on how to address the resulting problems.
- the provision of information to families that is not always easily accessible
- advocacy on behalf of children and families with state structures and donors.

The programme also worked with support services provided by other agencies, and with the fostering programme.

Impact

One of the major achievements of the project was the sustainability of the family-based care services, which to a great extent was conditioned by the significant participation of the government. The pilot project was successfully taken over by the Ministry of Education in 2002, and in the same year EveryChild was invited to support the expansion of the programme to other parts of the country. De-institutionalisation has now been recognised as one of the priority areas in the new state child welfare policy.

Case study 4: Care not custody: diverting young people away from the justice system, Kenya⁵

Background

In 2000, Save the Children undertook a review of the situation of children in conflict with the law in Kenya. The review showed that an astounding 80 to 85 per cent of children in police custody or correctional facilities were children in need of care and protection and had committed no criminal offence. The majority of the remainder had committed minor offences in the course of attempting to meet their basic needs. The review identified a number of weaknesses in the policy and practice of the juvenile justice system, including:

- inappropriate use of the justice system for welfare issues
- lack of appropriate legislative and policy frameworks to guarantee the separation of social welfare issues from criminal justice issues in order to ensure the appropriate protection of children
- lack of policy and practice guidelines to support child protection within the juvenile justice system
- inadequate resources in the form of funding, infrastructure and personnel
- a high and disproportionate allocation of resources to institutions rather than to more cost-effective and sustainable community-based alternatives
- lack of effective data management systems
- lack of co-ordination and collaboration within and between relevant government departments and NGOs involved in juvenile justice and its administration.

Avoiding inappropriate institutionalisation

In January 2001, a workshop with key juvenile justice stakeholders initiated by Save the Children led to the development of a pilot project in three geographical areas to divert children from the courts. The overall aim was to protect children from

inappropriate institutionalisation and demonstrate a viable alternative to custodial care, and in this way influence the practices and policies of key governmental and non-governmental agencies at regional and national levels. The project's specific objectives were to:

- build the awareness and knowledge among stakeholders of diversion and children's rights issues
- increase the capacity of the police, the Department of Children's Services (DCS) and its key governmental and non-governmental partners to undertake diversionary measures for children who come into conflict with the law.

In particular, the project would support the capacity of the police to deal appropriately and immediately with children on contact with them by diverting the social welfare cases and petty offenders back into the community. It was anticipated that this would result in a reduction in the number of children in custody, and in the number of children at risk of inappropriate or excessive use of institutionalisation in the project areas.

Of particular significance was the aim of developing examples of viable community-based and other strategies for the care and rehabilitation of children in conflict with the law. The programme also aimed to ensure the participation, in national forums, of children in conflict with the law and other groups of marginalised children. The approach taken was collaborative, building ownership of the project among relevant governmental and non-governmental agencies from national to local level, as well as the provision of training and capacity-building.

The diversion process seeks to divert children from the earliest point of contact with the juvenile justice system, ie, the police station. It includes the following elements:

- The *National Diversion Core Team* (NDCT), chaired and convened by the Department of Children's Services on a quarterly basis.

Membership includes senior representation from government juvenile justice agencies (police, probation and aftercare services), NGOs, and one representative of each District Diversion Core Team (DDCT). Its role is to develop strategies for integrating the lessons of the pilot project into national level policies and programmes and to provide technical support. It also acts as a forum at which resource mobilisation can be discussed and co-ordinated.

- *DDCTs*, made up of key juvenile justice players including the Department of Constitutional Security, the police, the Department of Probation and Aftercare Services and NGOs (particularly those with programmes for care and rehabilitation of street children or which provide temporary accommodation). The DDCT meets regularly to review cases of children who come into police custody, with the aim of arranging for their return to their families. Where this is not immediately possible, the group identifies and facilitates alternative placement and rehabilitation of the children within the community.
- *Area Advisory Councils* (AACs), statutory bodies established by the Children's Act and co-opted into the activities of the DDCTs. AACs have a diverse membership, including community leaders. They have provided counselling to children and their families, conducted follow-up of diverted children, provided rescue centres and education support, and initiated income-generating activities for families.
- *Child Protection Units*, established in various police stations where police officers were trained in diversion and children's rights.

This structure is complemented by the Strategic Alliance, an informal affiliation of government agencies, donors and NGOs involved in juvenile justice and related social welfare issues. It aims to address the lack of co-ordination within the juvenile justice sector and to provide a forum at which stakeholders can share information and learning.

There are four sub-committees led by different agencies: diversion and decongestion of correctional facilities; development of standardised procedures and practices; research and information management; and a lobby group on child protection policies.

Advocacy activities by the project included the publication of *Guidelines for implementation of children and young people's diversion strategy*. Project experience was fed into the police strategy for 2003–07. Some project members have begun advocacy work with parliamentarians to lobby for legislative changes to support the diversion strategy. Links were also made with networks and organisations, including the Chambers of Justice (which includes monitoring of the diversion project in its Child Rights Monitor reports).

Impact

The impact of the programme was significant. In the first four years of the programme, about 2,500 children were diverted from the courts, 70 per cent of whom were returned to their families. The children received better treatment in police stations, the time spent in custody was reduced and fewer children were taken to remand homes. The project also enabled children to express their views on what should happen to them.

Case study 5: Cash transfers to orphans and other vulnerable children, Kenya

Background

Unconditional cash transfers constitute a relatively new method of promoting child protection and alternatives to institutionalisation.⁶ Although developed more recently in the context of food security and livelihoods work, the principle of income grants to poor families can be traced back to transfer payments made by European welfare states and now found increasingly across Latin America.

Defined as ‘transfers of cash made by governments or NGOs to individuals or households identified as highly vulnerable, with the objective of alleviating poverty, providing social protection, or reducing economic vulnerability’, there are strong arguments in their favour. Foremost among them is a reduction in rates of childhood poverty.⁷ Positive benefits that have been shown to accrue to children include improved health in South Africa, higher educational enrolment for girls in Brazil, and in Namibia, better capacity to withstand drought-induced crisis. It also gives families a choice as to how to meet their needs, rather than receiving pre-defined material items that may or may not be of use.

Some of the challenges in the use of cash transfers include targeting and ensuring that investment is made in the infrastructure for the delivery of the transfers so that it is reliable and thereby more useful. To be most effective, cash transfers also need to form one part of a comprehensive social policy and programme, for example as part of a poverty reduction strategy. As such, there is strong case for a comprehensive package of social protection to be developed to meet a variety of needs and vulnerabilities.

Cash transfers can act in two main ways to support children in need of improved care: they can prevent

family separation in the first place and/or provide direct support for family reintegration. Given the overwhelming role of poverty as a root cause of many cases of family breakdown, cash transfers may be useful for specific groups of separated children but also, if used more widely, may prevent many instances of separation in the first place and so reduce the numbers of children on the street and facing other forms of risk.

Learning from a pilot scheme, Kenya

In Kenya, as a result of the HIV and AIDS pandemic, the government has led the development of a cash subsidy scheme for OVC, beginning with a pilot in three districts.

The subsidy was designed to primarily reach orphans (75 per cent of a total of 500 children) and other vulnerable children in the three districts. The children were targeted through a combination of questionnaires to assess individual situations and the active participation of community committees. Children received an allowance of 500 Kenyan shillings (about US \$6.25) per month. Families and communities were encouraged to make contributions such as food, clothing, time or other in-kind means. The scheme also supported community-based organisations working to help OVC.

Impact and challenges

There were a number of significant benefits. Children were able to re-enrol in school and showed off their new uniforms, and households spent more on food, clothing and medical expenses for children, including anti-retroviral drugs. Children were better integrated with their peers.

There were, however, concerns from the pilot stage that the process of being identified and targeted as an HIV orphan could negatively impact on the child as a result of stigmatisation of HIV-affected children.⁸ The type of broader integration with social policy mentioned above would help redress such imbalances.

Case study 6: Heartbeat after-school centres for children in child-headed households in South Africa

Background

In some parts of the world it is relatively common to find children caring for younger siblings without any adult living in the family. This would rarely be an ideal option and would be considered unacceptable in some contexts. But where it is the strongly expressed wish of the family members or it is the only way to keep a group of siblings together, and adequate support and protection arrangements can be put in place, supporting children living in child-headed households (CHHs) may be preferable to any of the available alternatives. The following quote from a Tanzanian child illustrates the more positive choices being made.

I am twelve years old and came here with my parents who all passed away one year ago and I don't like to be separated from my young sisters and brothers. We stay together, I take care of them – especially the young one who is one year old... In order to care for him I have been compelled to drop from school... But we enjoy it when we are together without being interfered with by anybody outside our family.⁹

However, in other situations, children may feel forced into a caring role by the absence of alternatives, as illustrated by a 15-year-old boy living illegally in Tanzania.

What choice do I have? I am 15 years old. I do not know how to raise these girls. I do not know how to look after them. I can take care of myself but I cannot take care of them. Sometimes I do not know what to do. Without me, they would have no food to eat, no place to sleep. But what can I do?¹⁰

The idea of CHHs would be considered inappropriate in some contexts, perhaps because it challenges cultural ideas of how childhood should be. On the other hand, in many cultures, children, especially girls, play an active role in sibling care-taking from an early age, which offers some preparation for the role of household head.

Children for whom child-headed households are most suitable

Supported CHHs are most likely to be appropriate in cultural contexts in which sibling care-taking is the norm and where other family-based care options are not well developed. It is impossible to define precisely the situations where this is an appropriate option, but the following criteria are likely to be important:

- the age and gender of the head of the household and his or her capacity to provide an adequate level of care and protection
- the capacity of the children to provide for themselves economically (with external help where required) and the ability of the household head to pursue his or her own education
- the ages and genders of the dependent children in the family
- the availability of protection and support from both an appropriate agency and the local community
- the expressed wishes of the members of the family
- the availability of other options for the family group, such as foster care.

There are many different approaches to supporting CHHs. Some or all of the following components may be considered:

- economic support – cash, food and material support, involving family members in income-generation programmes, etc
- social support provided by social workers, volunteer visitors, etc and possibly peer support through clubs and associations, or by linking the family with another family in the community
- advocacy to help ensure children's access to resources and protection from exploitation
- training in parenting skills and practical support in dealing with such issues as health and nutrition, behavioural problems, etc
- educational support to ensure access to schooling for all members of the family. The provision of opportunities for play and recreation may also be important
- in some cases it may be appropriate to take steps to trace relatives and negotiate for them to assume the care of the children.

