Children, Orphanages, and Families:

A SUMMARY OF RESEARCH TO HELP GUIDE FAITH-BASED ACTION

THE FAITH TO ACTION INITIATIVE, 2014

This Summary of Research is offered to churches, faith-based organizations, and individuals of faith seeking evidence-based information about the best ways to care for orphans and children separated from parental care. Whether directly providing care in our own communities or partnering with groups overseas to support orphan care ministries and programs, Christians around the world are rising to the Biblical call to respond to the needs of the orphaned and vulnerable. Globally, the need is great and there is no "one right answer" for every situation. There is, however, a growing body of research and evidence-based "lessons learned" to help guide this faith-inspired work.

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Introduction

This resource aims to provide a concise overview of a range of studies and findings that can inform approaches to caring for children who, through orphanhood, abandonment, or other causes, have been separated from parental care. Included are current global estimates and key facts about orphans and children living in orphanages; an introduction to the range of care options, called the continuum of care; significant findings that demonstrate the importance of family-based care and the limitations of orphanages; and interventions that strengthen family care and help prevent placement in orphanages. A robust evidence base supports the contents of this document.

Research studies over many years in a wide range of cultures and contexts have consistently demonstrated the positive impact family care has on children's growth and development. It has also illustrated the harmful effects that living outside family care can have on children. This resource highlights the importance of effective interventions to strengthen families, preventing unnecessary separation. For example, providing material and educational support to children in families reduces the likelihood of being placed in orphanages to access food, shelter, and school. When children are separated from their parents due to death or other causes, priority can still be placed on ensuring they are cared for within families. Family-based interventions include reunification and – when this is no longer possible or in the child's best interests – placement in extended family care (kinship care), foster care, or adoption.

The purpose of this document is not to argue that residential care for orphans and vulnerable children is never needed. Many churches have established or funded orphanages as a way to serve children in need. For children in emergency situations and with no other means of support, high-quality residential care can provide transitional, rehabilitative, or interim special-needs care. As a primary or long-term solution, however, orphanages cannot replace the loving care of family and too often fail to meet the social, emotional, cognitive, and developmental needs of children and youth. Formal residential care varies in type and quality, from higher quality smaller orphanages based on a "family-style" model, offering more individualized care, to large-scale institutions. The detrimental effects of orphanages are increased when children are placed at an early age and/or for long periods of time, and especially within institutions with large numbers of children and few caregivers. Global discussions, research, and policy demonstrate that although higher quality residential care is a recognized option on the overall continuum, the benefits of family care must be more widely recognized and supported.

The evidence base on the topics addressed in this paper is extensive and the issues are complex. This guide strives to summarize key overall findings, while also providing examples within specific countries or regions, to further illustrate some of the general points. A glossary of key terms and list of citations can be found at the end of this paper. A companion annotated bibliography of published working papers, meta-analysis, original research papers, and select interagency discussion papers will enable the reader to delve deeper into specific topics highlighted within this document. The aim is to provide a foundation that informs and supports churches, faith-based organizations (FBOs), and people of faith to anchor their outreach and programming within existing evidence.

Orphans and Children in Orphanages:
GLOBAL ESTIMATES AND KEY FACTS

Orphaned and Vulnerable Children Worldwide

An orphan is defined as a child that has lost one or both parents. The loss of one parent classifies a child as a "single orphan" and the loss of both parents as a "double orphan."[1] In many cases an "orphan" may still live with primary or extended family. Globally, it is estimated that there are approximately 153 million children who have lost a mother or a father; 17.8 million of them have lost both parents.[2]

The most frequent causes of separation of children from parental care include poverty, lack of access to basic services, abuse, neglect, disease, disabilities, and emergencies. Looking at each of these factors of vulnerability in detail is beyond the scope of this paper, but additional information can be found in many of the referenced documents.

UNICEF estimates that at least 2.2 million children in the world live in orphanages. Orphanages in this case include all types of residential care, from small (15 or fewer children) to large-scale institutions. This number is considered by many to be a significant underestimate, given that many orphanages around the world are unregistered and the children living within them are not officially counted.[3]

Studies and anecdotal reports regarding orphanages in various countries have shown that the majority are still large in scale. For example, in Rwanda, 28 out of 30 orphanages were found to have between 16 and 566 children in care.[4]

Unfortunately the number of children living in orphanages appears to be rising. This increase contradicts global guidance and the stated policies of many governments directing the scaling down of orphanage care, and in some parts of the world the rise is growing unchecked.