A key factor in deciding whether supporting CHHs is appropriate is the expressed wish of the children themselves. Maintaining strong existing sibling attachments is sometimes seen as of paramount importance, and when the alternative may be either institutional care or separating siblings between different families, it is not difficult to see that supporting CHHs may be the most appropriate strategy. Ensuring protection – including protection from sexual exploitation – will be extremely important, especially when the head of the household is a girl. Another challenge for the child heads of households is balancing their responsibilities towards younger siblings with their own need for education, the development of work opportunities and ultimately the need to find a sexual partner (who may not be willing to take on additional dependent children).

In at least one context, it has been suggested that the rise in numbers of CHHs is linked to the availability of NGO support. However, it is not clear whether, without considerable support, these children could have been absorbed appropriately into the extended family or would have ended up in a more vulnerable situation, for example living on city streets.

Heartbeat after-school centres, South Africa

HIV and AIDS are two of the greatest threats to the realisation of children's rights in southern Africa, where the HIV prevalence rate among pregnant mothers is between 20 and 30 per cent. The illness and death of one parent, and very often both parents, robs children of care and support and throws families and communities into a cycle of deepening poverty. Roles are being reversed, with children caring for ill parents and trying to fend for themselves economically. Approximately 700,000 children have already been orphaned as a result of HIV and AIDS in South Africa. Many of them are hungry, forced to drop out of school and subject to abuse of all forms. They grow up without enough love, nurture and guidance. Although South Africa is hesitant to accept child-headed households as a form of care, the reality is that there are thousands of them.

Heartbeat is a South African organisation, supported by Save the Children, which exists to alleviate the suffering of orphaned and vulnerable children by facilitating change in communities. One of the areas in which it works is Khutsong, a township to which much of the population migrated for work in the mines; hence, the extended family network is often very weak. When both parents die, many children are left in a small house with few relatives close by who could support them. Many children do not wish to leave the community in which they have grown up in order to go far away to family members they do not know, and to a rural lifestyle that they are not accustomed to. If they leave the house the chances are that they will lose their claim to it. Thus, they become a child-headed household.

Heartbeat's programme of support includes paid childcare workers who visit a specific number of child-headed families on a regular basis. These care-givers ensure that the children are in school by negotiating with the schools for waivers of school fees. They help the children to access social grants – either from the government or from Heartbeat's own sponsorship programme. They make sure the children receive food that Heartbeat receives every month from a very large food-producing company and from a bakery that Heartbeat helped young people establish in order to feed children in need.

Since 2003, the Khutsong After School Centre has provided other kinds of support through a range of centre-based activities. Children from CHHs look forward to going to the centre after school. The centre has played a therapeutic role for most of the children, who seem to have felt lost after losing their parents. The centre reassures them that they are loved and it also gives them hope. It provides them the opportunity to be free and play as children. The following activities take place at the After School Centre:

- primary school children do homework with assistance from the five orphan care volunteers and a retired teacher
- the *Togetherness* and *Sisonke* support groups for child heads of households meet once a week

- meals are provided in response to the children's complaint that they came to the centre feeling hungry
- bread from the bakery is collected by children on Mondays, Wednesdays and Fridays for them to take home
- training in life skills
- games are played
- on Fridays children participate in drama and choral music
- food parcels, clothing, toiletries and paraffin are distributed at the centre
- the social worker counsels individual children.

The centre benefits 196 children in 27 child-headed households. These children are exempt from school fees and do not pay for municipal services. Teachers have noticed that children attending the centre display improved scholastic attainment. Generous support from a South African corporate donor has enabled Heartbeat to provide regular food parcels for all orphaned children in CHHs as well as other vulnerable children if they are not already receiving government social grants.

Heartbeat has handed over the Khutsong After School Centre, and responsibility for its day-to-day running, to the Sakhi Sizwe Community Child Care Forum (for a case study on these forums, see case study 2). This has enabled Heartbeat to focus its efforts on establishing new programmes while providing financial and material support with ongoing mentoring and training to Sakhi Sizwe. The concept of after-school centres has been adopted as an integral part of the Heartbeat model. As a result of this learning experience, Heartbeat aims to develop after-school centres in each geographical area of operation, with a ratio of one centre for approximately 100 children.

Heartbeat has developed a comprehensive training programme, Tswelopele. This training was developed from Heartbeat's experiences with vulnerable children and is a focal point of the mentorship programme that Heartbeat is developing to share their learning and experience in community- and faith-based groups that are just beginning to work with these children. The mentorship programme shares the principles of the model of care that Heartbeat has developed to increase the speed with which new groups can begin to implement their own programmes.

2 Alternative care approaches

However comprehensive and effective the range of preventive, family support services are, there is still likely to be a need for alternative care for some children. In some instances, children will need to live apart from their own families because of the risk of abuse or neglect, or because their families are unable to cope (eg, because of chronic poverty or the children's own behaviour). In other situations, the parents may be dead or too sick to provide adequate care. In more stable, traditional communities, the extended family is likely to be able to provide care for such children, and when that is not possible, the community may find alternative ways of caring for them. Where the extended family is dispersed and/or where community cohesion is weak (as in many industrialised countries and in communities fragmented by conflict or forced migration), there is likely to be a greater demand on the state or NGOs to provide alternative living arrangements for children.

The development of an appropriate package of services needs to be based on a comprehensive analysis of the needs of the children who are perceived as potentially requiring 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 child to ensure that the option(s) selected respond to his or her needs, rights and best interests. Children's needs and circumstances, and those of their families, change over time. Therefore, it is important that there is a regular pattern of reviews, involving the child and other stakeholders, to ensure that the care placement is still the most appropriate option and that it is continuing to respond appropriately to the child's needs and rights.

This section begins with a short case study on the empowerment of young people who are in, or have left, the care system in the UK. The example highlights the general need for children's active involvement in alternative care arrangements. It is followed by explanations and examples of the most significant out-of-home care options – placement or reunification with the extended family, fostering, supporting child-headed households, adoption, supporting children living on the streets, small community-based family group homes, residential care, and, finally, supporting young people leaving care.

Case study 7: Children in the UK care system as active change agents¹¹

Background

Children's voices are rarely heard in the care system, fostering a 'culture of silence' in which many girls and boys continue to be neglected, abused or exploited by adults or peers who hold more power. The importance of empowering children to speak up for their right to protection, to access information and to play an active role in decisions affecting their care and their lives is, however, becoming increasingly understood. When children are empowered and adults are prepared to listen, boys and girls are able to challenge discrimination, inequality, abuse and exploitation, and provide powerful illustrations of their role as active citizens.¹² Efforts must be made to ensure that the voices of children are heard. The rights of participation and freedom of association for girls and boys needs to be promoted in diverse care systems, enabling young people to inform practice and policy developments and to develop as respected citizens.

Children in care in the UK speak out

In the mid-1990s Save the Children supported children and young people in UK care settings to form their own care groups to support each other and have a voice in plans and policies affecting them. In Wales, this included the efforts of Voices in Care, an organisation run for and by children in care. In Hull and Leeds, in England, children's rights officers or advocates were appointed to support individual and collective advocacy efforts with and by children and young people in the care system, working in partnership with local social services departments. Groups were formed of children in care and/or care leavers. These groups were able to play an active role in increasing young people's access to information, access to a complaints system and increased opportunities to influence services and policies

affecting them. Furthermore, children's rights officers appointed by Save the Children were actively engaged in the development of Children's Rights Officers and Advocates (CROA), a national association of children's rights officers and advocates established in 1992. CROA sought to develop professional practice in children's rights and advocacy services for children in care. Collaboration among the children's rights officers and advocates (employed by a range of child-focused NGOs and/or local authorities) supported networking efforts among children's care groups in the UK.

In 1999, A National Voice was established in England as an organisation run for and by young people who are or have been in care. Its goals are to:

- continue to be a young person-led organisation
- give young people from care an individual and collective voice and ensure they have a say in all decisions that affect them
- inform and influence central and local government decisions about the care system in England
- educate professionals and the general public about the lives and experiences of young people from care
- promote positive images of young people from care
- raise awareness about care issues and reduce stigma
- positively promote the rights of young people from care and promote the United Nations Convention on the Rights of the Child (UNCRC).

A National Voice keeps growing as the young people continue to put pressure on the UK government and policy-makers to do more to create positive changes to the care system.¹³ For example, in the UK new duties have been placed on local authorities to provide an independent advocate for all young people in care who wish to make a complaint about the service they receive. A National Voice is currently working with other organisations to try to make changes to the law which would mean that local authorities have a duty to encourage, maintain and support contact with biological brothers and sisters and grandparents, when the child in care so wishes.

Placement or reunification with the extended family (kinship care)

Background

Worldwide, the vast majority of children not living with their own parents are living within the extended family. In communities most affected by AIDS, huge numbers of orphaned children have been taken in by relatives, with a growing emphasis on the care-taking role of elderly grandparents, who may themselves have a range of support needs. In other contexts (eg, in situations of armed conflict or refugee emergencies), members of the extended family take in girls and boys who have become accidentally separated from their own families while steps are taken to trace them. In more settled and stable communities, it may be relatively straightforward to identify relatives who are well known to the child and who already have close ties with him or her. In unstable situations, tracing members of the extended family may be difficult and complex. In all these cases, however, there may not necessarily be a pre-existing or meaningful relationship between the child and the family member with whom they are placed – making the idea of ‘family reunification’ a somewhat misleading term.

In many cases, placement in the extended family is spontaneously arranged within the family; this is often termed ‘informal kinship care’. Where care is arranged by an agency, it is referred to as ‘formal kinship care’. Sometimes the term ‘kinship fostering’ is used, especially in situations where the fostering mechanism is used to facilitate financial and/or social support. In both cases, there is an urgent need for the development of policy and practice that provides community-based support and monitoring for children living in the extended family, to ensure that their protection needs are met.

Children for whom extended family care is most suitable

As a general rule, placement with relatives is the first choice for children who need care outside their family of origin (ie, their biological parent/s). Such placements may build on cultural norms regarding the extended family’s sense of responsibility for children.

They may also preserve existing family relationships and provide continuity of personal and family identity. Where that family lives within the child’s community of origin, it may help to maintain children’s own social networks and contact with familiar places such as schools and places of worship. For these reasons, placement with the extended family has increasingly found favour in more developed countries. However, several notes of caution need to be sounded – some of these are elaborated below.

Description of extended family care

When parents die, members of the extended family may spontaneously arrange for the care of children without any form of external intervention. Many societies have cultural norms about the choice of relatives who would assume the care of the child (eg, maternal or paternal aunts). In some of the communities most affected by HIV and AIDS, however, these norms are changing under the stress of the pandemic. For example, paternal kin are assuming the care of children where maternal kin would be the norm (and vice versa), and grandparents are increasingly taking on this role where it has not been the norm.

In other contexts, especially where the extended family has become dispersed, as in situations of armed conflict and forced migration, and where families move in search of work, it may be necessary for external agents to facilitate the process of family tracing and placement. This may involve a number of steps, typically including:

- searching for relatives – either on a case-by-case basis or using ‘mass tracing’ methods
- verifying that the family is related to the child
- discussion with the family and the child about possible placement
- where possible, a phased (re-)introduction of the child to the family
- the actual placement
- follow-up monitoring and support, which may include material and/or psychosocial support.

The extent to which children living in kinship care receive any form of external support is a difficult issue. Clearly, most informal arrangements involve no kind

of support and the UNCRC is silent on the extent to which these children have particular protection needs to which the state or other authorities should respond.

Regional/cultural variations

The degree to which members of the extended family feel responsible for a child who has lost or become separated from his or her family is variable. In many cultures in sub-Saharan Africa there is often an unquestioning sense that the child ‘belongs’ to the extended family, who will automatically provide care. In more industrialised countries, where the nuclear family is the norm, people may feel a very limited sense of responsibility for orphaned or separated children. In such contexts, the idea of extended family conferences has sometimes been used to engage a sense of wider family responsibility for the child and agree upon the most suitable care option within the family.

Additional points, challenging and opportunities

It is important to avoid the simplistic assumption that care by relatives is always the optimum choice for all children and in their best interest; there are several reasons for this. First, in situations where the extended family makes the decision about the placement of the child with relatives, the decision may be based on the willingness of the family rather than on the needs or expressed wishes of the child. Second, it is also clear that discrimination against non-biological children in the family is also common.¹⁵ The fact of a kinship tie is no guarantee that a child will be adequately cared for and protected. Third, in some situations, conflicts in the child’s family of origin may become repeated in kinship care. Fourth, practice in emergency situations frequently involves the ‘reunification’ of the child with members of his or her extended family, but in practice this often actually involves placing the child with a family with whom the child has had little or no previous contact. Even when it involves a placement with a family known to the child, the composition of the family may have changed through natural processes of birth, death, marriage, etc. This may mean a considerable adjustment problem for the child and for the family, who may benefit from external facilitation. Fifth, there is sometimes a danger that

orphaned children will lose their entitlement to their parents’ land and property. A final reservation about extended family care is that when parents die, it is common for siblings to be separated among various different families – again often reflecting the fact that the children themselves may not be involved in the decision. In some situations, alternatives may be preferable – for example maintaining the group of siblings as a child-headed household with adequate provision for their protection and support.

Another issue that is sometimes overlooked by childcare agencies is that children who have lost or have become separated from their parents may have had experiences which will be reflected in their attitudes and behaviour. Children who have cared for sick parents, and eventually see them die, may have overwhelming feelings of loss. Children who have become separated from their families in the context of armed conflict, or who have suffered abuse and neglect in their own family, are likely to have had experiences which will inevitably have an emotional impact on them. It may be vital for external agencies to provide the child and the ‘new’ family with help in dealing with the emotional and behavioural consequences of such experiences, as well as the complex relationship issues involved in incorporating another child into the family.

In many societies, the care of the child within the extended family is seen as a private, ‘family matter’, and some families will resent or resist the involvement of external agencies. Staff or volunteers who visit the family may need the authority delegated by government, internationally mandated bodies such as United Nations High Commissioner for Refugees (UNHCR) or community leaders in order to provide official backing for their role.

In some situations, placement with a related family is considered to be similar to ‘family fostering’, in order to provide a package of supports. Case study 11, on fostering in Tuzla (in Bosnia and Herzegovina), encompasses such family fostering. While this may be appropriate in many contexts, its use should be accompanied by an awareness that financial incentives discourage the return of the child to his or her own family.

Case study 8¹⁶ – Children placed with the extended family in Pidie, Aceh, following the tsunami

Background and introduction

The tsunami that struck the coast of Aceh in Indonesia was probably the worst natural disaster of all time in terms of loss of life and the destruction of property. It is thought that approximately 170,000 people lost their lives in Aceh, about 270,000 homes were destroyed or seriously damaged, and many public buildings, including 1,488 schools, were destroyed. More than half a million people were displaced. The tsunami did, however, provide momentum to bring to an end a 30-year civil conflict between the Free Aceh Movement and the government of Indonesia.

Family tracing and reunification

When children lost their parents in the tsunami, it was not immediately apparent whether they had died or were missing. It was, however, easy to establish the communities from which they came, especially in areas where the extended family tended to live close to each other. In the large majority of cases, children were spontaneously taken in by members of the extended family, though others were immediately cared for by neighbours, occasionally by strangers, and in a few cases children were entirely on their own or living in groups.

As a result of rapid collaboration between Save the Children, UNICEF, other NGOs and the Department of Social Affairs, a Family Tracing Network for such children was set up and activities co-ordinated, with a central database. At the time of writing, 2,731 children are registered. Publicity campaigns were undertaken to encourage people to identify separated children so they could be registered and decisions made regarding the most appropriate option for their care. Interviewing the children often presented

considerable difficulties, as many had had extremely traumatic experiences that caused them to remain silent, distressed and afraid. An additional problem was that many children clung to the hope that their parents might have survived, and in the absence of identifiable bodies this was not surprising. Typically, it took some months before children were fully able to grasp the reality that their parents would not be returning.

In some cases, the parents had survived and reunification was achieved. Case-by-case tracing methods were used to make enquiries in the child's community in the hope of finding appropriate relatives to care for the child. Posters, showing photographs of the child and the name of the community of origin, were displayed in communal places in order to try to find relatives. Parents looking for children were also registered.

Extended family care

Acehnese society places a strong value on the responsibility of the extended family to care for children; this is normally exercised by the father's relatives. In most cases, various members of the family were able to decide on the best care arrangement for the child, and children's views were often taken into account. Child protection officers (CPOs) assisted children and families in discussing possible alternatives. In some cases, they encouraged family members to meet together, with the child, to work out the best solution. Occasionally, there were disputes within the family regarding the child's care, sometimes motivated by the perceived material benefits that could be obtained in the context of many different NGOs distributing aid. In very few cases, the courts were asked to appoint the most appropriate guardian for the child. Gender preferences on the part of the extended family were not significant, despite the cultural value placed on boys.

CPOs make follow-up visits to the children in their new family situations, though their role in actively facilitating the integration of the child into the family may be restricted by a combination of their lack of previous experience and the cultural norm that the care of children is a 'family matter'. In a society with no experience of child protection systems, the involvement of community leaders was seen as important in giving the CPOs a mandate, and in providing an authoritative reference point in the event of problems. Where the preferred carer lacked the material means to care for the child, Save the Children provided emergency cash or in-kind material assistance, and all cases are now being reviewed with a view to providing a more systematic approach to material support. In most cases, the main strategy is to provide the means for the family to start, or re-start, a small business to facilitate the family's long-term self-sufficiency.

In contrast with experience in many other large-scale emergencies, children placed within the extended family in Aceh seem to have received a good quality of care, with abuse or discrimination in favour of the biological children of the family being rarely seen. This reflects the very strong tradition, in this conservative Islamic society, of the responsibility of the extended family to provide good care. The fact that the society also experienced such sudden and massive loss probably also led to this exceptionally positive response. The incredible resilience of the Acehnese was also evident in the way in which children and adults adjusted to the catastrophe. Psychosocial support was provided to children both via the school system and in the provision of play and various structured activities, targeting all tsunami-affected children in the community. Families received visits from CPOs until it was clear that the child was happily settled, and reunification certificates were used as a means of formalising the placement, usually witnessed by the community leader. Although not legal documents, these serve to formalise the placement.

Remaining challenges

The sustainability of monitoring and support for these children remains a major concern. The District Social Affairs Offices lack the capacity to take on individual support to these children. Many communities in Aceh are feeling the combined effects of a 30-year civil conflict as well as the devastating impact of the tsunami. As a result, many community structures have been weakened and collective activities have been inhibited, especially in those communities most directly affected by the conflict. In this context, developing community-based protective mechanisms presents a major challenge. However, work is now under way to move towards a more community-based system of monitoring and support, using a range of community structures and resources.

A year after the tsunami it became apparent that significant numbers of separated children had been 'invisible' to the family tracing agencies, and that many of these children had been absorbed, unnoticed, into the existing system of institutions and religious boarding schools. In many cases, it seems that these children had at least one surviving parent, but had been placed in residential care for a variety of reasons which included the loss of the family home and/or livelihood, loss of one parent (often the main breadwinner) or difficulties in gaining access to school. Work is now planned to ensure that these children are registered and links made to family members where this is required.

Formal and spontaneous fostering

Brief description

Formal fostering is an arrangement made by an agency (government, NGO, community-based organisation, etc) to place a child with a family that is usually unrelated to the child, although some agencies also use the mechanism of fostering to place children with relatives. Foster carers do not formally assume parental rights. The agency involved will normally accept long-term responsibility for the fostering programme overall, and responsibility as ‘duty-bearer’ in respect of individual children. In more traditional/rural communities, community leaders are also sometimes involved as duty-bearers in various aspects of the process.

Informal (or spontaneous) fostering refers to arrangements that result from the spontaneous actions of families to take in a related or an unrelated child without the intervention of a third party. In large-scale emergencies (such as situations of forced migration and the HIV and AIDS pandemic), many children will be placed spontaneously with unrelated families, and although no agency is involved in making the placement, there may be a vital role for child protection agencies and possibly local community structures in monitoring and supporting the placement.

Children for whom fostering is most suitable

Fostering is most suited to situations where the long-term aim is for the child to return to his or her own family, and is usually most effective when the family, the child and the foster carers are all working in partnership to achieve this aim within defined timescales. Fostering is also used as a more permanent form of family placement in situations where adoption is not possible, or is not considered appropriate in the particular case. In such cases it is akin to a form of de facto adoption, though in some situations it may still be appropriate to maintain contact between the child and the family of origin.

Many fostering agencies only consider young boys and girls (eg, under ten years of age) as suitable for fostering. However, in some countries, agencies have successfully placed adolescents, and children of all ages with special needs (eg, disabilities or challenging behaviour). This has usually involved special training for the foster carers, some form of remuneration and intensive support. In Sierra Leone, for example, Save the Children¹⁷ successfully placed young people who had been through extremely difficult circumstances. This illustrates the possibility of fostering an extremely demanding group of young people. Where it is clear that the child needs permanent care, however, legal adoption, where available, is generally preferable to fostering – for example when the child has been abandoned, where it is known that the parents are dead, or where it is clear that the parents are unlikely to resume caring for the child.