Cambodia saw a 75% increase in the number of orphanages to 269 orphanages housing 11,945 children during the five-year period from 2005 to 2010.[5] Recent studies on residential care in sub-Saharan Africa have shown substantial increases in the number of orphanages and children in care. In Uganda, for example, the number of orphanages went from 30 in late 1992 to an estimated 800 in 2013. [6,7] More than 95% of the facilities were not appropriately licensed by the government to operate, and were therefore operating in violation of national child protection laws.[8]

In Ghana, despite a concerted effort aimed at decreasing the use of orphanages and increasing family-based options, the number of orphanages has increased since 2006, from 99 to 114. The number of children documented as living in those orphanages has grown from 3,388 in 2006 to 4,432 in 2012.[9]

Reasons for Placement in Orphanages

The vast majority of children in residential care globally are not double orphans.[10] Depending on the region, upwards of 50-90% of children living in orphanages have at least one living parent.[11] In Eastern Europe and Central Asia, for example, a 2012 situation analysis found that 95-98% of children below three years of age in formal care were not orphans.[12] They had parents who for one reason or another felt they could not care for them. A study of orphanages in Ghana found that between 80-90% of the children in care had families that, with some support, would be able to care for them.[13]

Poverty, not lack of caregivers, is often cited as the reason for placing children in orphanages.[14] Parents and other caregivers struggling to provide for their children may feel compelled to use orphanages to address an immediate problem. In many regions where material poverty is prevalent, evidence demonstrates the "pull factor" of residential care as the means of meeting such basic needs as food, access to education, and other services for children.[15]

A recent study on abandonment of children in Europe found that, in more than 90% of cases, poverty and homelessness were the reasons for child abandonment (and subsequent placement in orphanages).[16] In parts of Africa and Asia, poverty combined with the accompanying inability to provide education (supplies, transport, clothing, etc.) or parental illness is a driving force for families to place a child in residential care.[17] A recent Cambodian study found the main reason why parents placed children in care was to access education, although the same study found that many orphanages claiming to offer education in-house instead sent children to the local public school.[18]

A study of orphanages in Ethiopia found that the most commonly noted reasons for children being placed in orphanages were parental HIV and AIDS status or other chronic illness and poverty.[19] Chronic diseases such as AIDS and lack of adequate medical treatment are frequently correlated with poverty. A recently published study of Rwandan orphanages found that poverty, together with death of a parent or abandonment by a parent, was the reason for placement in an orphanage in 40% of all cases.[20] There were similar findings from a study of orphanages in Malawi.[21]

Parents and community members may be under the impression that an orphanage is beneficial to a child because it fulfills some of his or her basic needs, without realizing the detrimental effects it can have on a child's social, emotional, and cognitive development.[22] In some regions, teachers, missionaries, and orphanage staff have actively encouraged or solicited parents and families to place their children in formal residential care. In Malawi, for example, over 50% of institutions reported directly recruiting in this way.[23] For many concerned, it may seem like this is the fastest way to provide a child living in poverty with basic material support. However, investing in programs that provide these needs for children living in family care is more cost-effective and reduces the likelihood of orphanage placement. There is also anecdotal evidence that where orphanages do not exist, families and community members are more likely to initiate or seek other ways to care for orphans and vulnerable children within families.[24]

In many contexts around the world, children with disabilities are placed in orphanages because families don't have access to appropriate support services.[26]

Another significant reason that children are placed in orphanages is because of disability. In Central and Eastern Europe and the Commonwealth of Independent States, one-third of children in residential care are there because of disability.[25] In many contexts around the world, children with disabilities are placed in orphanages because families don't have access to appropriate support services.[26] Children with disabilities may also be abandoned, at birth or later, as a result of cultural beliefs and persistent discrimination.[27]

Abuse and chronic neglect by parents or other caregivers are also reasons for placement of children in residential care, especially in the face of alcohol and drug abuse or in cases of untreated mental illness.[28] Here children may be placed in residential care after being removed from their families via external intervention, after being abandoned, or after running away and living on the street. The stress associated with single parenthood, family breakdown, or parental illness, when coupled with lack of access to a reliable social support system, medical care, or services such as day care, can also increase the risk of loss of parental care.[29]