Description of formal fostering

The concept of fostering varies hugely according to the particular context. In situations in which there is a functioning state social welfare infrastructure, social workers will usually take a major role in the entire process. In more traditional communities, where such an infrastructure is lacking, community leaders and volunteers may play a more central role. Typically a fostering programme requires:

- a system for recruiting foster carers: this may involve publicity campaigns in the media, collaboration with faith-based and other organisations, and awareness-raising campaigns within local communities. When fostering is not a familiar concept, national publicity campaigns endorsed by the government may be required. It has sometimes been found that existing foster carers themselves are the best recruitment agents and there are also examples of children identifying possible carers from among their own networks
- a system of assessing the suitability of prospective foster carers. This is usually considered as a professional task but local community leaders may also carry this out, especially in more traditional communities. A formal decision-making process to approve (or decline) applicants will be required

- the training of foster carers: sometimes this is combined with the assessment system. The involvement of their children and, in some contexts, the extended family and/or neighbours may be important
- the selection of children who are suitable for fostering, and then the preparation of the child both for fostering in general, and for the particular family. This requires sensitive individual work with the child to encourage him or her to express his or her opinion and share ideas and worries
- the ‘matching’ of the particular needs, characteristics and expressed wishes of the child with the skills, preferences and characteristics of the foster family
- a phased introduction of the child to the family in order to help both parties to adjust and to respond to any areas of difficulty. The signing of a formal fostering agreement may mark the completion of the placement. In some contexts, a public ceremony may help to embed fostering within the local community
- monitoring and support of the child and family: this may include financial and/or material support as well as psychosocial support for both the child and the foster family. In some contexts, community leaders may play an important role in this. Peer support, for example by associations of foster carers or clubs for children, may be important – see case study 10. Regular reviews (as required by UNCRC Article 25) will be important to maintain an ongoing focus on the aims of the placement, to take stock of progress in any work being undertaken to trace, or work with, the child’s own family, and to consider other measures (such as legal adoption). Reviews should provide an opportunity for girls and boys to express their ideas and feelings about the placement.

These monitoring and supporting activities may be equally relevant to children in ‘spontaneous foster placements’: however, some of these children may remain hidden unless some form of registration takes place, and it may be necessary for the agency involved to secure a mandate from the community to become

involved. In either type of fostering, a team of social workers (where available) with skills in assessment, direct work with children and expertise in working with families should undertake these tasks. Some programmes divide the various tasks between specialist workers and community leaders or volunteers. Sometimes children themselves may play an important role (as in case study 10).

Regional/cultural variations

Spontaneous fostering is extremely widespread in many societies and is often arranged informally for a wide range of reasons, varying from providing the child with better educational opportunities or relieving the burden of a mother who has many children, through to deploying the child as a domestic servant. Often there is an underlying principle or expectation of ‘exchange’ – ie, the foster carers expect something in return, such as the child’s labour or material goods.

In some contexts, as already noted, both formal and spontaneous fostering are more akin to de facto adoption, although there is no change in the child’s formal legal status. This may be appropriate where there is no legal provision for, or tradition of, formal adoption. Fostering may informally involve a change in the child’s family name and the child being accepted as a full member of the family, although this may leave some important ambiguities, for example in terms of arrangements for the child’s initiation, marriage, inheritance, etc.

Additional points/challenges and opportunities

Save the Children strongly advocates for the development of both fostering and adoption as generally preferable alternatives to residential care. Introducing fostering into societies in which the care of children by strangers is unfamiliar poses considerable challenges, but case study 9 demonstrates the potential for a success even in difficult circumstances. Developing foster care at the scale required in some contexts is another major challenge. Experience in the more industrialised countries also

shows that fostering is not risk free, and that the breakdown of placements is all too common, especially with older children. It is seen, nevertheless, as preferable to residential care except in very particular circumstances. This fact reinforces the need to ensure careful monitoring and support of fostered children to ensure they receive good-quality care and protection.

One of the greatest dangers with fostering is that of short-term placements drifting into ill-defined permanence, leaving the child, the foster carers and the child's own family in a situation of insecurity and uncertainty. Careful care planning and regular reviewing of plans and progress, involving the child and other stakeholders, will help to minimise this danger. When fostering is not seen as permanent, the child's status in the foster family may be in question when he or she reaches adulthood and this may necessitate a move. On the other hand, where fostering is more akin to adoption, the carers usually take on long-term responsibility, as illustrated by this girl in Bosnia and Herzegovina.

I expect assistance and support from my foster parents and their family. I am sure that even when I have my own home, I will be able to rely on my foster parents.

When fostering does become permanent, as noted above, there may still be ambiguities in terms of arrangements for initiation (where this is practised), marriage, inheritance, etc. Ideally, fostering programmes should be developed within a legal framework that clarifies roles and responsibilities and introduces regulations and procedures. If possible, legislation should be developed side by side with legal adoption, and the latter should be made available

when it is clear that permanent care is required; sometimes foster carers can be encouraged to adopt. Where continuing support into adulthood is not expected from the foster carers, some form of leaving care programme may be needed (see 'Supporting young people leaving care' on page 34).

The issue of monitoring and supporting spontaneously-arranged foster placements can be a difficult one. The foster family may resent the intrusion of child protection agencies, though they may welcome material and possibly psychosocial support. The available evidence, however, suggests that children in spontaneous foster homes may be at greater risk of discrimination and abuse than are children in formal foster care.¹⁸ One useful approach is the development of associations of foster carers, which may provide an element of peer support and peer monitoring (see case studies 10 and 11). The involvement of foster children in clubs may also offer a degree of protection if club members receive training and awareness-raising in children's rights and child protection issues (see case study 11). When fostering programmes are started in emergency situations, their sustainability is sometimes a major issue. There is a danger that agencies do not accept long-term responsibility for the girls and boys placed, nor find it possible to hand over this responsibility to the government or another agency with a realistic capacity to assume it. The sustainability of financial/material support can also be a major issue. While local leaders and other community structures can sometimes be involved, there is a strong case for long-term professional back-up to respond to serious child protection issues.

Case study 9: Fostering programme developed by the Farm Orphan Support Trust (FOST) in Zimbabwe¹⁹

The FOST programme was implemented as a means of responding to the problems of children who had been orphaned (mainly by AIDS) in the commercial farming areas of Zimbabwe. Because these communities of migrant labourers had become largely detached from their extended family networks, when children were orphaned the only option was often to place them in an institution far removed from their familiar surroundings. Fostering, involving a child's placement with unrelated carers, was a culturally unfamiliar concept and careful work had to be undertaken to promote the concept within farming communities.

At a local level, child welfare committees (CWCs) were set up, often supported by a childcare representative appointed by FOST. Together, they identified and supported children affected by HIV and AIDS and, following the death of their parents, took all possible steps to ensure the children were placed within the extended family. Where that was impossible, they sought foster homes for the children.

Potential foster carers were identified by the CWCs, though there was no formal assessment or training

process. However, a pattern of regular meetings with carers was established to discuss issues and problems of mutual concern, and informal training was provided on issues such as psychosocial care. The childcare representative, or alternatively the farm health worker (a farm employee who had a broader community development role), undertook regular visits to the foster home to monitor and support the placement. Material support (eg, school fees and uniforms) was provided where necessary and the farmer's assistance was encouraged to facilitate the family's self-sufficiency.

It was found that the quality of care in foster homes was frequently better than that received by children living with relatives. The main reason for this appeared to be that unrelated foster carers took on their role voluntarily rather than out of a sense of family obligation. In general, foster carers preferred an informal type of fostering to any more formal arrangement such as guardianship or adoption. The reason appeared to be that, in the Shona culture, traditional beliefs about ancestors make it difficult for families to take in a child unless he or she has the same totem. The advantage of fostering is that it places the child in the role of 'guest', which builds on the tradition of treating guests well.

Case study 10: Fostering in the Sinje Refugee Camp in Liberia²⁰

When Save the Children became involved in the two Sinje camps for refugees from Sierra Leone it chose to work primarily through various community structures, some of which had been established spontaneously by the refugees. There were large numbers of children who had become separated from their families, with many being taken in spontaneously by related and unrelated carers. But over time, an increasing number of foster placements were made either by Save the Children or by the Association of Concerned Carers (an organisation of foster carers) under the oversight of the Child Welfare Committee (CWC). Both of these organisations were accountable to the Camp Management Committee. All of these community structures received training in child-related topics by Save the Children. The work with fostered children also went hand in hand with a programme of family tracing and reunification.

When a child needed a new foster family (for example, in the case of the breakdown of an existing fostering placement), identifying an appropriate family was the responsibility of the Concerned Carers. In most situations, their first approach was to consider an existing carer, but on occasion they sought a completely new family. Sometimes this reflected the child's own stated preference, sometimes a family who knew the child offered to become carers, and sometimes a new family was approached. The Concerned Carers assessed the suitability of the prospective carers in conjunction with the CWC. They had a set of criteria, though these were not defined formally as policy or procedure.

This work built to some extent on the cultural tradition in Sierra Leone for children to spend at least a part of their childhood living away from home, with relatives, unrelated families, teachers, etc. However, it is also clear from the anthropological literature that,

despite this long-standing tradition, many children are treated differently from other members of the family and that discrimination is widespread in areas which include household work, access to education, and discipline. There is some evidence for similar problems in the new context, as seen in the following quotations from fostered children.

Sometimes my foster parent will tell me not to go to school and when I stay home I do all the work.

Whenever things go wrong in the house I am blamed for it, while the biological children go free.

On the other hand, many fostered children reflected a very positive experience.

The foster carer I am living with, they send me to school and encourage me to continue. Sometimes when I come home my clothes are clean and I meet food at the house to eat.

It is also a tradition that the people taking in the child do so with an expectation that they will receive something in return – eg, the child's labour or compensation from his or her parents; hence the need for careful monitoring and support. This was provided in a variety of ways.

- The fostered children and the foster carers were visited regularly by volunteers from the Concerned Carers and from the CWC.
- Where necessary, Save the Children staff members were directly involved, especially in difficult situations, having been delegated child protection responsibilities by the UNHCR.
- An interesting aspect of the programme was the formation of boys' clubs and girls' clubs. The young people were given training in issues such as children's rights, child protection and participation, issues of sexuality and HIV and AIDS, etc. Each club elected a committee and increasingly they became self-directing. They also sent representatives

on to the Camp Management Committee. In each block of the camp, a girl or boy was appointed to act as advocate and took on child protection responsibilities within their block. This successfully provided all children – and especially separated/ fostered children – with an opportunity to share problems and concerns with another young person whom they could trust. This enabled many girls and boys to reveal such issues as abuse and discrimination to a peer rather than to an adult, with the young person then being able to take up the matter with Save the Children or with the appropriate community group. More broadly, the clubs enabled separated children and children with disabilities to integrate with other young people.

- It was decided from the outset that no material support would be given apart from a ration card for the child and medical care. However, even though this was made clear from the start, when the child's parents were eventually traced and reunification could take place, the tradition of an 'exchange' was visible in an expectation of some form of reward from the child's parents.

The overall strategy of Save the Children can be described as a 'horizontal' one which required careful integration of the separated/fostered children's work with other aspects of its programme and those of other agencies – eg, education, vocational training, life-skills education, support to children with disabilities, livelihood programmes, etc. This helped to avoid further stigmatising separated children. An awareness of the dangers of discrimination in foster homes led to a multi-pronged support strategy involving various community structures, including the close involvement of children themselves. Community-wide training and awareness-raising in areas such as children's rights, child protection, the importance of child participation, the dangers of early marriage, HIV and AIDS, etc, helped to underpin the more specific work with separated children.

Case study 11: The development of fostering in Tuzla Canton, Bosnia and Herzegovina

Background

Save the Children became involved in Bosnia and Herzegovina following the war of 1992–95. During this period, the number of children without parental care had increased, with the highest concentration in Tuzla Canton. These children had been admitted into care for various reasons, including having been lost or abandoned by their parents, as well as for various material reasons and inadequate living conditions. Although fostering and adoption did exist in theory as care options they were poorly developed and there was a high reliance on institutional care. The capacities of the centres for social work (CSWs) were significantly depleted in terms of human and material resources.

There was an acknowledged need to develop new working models, especially alternative forms of care such as fostering. The main aim of this project was to build the capacity of the government Ministry of Labour and Social Policy in Tuzla Canton, with a particular emphasis on developing the model of fostering and promoting it locally and nationally. It also involved working with the Foster Parents' Association as a means of securing the close involvement of foster carers and foster children. A co-ordination group was set up involving the Ministry, CSWs, the Foster Parents' Association and Save the Children.

The key activities of the programme were the following:

- an analysis of the situation of children deprived of parental care was undertaken with the Ministry
- capacity-building with the staff in CSWs. This included the recruitment of the first-ever qualified social worker in the Ministry and training on a wide variety of topics, from fostering and working with children and families to case management and computing skills. Study visits and conference attendance were also facilitated

- developing new methods of recruiting foster carers. This has involved the use of posters, leaflets and flyers with basic information on fostering. Recruitment campaigns were undertaken in local communities, involving foster parents and CSW staff. Procedures and standard instruments for assessing potential foster carers were also developed, along with a formal decision-making process for the approval of foster carers
- the promotion of foster carer training, with significant input from professionals from the CSWs and existing foster parents. Training for foster carers also forms part of the assessment process, and comprises five three-hour sessions in groups
- support for the establishment and development of the Foster Parents' Association, the only such organisation in the country. New models of partnership with the CSWs have been developed. Key activities of the association include awareness-raising and advocacy, setting up self-support networks, the provision of training and support for foster families, activities with children in foster families and the development of promotional materials
- the development of guidelines and procedures, covering areas such as the recruitment and assessment of new foster families, the development of selection criteria, foster carer training, the planning of care, reviewing of the placement, the development of forms, etc. These standardised instruments have been greatly valued by staff in helping them to develop a better-quality and more uniform service, enabling more consistent and improved documentation and in facilitating computerisation. The materials are being adapted for application in other regions of the country
- support to the government in developing legislation and regulations concerning foster care.

The fostering model

The concept of fostering developed in Tuzla Canton includes families who are related to the children, in many cases grandparents, as well as unrelated families.

In the case of relatives, the selection and training of carers is not required as they have already taken in the child spontaneously. The model of fostering being pursued has the following main elements:

- the recruitment, assessment, selection and training of potential foster carers
- the assessment of the situation of individual children and the planning of care, with child and family participation embedded in the process
- careful matching of the individual child with the particular foster carers. If necessary, foster carers from another municipality may be recruited for a particular child
- both the child and the foster family are prepared for the placement – a phased introduction is usually undertaken until both parties are willing to proceed with the placement
- social workers are required to monitor fostered children and their carers carefully through a pattern of visits that are used to prevent and resolve any difficulties. Foster families also receive support from the Foster Parents' Association
- material support is provided in the form of cash allowances, amounting to about 60 per cent of the average wage in the country
- the association has organised workshops for foster children, and various social and cultural activities and events. Foster children were also involved in a project to produce a video 'Do I have a Right?'
- at all stages in the fostering process, children are closely involved in care planning and reviewing.

There are two forms of adoption in Bosnia and Herzegovina: complete adoption and incomplete adoption, with the latter preserving the child's identity and name. However, in Bosnia and Herzegovina there are many legal obstacles to adoption – including the need for parental consent. Currently, there are more couples interested in adoption than children available. For these reasons, fostering remains the principal form of substitute family care and is usually seen as a long-term arrangement, with many young people remaining in the family after they reach 18 years of age. Continued financial support is provided if they are full-time university students.

National adoption

Brief description

Adoption is generally understood as a permanent living arrangement for a child that confers full family membership of his or her adoptive family. Adoption is usually a formal, judicial process that transfers legal rights and responsibilities for the child to the adopters. However, in some situations traditional forms of adoption exist which do not confer a changed legal status. There is considerable overlap between traditional adoption and long-term fostering. In some instances, a form of *extra-judicial* adoption exists. In El Salvador, for example, children were sometimes taken in by unrelated carers and registered as though they were their own birth children.²¹ Adoption that involves the child moving abroad to live with adopters is usually referred to as ‘intercountry adoption’. Save the Children discourages this phenomenon, partly because the process is frequently driven by the needs of adopters rather than the children, and partly because it diverts attention from the need to develop and promote adoption within the country. The 1993 Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption has sought to provide international regulation of intercountry adoption, but many countries have not ratified it and it has not always succeeded in eliminating the abuses of children’s rights, which are widespread in intercountry adoption.

Children for whom adoption is most suitable

Adoption is almost always the preferred option for younger children where the child’s parentage is unknown (eg, abandoned children) or where the child has no parents or members of the extended family willing to provide care. Adoption may also be the best choice for girls and boys in situations where there seems to be no realistic prospect of the family resuming their care. The latter may, however, require legislative provision for dispensing with parental consent to adoption. In practice, adopters generally

prefer children to be as young as possible, but many developed countries successfully place older children for adoption, including those with special needs (such as some form of disability) or those displaying challenging behaviour. This, however, requires specially trained adopters, post-adoption professional support and sometimes the payment of an adoption allowance.

Adoption has the great benefit of providing a permanent form of care for girls and boys, giving both them and the adopters a sense of security and belonging. It is also cost-effective in that, although there are costs associated in setting up the placement, it generally does not require continuing costs (except where post-adoption support and/or allowances are paid).

Description of adoption

Adoption programmes require rather similar components to fostering programmes, although there are some significant differences. The following are typical components of an adoption programme:

- a system for recruiting individuals and couples to adopt. Where adoption is not already established, this may require awareness campaigns in the media to explain adoption and to seek people willing to be considered
- a process for selecting and preparing people as adopters, and a system for formally approving them as adopters. Preparatory training will need to cover issues such as talking to the child about his or her adopted status and dealing with specific issues which adoption may raise
- a system for selecting children to be placed for adoption and matching their particular needs and circumstances with those of approved adopters. Because adoption is normally a legal process, it requires a legislative framework: this should include legal provision for birth parents to consent to adoption, and ideally provision for the court to dispense with parental consent under certain specified circumstances (eg, abandonment or orphanhood)

- preparation of the child (unless a baby) using methods of communication suited to the age and circumstances of the child
- the placement of the child followed by a period of supervision and support prior to the making of the Adoption Order
- in some circumstances there may be a need for post-adoption support: this is especially the case with older children or those with special needs.

Regional/cultural variations

In some cultural contexts, adoption is an unfamiliar phenomenon and possibly an alien concept. In some African cultures, for example Kenya, the idea of a parent signing away a child of their own flesh and blood is often seen as inconceivable. In other countries, the main barrier is the lack of familiarity with the concept rather than any deep-seated cultural objection to it per se. In some Islamic societies, it is the change of the child's name rather than the idea of permanent substitute family care that is seen as unacceptable. Instead, the concept of *Kafala* is preferred, a form of foster care which can be permanent but which is not seen to sever family ties or change the family name. In some Islamic countries there is a distinction between *full* and *simple* adoption, the latter sometimes being akin to the notion of *Kafala*.

Additional points, challenges and opportunities

Adoption potentially provides the care option that best responds to children's needs in cases where children – mainly younger children – have no family ties or no prospect of returning to parental care. It is also highly cost effective. There is huge scope for its development in many different contexts. It is worth recalling that involuntary childlessness is a phenomenon in all societies and that experience demonstrates that even children with disabilities or challenging behaviour can

be successfully placed for adoption. With the massive growth in the numbers of children orphaned by AIDS-related illnesses, and especially in response to young children who are abandoned by their mothers, adoption offers the option that is likely to be both best and cheapest. In some situations, it may be necessary to establish the child's HIV status prior to placement, with temporary foster care provided in the interim period.

Cultural unfamiliarity is often cited as an objection to adoption. However, experience shows that legal adoption can be introduced into contexts in which there may be considerable cultural barriers. In India it has been successfully promoted in a culture in which birth antecedents, gender preferences, caste and community affiliations were once considered as posing almost insuperable constraints.²² In South Africa (see case study 12), steps have been taken to modify adoption policy and practice so as to make it more acceptable in a black African context. In central and eastern Europe, ethnic considerations still pose a considerable barrier to placing Roma children for adoption. However, there may be a useful parallel in countries such as the UK where the placement of black children has been increasing as the result of the deployment of black social workers and the targeting of black communities in adoption promotion.

Well-organised intercountry adoption appears to represent a major constraint to the introduction of in-country adoption in a number of countries. In Brazil, for example, some courts were reported to favour adopters from overseas,²³ while in Bulgaria today there is evidence that the care system actually draws in young children, fuelled by the large-scale phenomenon of intercountry adoption which, in turn, is driven by the needs of adopters and financial considerations, rather than the best interests of individual children.²⁴

Case study 12: Legal adoption in South Africa: the work of the Child and Family Welfare Society of Pietermaritzburg²⁵

The concept of legal adoption has existed in South Africa since the 18th century. However, until recently adoption services have mainly benefited white people. In response to the growing number of abandoned children from HIV and AIDS-affected communities, the Child and Family Welfare Society of Pietermaritzburg (CFWSP) decided to promote legal adoption as part of its strategy. When the first democratically elected government took office in 1994, priority was given to develop a new social welfare policy, emphasising access by all ethnic groups and with an emphasis on care within the family and community.

It was vital, in the context of the HIV and AIDS epidemic, to broaden the appeal of adoption to black people. An information campaign promoting an understanding of adoption in black communities was set up. Steps to adapt policy and practice in a number of areas were taken, specifically in order to:

- provide a welcoming and positive response to people inquiring about adoption

- make the process of assessing prospective adopters as participatory, educative and non-threatening as possible
- amend selection criteria so as to include, for example, people with minimal educational backgrounds, low socio-economic status, modest housing conditions and small or irregular incomes
- avoid discrimination against people who were single or unmarried
- make adoption services more accessible for people in rural locations
- respect cultural norms that challenged Western adoption practices – eg, not insisting that adopters tell children about their background.

This required a high degree of collaboration and shared responsibility with other agencies, particularly with regard to birth registration, health, child protection services and the courts. Despite many constraints stemming from the legislative and court systems, the CFWSP had considerable success in developing a more culturally sensitive service that made adoption more accessible and appropriate to black families. As a result children who were otherwise consigned to permanent institutional care were given the benefit of a secure family.

Outreach work with street children

Brief description

Street children are a highly visible group of children whose care needs have often been responded to with residential care or institutionalisation. However, increasingly, organisations working with children who live on the street, as opposed to simply working there,²⁶ are seeking reintegration with families and other alternatives to residential care. One such alternative is outreach work on the street.

Outreach work aims to improve, as far as possible, the conditions in which children survive on the street as well as to support them to move off the streets. Catholic Action for Street Children in Ghana, for example, uses outreach work with street-living children as an opportunity to invite children to their refuges, but it is also a means to give health education and do some literacy training. This is described as ‘street corner education’.

In another case, in Medellín, Colombia, a Catholic group uses a day centre as a way to provide for children’s immediate needs, such as food and medical attention, and to invite them to join a residential vocational programme.

Children for whom this form of care is most appropriate

This type of care is best for children who cannot or do not want to be reintegrated with their family. Children are on the streets for a number of reasons, and for

varying lengths of time. Many children reintegrate spontaneously with their families after brief periods of time on the street, but as time goes on it can be harder for both child and family to reintegrate. The reasons for children being on the street, the state of relations with their family, and the length of time they spent on the street can all be factors in suggesting that alternatives to family reintegration are most suitable. Where reintegration is possible only with financial support, cash subsidies may make this possible, as described in case study 5.

Additional points, challenges and opportunities

For many practitioners a primary objective is to remove children from the street as quickly as possible. Children face significant risks by living on the streets, including lack of access to healthcare and education, high risks of violence and disease. Indeed, the idea of allowing children to remain on the street is contentious and one which many organisations would scarcely advocate, given the risks associated with nights on the street and dearth of services there for children.

Case study 13: Street corner education in Ghana and Colombia

Catholic Action for Street Children (CAS) provides 'street corner education' at places where street children rest and come together and in 'Mini Refuges meeting points'. CAS has a fieldwork department that consists of fieldworkers and street corner facilitators. Fieldworkers interact with the children and as soon as a group of children is interested in being educated the facilitators start their lessons. These lessons include life skills, health education and literacy. The workers teach in the streets every day. Children who are interested in learning more are directed to the main House of Refuge, where the teaching continues using the same materials. The Refuge is seen as an extension of the work on the streets. While attending education at the Refuge, street children do not receive support in the form of food or clothing or materials, because CAS does not want the children to become dependent on them. Rather, it wants to offer street children an opportunity to leave the streets and be educated.

Much intervention and service provision for street children takes the form of day centres where children can meet their basic needs to wash and eat. However,

these rarely aim to allow children to continue on the street. Ciudad Don Bosco, in Medellín, Colombia, uses its city centre 'patio' as a space in which to invite children to think about joining their full residential programme. Children are often legalised into the organisation's care by virtue of declared abandonment. However, children are rarely actually abandoned, or entirely without families. Often children spend a brief period of time on the street as part of a 'street career', returning home after a period of days or months. Others have been separated from family through conflict and displacement, with a minority being actual orphans. Another group who may use the centre are children whose parents have urged or forced them to go there, viewing it as an alternative source of day care and/or education for their child while they are at work.

The provision of some care and the meeting of basic needs near the street is common, and accompanying outreach work with children on the street may form a significant component of this work. By visiting children on the street and offering them biscuits and a hot drink, project workers can tell children about their services and also monitor departures and arrivals in the groups they visit.

Small community-based family group homes

Brief description

Small family group homes sit on the boundary between foster homes and residential care. In some cases they are maintained by a government or an NGO that provides continuing revenue support, supervision and monitoring. In others, they are more clearly embedded in the community, set up on a self-sufficiency basis and supported by local community structures. An example of the latter is given in case study 14. An important feature of either model of care is that it should be on a scale that allows for close and continuous relationships between the children and a small number of adults – usually a single woman or a couple, and is firmly embedded within the local community.

Children for whom this form of care is most appropriate

It is difficult to define precisely the categories of children for whom small group care is most appropriate. However, the following examples of commonly encountered situations indicate where it may be appropriate:

- in contexts where there is a move away from large institutions as the norm, a first step is sometimes to close the institution and move children into small, family-like homes
- for older children who are not yet ready for independent living but who do not wish to be fostered
- for children who have specific needs which would make them ineligible for foster care within the particular context: this might include children with moderate to severe disabilities, children who have been seriously psychologically affected by experiences such as armed conflict or abuse within the family
- in contexts where the introduction of fostering is seen to be culturally unacceptable, small group care is almost always preferable to large institutional care
- where it is the best or only means of keeping sibling groups together.

Description of support strategies

These will obviously vary according to the particular circumstances. Where an agency has taken responsibility, it will need to provide revenue support, supervision of the carers, and the monitoring and reviewing of the care provided by the home. This should include regular reviews, chaired by a member of staff not directly involved in the children's day-to-day care, and opportunities for each child to talk privately with someone outside the home. It is also important that the home is embedded within the local community (see case study 15). The community-owned model, on the other hand, will require support that comes primarily from the local community, though case study 14 suggests that longer-term external support (from the agency) would have benefited the scheme.

Regional/cultural variations

Some form of small group care is possible in almost any cultural context, though the actual model will vary according to local circumstances.

Additional points, challenges and opportunities

Countries which are adopting strategies to avoid residential care may see this form of care as a useful first step on the road to truly family-based alternatives such as adoption and fostering, except for those relatively small numbers of children who would benefit from and prefer a more institutional setting. Key challenges include the following:

- integrating the home closely into the local community
- validating any assumption that the 'family' can be self-sustaining to check that it is a realistic possibility
- making sure that a lack of material resources does not prevent children from attending school and receiving healthcare; the latter is especially important in AIDS-affected communities
- providing support to help young people manage the transition to adulthood and independence; some form of leaving care programme may be required (see 'Supporting young people leaving care', p34).

Case study 14: Community-based foster homes in Ethiopia²⁷

Save the Children first developed this model in Ethiopia during the famine in 1984–86. At the Ethiopian government's request, they took over a shelter accommodating a group of children who had become orphaned or separated from their families. Children whose families could not be traced were placed with five foster mothers, all widows and respected members of the community. A training programme was implemented. Community members, funded by Save the Children, constructed houses and land was donated by the Peasants' Association with the intention of the property passing into the ownership of the young people. Save the Children also provided animals, tools and household goods and, initially, a cash allowance, along with money for education and clothing. Social workers visited to support and monitor the placements at the beginning, but the aim was for the arrangement to be fully self-sufficient in the longer term.

The project was phased out in 1992, rather suddenly because of local armed conflict following the fall of the government. A follow-up evaluation was undertaken in 2002 to see how the families had fared and a number of valuable lessons emerged.

- The surviving children had good relationships in the community, partly based on their willingness to take part in communal work.
- Some of the children had unmet health needs: this was particularly serious as they needed good health to contribute to a labour-sharing scheme in the community.
- One of the foster mothers had changed her religion and was asked by the children to leave.
- Ambiguities existed regarding the ownership of the houses and land that the families occupied. In particular, there was a lack of clear written agreements about property.
- One of the foster mothers had given three of her children to be adopted by other families: one adoption resulted in exploitation that was followed up later.
- Experience suggests that the idea of achieving a real sense of community responsibility for these children was, perhaps, unrealistic in the context of civil conflict and marginalised communities. With hindsight, it is easy to see that longer-term follow-up by Save the Children was needed until the children were in early adulthood, with special focus on legal and protection issues. Support during the developmentally fragile time between childhood and adulthood was seen as essential to bring out the full potential of earlier investments in the foster homes.
- The children remaining within the project had mainly positive experiences of fostering by the selected mothers. Strong and supportive bonds between the children had also developed.

Residential care

Residential care (often referred to as institutional care) can be defined as 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 and who would normally work in shifts. It usually involves a building provided by the implementing agency. The concept of residential care covers a wide variety of models, ranging from small group homes (such as in the previous case study), through the ‘children’s village’ model pursued by organisations such as SOS Children’s Villages, to large, impersonal institutions, some catering for hundreds of children. Other residential facilities providing for separated, orphaned or abandoned children include hospitals and boarding schools.

The distinction between small, community-based group homes (such as the example given in case study 14) and small residential homes (such as that illustrated in case study 15) is sometimes a fine one. The features of the latter that lead to a categorisation as a form of residential care include the fact that the building is owned by the implementing organisation and that staff are remunerated. The SOS model of children’s villages would, within the above definition, be considered as residential care for similar reasons as well as the fact that they concentrate large numbers of children within the ‘village’.

Children for whom this form of care is most appropriate

Worldwide, the vast majority of children living in residential care would have their needs and rights better met in some form of family-based care. There are, however, some groups of children who may be best served in a properly resourced residential home provided that their needs and rights are met. The following are some examples:

- children who have been so damaged by family life (eg, persistent abuse) that they need a period to recover and to receive appropriate care in the more emotionally neutral environment of a residential home
- older children who may not want to join a new family but would prefer residential care

- children with very particular needs: eg, children who have been demobilised from armed forces who need a period of recovery and re-socialisation before returning to their families or substitute families, and their communities in which they may be stigmatised.

On the other hand, residential care for other groups of children is almost always inappropriate, as the following children in El Salvador explain.²⁸

We never had any affection; we had all the material things; a bed, food, clothing; but we never had love.

They punished us too often. When someone had done something bad, they put us all in a line and you had to be careful not to lift your head, because if they saw you they would beat you with a stick. They would hit us hard.

This woman (staff member) treated me very badly. She would beat me all the time. Another thing she did to me that I remember clearly was when she turned on the electric stove waited for it to heat up and then sat me down on top of the glowing coil. I still have the spiral marks.

The third of these quotes is a salutary reminder that there is a great deal of evidence, much of it anecdotal and not reported formally, of physical, emotional and sexual abuse and neglect within all models of residential care. Other negative elements of residential care are set out below in the section on leaving care, in terms of its impact on community integration, socialisation and long-term outcomes.

Regional/cultural variations

As already indicated, there is a vast range of models within the concept of residential care. In central and eastern Europe and the former Soviet Union, a legacy of the former communist regimes was a philosophical belief in the idea of collective care, and this is still favoured by many in the region. Even where countries wish to move away from this model it has proved difficult to overcome the inertia and vested interests that sustain it. In the more economically developed countries, such as the UK, there has been a strong

move away from residential care and towards family support and alternative family-based care, leaving the remaining residential homes only for very specific categories of care, coupled with rigorous gate-keeping measures. In some more traditional societies, the introduction of residential care is a relatively recent phenomenon, often introduced indiscriminately and with very weak gate-keeping measures, leading to the unnecessary separation of children from their families. In some cultures, Islamic boarding schools are often used to provide permanent care for parentless children, though the appropriateness of these as a form of substitute care varies greatly.

Additional points, challenges and opportunities

The principal challenges posed by residential care include:

- the need for clear admission policies, rigorously enforced, which ensure that residential care is only used when it is clearly in the best interests of the individual child
- the development of a range of child and family supports and alternative, family-based care options to make sure that an appropriate range of services is available as alternatives
- the dismantling of the worst forms of residential care – especially large units with poor-quality care, a regimented regime and lack of opportunities for the formation of attachment bonds with suitable adults. A child in Sri Lanka said:

We do not want society to look at us as a special category of children. We are like other children. What we want is not sympathy, but love and kindness.

All forms of care, including residential care, should accept as a primary task the enabling of young people to manage the transition to independent life in the community. Many signally fail to do so. This requires two things: first, the whole experience of residential care should be aimed at providing children with the experiences and skills that facilitate this; second, leaving-care programmes and post-care support should be an integrated component of the residential unit's programme.

Case study 15: Family homes in Sudan – Hope and Homes for Children²⁹

Groups of eight to ten children, aged from 4–13 on placement, live in a house purchased by the organisation and are cared for by a carefully selected married couple who often have children of their own. Most of the children have lost, or become separated from, their parents as a result of the war or displacement. Others have run away from their families, or have been abducted and have subsequently escaped. Many of the children had lived on the streets and been rounded up into camps by the government. In all cases, it has proved impossible to reunite the children with their own families. The children are assessed by social workers who then visit the children in the homes. Siblings are able to remain together.

Children are placed with house-parents from a similar ethnic and tribal background. The homes are supported by local community link councils, which provide a network of interested and supportive adults working on a voluntary basis. It is anticipated that these councils will eventually help the young people to settle into adult life. The children attend school, vocational training and/or higher education, and are encouraged to take part in cultural and recreational activities in the community. The project is managed by two local NGOs (AMAL and SABAH), with financial support from Hope and Homes for Children. The house-parents are paid a modest salary, though one member of the couple is able to seek outside employment. Revenue costs are also met by the organisation – eg, food and other household expenses, clothing and other running costs.

The model provides a degree of continuity of adult-child relationships that is rare in residential care, and enables children to live in a normal family home, closely integrated into the local community. It requires continuing funding, which is possibly the major drawback in terms of its replicability. On the other hand, it provides something of a specialist resource for children who, in many cases, because of their previous experiences, require skilled care and treatment.

Supporting young people leaving care

Brief description

One of the great advantages of adoption is that the child becomes a full member of the household, with the family continuing to provide support when the child becomes an adult. In some forms of fostering, continued family support is also provided. In other care alternatives, and almost always in the case of residential care, the child is expected to move on at an appropriate age (usually the locally-defined age of majority) with no adequate preparation and no post-care support. Programmes to support young people leaving care usually focus on preparation before they leave and/or supporting them for a period after doing so.

Children for whom this form of care is most appropriate

An essential aspect of residential care should be to ensure that the whole experience prepares children for independent life in the community. However, this rarely happens in practice, with the exception of the more progressive models of small group care. A boy in Brazil had this to say:

They throw you out into society with no kind of structure to survive.

There are a number of aspects of residential care which emphasise the need for post-care support:

- Residential care often fails to provide appropriate role models – in particular the role of wife, husband, mother and father. It also tends to deprive children of the traditional tasks assigned to adults in the particular culture. As a child in a large institution in Nepal commented:

I have no idea what it's like to live in a family.

- Residential care often detaches children from their families, even when the reasons for admission are

primarily concerned with poverty. A 17-year-old in Bosnia and Herzegovina said of his family:

They pass me by as if I don't exist.

- Many residential homes tend to isolate children from the local community. Children in large residential homes, including the children's village models (and especially those which have their own resources such as schools and clinics) are especially disadvantaged.
- Residential living tends to encourage an unhealthy level of dependence.
- Residential care often fails to equip children with appropriate life and social skills. A child who had lived in a large state institution had this to say:

They don't give proper tools to survive in society.

Description of support strategies

There are many potential aspects to a programme to support young people on leaving care. They include:

- work to trace and re-connect the young person with his or her family
- help in securing and funding a suitable place to live
- life and social skills training – where appropriate, this could include practical skills such as financial management and using the telephone, and social skills such as communicating with members of the opposite gender (especially important in single-gender homes)
- for young women especially, training in the care of children
- vocational training and help to find work or set up in self-employment
- emotional support – many children leaving residential care experience a profound sense of loneliness.

Regional/cultural variations

Regional and cultural factors will impact on this type of programme, reflecting both the circumstances of the care setting in which young people were living, and the particular issues and problems they face on leaving.

Case study 16: Apprenticeship schemes in Sierra Leone³⁰

In Sierra Leone, there is a tradition of apprenticeships in which a group of young people live with, and are trained by, a skilled artisan. The idea of building on this tradition was developed by a number of agencies, including the Christian Brothers in Bo. In most instances, groups of apprentices live either with the family of the artisan, or in separate accommodation.

In the Christian Brothers initiative, eight boys were placed with a carpenter, living and eating with his family and receiving training from him. They were given a small amount of pocket money. In addition to the practical skills on offer, the carpenter also gave the boys help with numeracy and literacy. The training generally lasted for about 18 months, and the Christian Brothers would then assist with the purchase of tools so that the boys could set up a small business of their own.

Possible disadvantages of the model are that young people could be exploited for their labour and the training could lack a clear programme. On the other hand, the scheme obviously provided a structure to the boys' lives and an immediate source of friendship and peer support.

Case study 17: Young people in the UK speak out about leaving care³¹

Background

In the mid-1990s children and young people in the UK who were living in, or had recently left, care investigated the problems associated with leaving care. They identified research issues, questions and methods, undertook interviews, participated in the analysis of the results and subsequently were involved in presenting their findings to members of local and national government. Their investigation, supported by Save the Children, was carried out in four projects between 1994–98. Their work showed a consistent account of the problems facing children and young people leaving care. However, their most important concern was not these as separate items but the overall picture – the cumulative effect of these problems. Practical issues such as material problems and poor accommodation linked strongly with issues of personal identity, while poor educational achievement led to problems of self-confidence. The public image of children in care also led to stigma and discrimination that had a pervasive impact on their lives. This is important because many respondents said they never or rarely told anyone that they had been in care. The reason was the reaction they experienced and the perception of being regarded differently. Reactions were either that they were seen as trouble-makers or offenders, or people were over-sympathetic or curious because it was presumed they had been orphaned (or abused).

People were really overly-sympathetic and asked questions about the death of my parents because they automatically assumed it was an orphanage and not a children's home. My parents aren't dead and it hurt.

The problems associated with leaving care

Practical problems experienced by young people leaving care included the following:

- finding satisfactory accommodation
- income was seen as their biggest practical problem, linked to employment and education: lack of material means may lead to crime. Many were

unemployed or in low-paid, temporary or seasonal jobs. In seeking work, many were disadvantaged by having had an interrupted education, and many had no qualifications. Those not in work found it difficult to access welfare benefits

- lack of skills in areas such as budgeting and managing money, cooking, etc. Many had real difficulties in making decisions – again reflecting the residential care environment
- physical and mental health problems, which were compounded by all of the above
- lack of support with both practical and personal issues.

These practical problems were compounded by identity issues and low confidence and self-esteem, which were often affected by the stigma of having lived in residential care. A major part of the problem was that many young people were keen to leave care as soon as they could, but were not always ready to leave, and once they have left they cannot return. Their lack of preparation for independence resulted from both the nature of the residential experience and the lack of specific measures to prepare them for leaving care. The result was a need for support that was rarely met adequately.

After-care support

The provision of after-care support was generally found to be sporadic, and young people were not involved in decisions about its provision.

I want someone I can relate to, you don't have a choice... I have problems but I wouldn't tell her them so there's no point in her coming.

While both social work staff and young people emphasised the importance of support after leaving care, they seemed not to discuss the meaning and nature of that support, and had contrasting ideas on what it should include. Staff acknowledged the importance of the young people's own goals, and

although they generally mentioned both practical and emotional support they tended to emphasise the practical, including the teaching of skills. In contrast, young people emphasised the emotional side of support and generally did not see the teaching and development of skills as part of support. For them, a personal relationship was implied in support.

Support is having a friend who's there for the good times as well as the bad.

Within this supportive relationship, young people should have independence and freedom to make their own choices and to make mistakes. In effect, the support required was what care leavers felt existed in an ideal family: an unconditional regard and continued support. Thus, while social workers were promoting their independence, care leavers also wanted to be able still to have someone to talk to, with whom they had some semblance of a personal relationship.

Conclusion

The problems of leaving care are partially inherent in the processes of life in care, particularly in large children's homes, but also in the public images of children who have lived in care. The significance of these images is only understood through listening to children's experiences and views, which include ideas on what can be done to achieve improvements in services. The question of support for young people leaving care is seen as crucial, by both young people and social services staff. It is also a prime example of where the failure to listen properly to children's views, experiences and needs results in a service that is not only inadequate but also is partially leading towards opposite goals. Young people leaving care want independence, but they also want support in the form of a continuing personal relationship.

Someone being there when I need it.

Case study 18: Preparation for leaving care in Montenegro³²

Background

In 2000, Save the Children began work in Montenegro to improve the quality of protection offered to children deprived of parental care. The work involved the promotion of fostering as an alternative form of care, and the development of non-institutional models of care and protection, bringing practice into line with the UNCRC. The Leaving Care programme is one component of a larger scheme being implemented with teenage children (16–18 years) in the State Home for Children on the Montenegrin coast.

Children who grow up in the institution have difficulties with socialisation and integration into society, since that experience has a profound impact on their personal development. The professionals who work in the Home for Children have noticed a high level of anxious and depressive behaviour among the children, followed by strong feelings of separation, sorrow, lack of personal competence and low self-esteem when they come to leave. When young people from the Home become 18 years old they lose their right to institutional care and they are supposed to leave the Home. Most return to the place where they were born, whether or not they have ever lived there for any length of time. Some girls and boys, having spent all their life in the Home, find themselves moving to an environment where they now have no family or friends. Even if they have family, the young people have often not had any previous contact with them. All the existing friends and people they know remain in the Home and in the town where it is based.

There is no policy to ensure that young people leaving the home receive after-care support from social workers in the centres for social work (CSWs), although some social workers may offer this on an individual basis. The state does not provide the young people with premises to live in nor help them find a job. The CSWs only have the opportunity to give a

minimal financial allowance to some of them on a short-term basis. As a result, the young people, having been overprotected for a long time in the institution, face serious problems and obstacles in starting a new life completely on their own. This was the background to the decision by Save the Children to initiate this programme, which aimed to empower the children and young people and teach them how to overcome some of these problems.

Programme objectives

The first phase of the programme focused on preparation for leaving the Home. It was run with the co-operation of the Home and involved a psychologist and a social worker. It comprised a series of workshops with several aims:

- to acquire the knowledge and develop the necessary life skills for constructive and responsible social behaviour, social integration and adaptation to the new life conditions after leaving the institution and starting a life on their own
- to develop responsibility for their own decisions and for their future, as well as responsible social behaviour
- to support their individual development and increase their level of tolerance
- to prevent the development of any antisocial forms of behaviour
- to develop positive attitudes to constructive conflict resolution and problem-solving
- to prepare them for leading safe lives on their own.

The programme design

The psychologist and the social worker developed a detailed design for every workshop in the form of a manual. Workshops were held twice a month and included topics relevant to the start of independent life. Basic methods of work with these young people in the programme included psychological workshops, lectures, discussions, role play, and individual and group counselling. In the beginning, the children were reserved and unwilling to express their views and opinions, but after a while became more open and articulate in expressing their wishes and needs.

The following is a small selection of the topics covered in these workshops:

- Responsibility and how much others influence my decisions
- Why we are here and why some children don't live with their parents
- Moral and ethical thinking
- Sexuality issues and marriage
- Drug addition, prostitution and trafficking
- How do I imagine my life after leaving the Home?
- Conflicts and how to deal with them
- Prejudices and stereotypes
- Household budgeting
- How to apply for a job and how to write a CV
- How to use spare time.

The impact of the programme

Evaluation of the programme demonstrated young people's motivation and high level of engagement. The atmosphere in the groups was relaxed and young people attended regularly. All of the young people developed most of the expected skills, broadened their knowledge and demonstrated a greater sense of self-respect and self-responsibility. Many of them, after leaving the Home, maintained contact with the project leaders. A second stage of the programme is planned to facilitate a more systematic follow-up of young people once they have left, in order to provide an ongoing package of support to help them to manage the transition to independent life as adults in the community.

Conclusion

This third report in the First Resort series has described and illustrated a wide range of strategies, firstly, to support children and their families to enable them to remain together and, secondly, to provide children with an appropriate care option in situations where they cannot remain at home in safe and adequate conditions. The case illustrations are but a small selection of those being pursued by many different agencies around the world.

The order in which both child and family support packages, and alternative care options, have been presented is not intended to indicate a straight-line continuum ranging from more satisfactory to less satisfactory. There is a growing global consensus that the first priority should usually be to take all possible steps to enable children to remain with their own families, and that residential care should usually only be used as a last resort. However, the individual circumstances of the child and his or her family, the availability of resources, cultural norms and other contextual factors will all serve to shape the strategy used to provide care and protection for the individual child.

As explained in *Facing the Crisis*, the term 'continuum of care' was abandoned in favour of the more fluid and dynamic concept of 'packages of protection and care'.

The latter term emphasises the importance of using available resources flexibly to develop strategies to prevent children from needing to leave their families, to support children needing care outside of their own family, and to facilitate the return of children to their families or to independent life in the community. Strong emphasis has been placed on the process of care planning, not just at the point where a child is identified as needing care outside of the family, but at every stage where decisions about the care and protection strategy need to be taken. Similarly, the need for regular and participatory reviews has been highlighted as an important means of ensuring that the child's needs and rights are being adequately addressed.

The scale of the problem of children losing their families or other care-givers is huge, and is continuing to grow, especially in areas most affected by HIV and AIDS. It is hoped that this third report in the First Resort series will encourage governments, NGOs and other stakeholders to experiment with new approaches to supporting children and families and to develop new types of family-based care.

Notes

¹ D Tolfree (2005) *Facing the Crisis: Supporting children through positive care options*, Save the Children UK

² This case study is based on material provided by Laura Parker and an evaluation conducted by Vera Dakova.

³ This case study is based on material provided by Lynette Mudekunya.

⁴ EveryChild, an international development charity, kindly provided material for this case study. For more information on EveryChild's work, see www.everychild.org.uk

⁵ This case study is based on material from a programme evaluation undertaken for Save the Children by Simon Starling and Julian Murungi, in early 2005, with additional material from Florence Martin.

⁶ This case study is taken from *Making Cash Count: Lessons from transfers schemes* (2005) Save the Children, HelpAge International and IDS, London

⁷ A Barrientos and J De Jong, *Child Poverty and Cash Transfers*, Childhood Poverty Research and Policy Centre Report No. 4, Save the Children, 2004, London

⁸ Note that this case study draws upon work in progress in the development of the scheme.

⁹ From A S T Mchomvu and C C Njimba, *Evaluating the Efficacy of Foster Parenting Practice in Refugee Camps at Kigoma and Kagera Regions*, UNICEF Evaluation Report, 2001, p. 17

¹⁰ From G Mann (2003) *Not Seen or Heard: The lives of separated children from Congo living in Dar es Salaam, Tanzania*, Save the Children Sweden

¹¹ This case study was compiled by Claire O'Kane.

¹² See C O'Kane (2003) *Children and Young People as Citizens: Partners for social change*, Save the Children in South and Central Asia.

¹³ For information on the current activities of A National Voice, see www.anationalvoice.org

¹⁴ S Uppard and C Petty (1998) *Working with Separated Children: Field Guide*, London, Save the Children UK

¹⁵ D Tolfree (2004) *Whose children? Separated children's protection and participation in emergencies*, Save the Children Sweden

¹⁶ This study was compiled by David Tolfree and based on information provided by Dewi, Rizal, Cut and Era, Save the Children, Aceh, with additional material from other Save the Children staff.

¹⁷ Information provided by Abu Kokofele, Programme Co-ordinator, Save the Children UK.

¹⁸ D Tolfree, *Whose children?*, *op cit.*

¹⁹ The material for this case study has been derived from UNICEF (publication forthcoming), which was based on material supplied by FOST.

²⁰ Material for this case study is derived from M Abdullai, E Dorbor and D Tolfree (2002) *Case Study of the Care and Protection of Separated Children*, Save the Children Sweden

²¹ See R Sprenkels (2002) *Lives Apart – family separation and alternative care arrangements during El Salvador's civil war*, Save the Children, Sweden

²² D Tolfree, *Facing the Crisis*, *op cit.*

²³ D Tolfree, *Facing the Crisis*, *op cit.*

²⁴ K D Browne, C E Hamilton-Giachritsis, R Johnson *et al* (2005) *Mapping the Number and Characteristics of Children under Three in Institutions across Europe at Risk of Harm*. Birmingham: Birmingham University Press (in collaboration with EU/WHO)

²⁵ The material for this case study is derived from M Harber, "Transforming Adoption In The 'New' South Africa In Response to the HIV/AIDS Epidemic" *Adoption and Fostering*, vol.23, 1999, p.6–15 1999, and UNICEF, forthcoming.

²⁶ There is a good deal of debate around these terms, but, in brief, children who work on the street are often considered a separate category of children in terms of their needs. Even ‘working on the street’ does not necessarily imply separation from home or family – often the family may be working nearby. Children who live on the street, on the other hand, are those who sleep there and may have little or no contact with their families. The short-term reasons for this vary, but in most cases poverty is a root cause.

²⁷ This case study is from D Tolfree, *Whose children?*, *op cit*, based on information provided by Save the Children Norway.

²⁸ See R Sprenkels, *op cit*.

²⁹ This case study is taken from D Tolfree, *Whose children?*, *op cit*, based on information provided by Hope and Homes for Children.

³⁰ This case study is taken from D Tolfree, *Whose children?*, *op cit*.

³¹ These research projects by young people were all undertaken by Save the Children UK projects in England, in Bolton, Bradford, Halifax, Hull, Leeds, London and Oxford, some in association with local authorities or other non-governmental organisations. The case study was compiled by Dr Andrew West.

³² This case study was compiled by Ana Jankovic.



Save the Children

A Sense of Belonging

Case studies in positive care options for children

Poverty, conflict and disease, in particular HIV and AIDS, can fracture families and leave children without the care and support of their parents. Wherever possible, children need to be supported to stay with their families and within their communities.

A Sense of Belonging explores different types of care that work for children. Drawn from a number of countries around the world, the case studies illustrate alternatives to institutional care. Some provide support that helps strengthen families and keep them together, even when the parents have died. Where this is not practical or possible, there are alternatives to large institutions that ensure that children are cared for and protected, and that enable them to maintain ties with their communities. What unites these positive care options, and what is important, is that they all work for children.

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