Children may enter residential care after being separated from their families during natural disasters. In emergencies such as these, parents may also place their children in an orphanage after the disaster so their immediate needs for food, shelter, or medical care are met. When proper procedures are in place, children can be reunited with families after rehabilitative or emergency care has been provided. However, this is not always the case: sometimes children remain separated from their families permanently or for a long time.[30]

Review procedures or decision-making processes are often absent when it comes to determining whether orphanage placement is absolutely necessary and appropriate

for the child in question.[31] This review process is called gatekeeping. Gatekeeping is a critical factor in any alternative care system, but is still undeveloped in most parts of the world, especially in Africa.

Gatekeeping can occur within the orphanage, led by managers and social work staff under the supervision of local authorities. It can also be a statutory function of a government body mandated with child welfare and protection with community participation. Ideally, both of these methodologies should be in place to ensure proper assessment and review by the responsible authorities. In Rwanda, pilot projects have established Child Care Networks at the community level that involve community leaders and social workers in the decision-making processes.[32] Gatekeeping mechanisms should determine that there are no viable family-care options available for the child prior to placing him or her in an orphanage. When placement does occur, it should be temporary and/or rehabilitative in nature, with every effort being made to transition the child to family care.

The Importance of Family Care and the Need for a Range of Options

Children's Well-being and Development are Best Supported in Families

A robust body of evidence shows that nurturing family environments are associated with positive outcomes for children's development.[33,34] A family is able to provide a child with love, a sense of belonging, and a lifelong connection to a community of people. Within families, children learn and participate in family and cultural traditions, have a sense of shared history, and learn important social skills that help them engage and interact as family and community members later in life.[35]

> Research shows that the quality of material components of care…is not nearly as important as consistent and responsive child-caregiver interaction, especially in the early years.

Research over the last 30 years has demonstrated that positive interaction between a child and parent or other primary caregiver significantly impacts the development of the brain. Children seek interaction with adults, especially in the early years between birth and 3 years of age.[36] They babble, search for eye contact, and listen for the voices of their parents. The absence of this kind of warm, responsive, and reciprocal relationship between a child and an adult can result in damage to brain development.[37]

In seminal studies, children raised in biological, foster, and adoptive families demonstrate better physical, intellectual, and developmental outcomes as compared to children living in institutional care.[38,39] Even in small scale orphanages there can still be negative consequences to children's development. For example, in a series of longitudinal studies of children in orphanages in Britain, high quality food, shelter, and medical attention were provided to children in care. There was a positive child to caregiver ratio (i.e., one caregiver charged with a small number of children); however, children experienced multiple caregivers.[40] Despite the higher quality of care provided, children were found to have identifiable negative effects on their social development. Research shows that the quality of material components of care (i.e., food and infrastructure) is not nearly as important as consistent and responsive child-caregiver interaction, especially in the early years.[41]

While minimal or inconsistent caregiver interaction is found in many orphanages, it is also important to recognize that neglect may occur in homes. Therefore, programs that help "at risk" families to better care for children and that address some of the underlying causes of parental or caregiver stress are critical. Investing in these kinds of programs, such as early childhood development centers, parenting support groups, livelihood support, and services that mitigate the negative impacts of poverty, have been shown to have long-lasting gains benefitting not only children and families, but also communities and entire nations.[42]

A Continuum of Family-based Care Options

Good practice dictates having a full range of care options available for children in need, with priority placed on care within families. Family strengthening and prevention of unnecessary separation matter greatly. Once a child has been separated from parental care, the spectrum of family care options includes reunification, relative (kinship) care, foster care, guardianship, and adoption. According to international guidance and best practice, children and youth should participate in the decisions regarding their care, according to their evolving capacities.[43] Whenever possible, siblings should be placed together so these important family ties are not broken.[44]

- **Reunification:** This is the process of transitioning a child back to his or her family of origin. For children outside of parental care, including children in orphanages, foster care, or living on the street, reunification should be considered the best option if it is deemed safe and appropriate for the child.[45] Reunification is a process, made up of many different steps, and is not a one-time event.[46] Preparation of the child and the family, facilitating access to appropriate services and support, and ongoing monitoring are important elements of any reunification process. Past efforts in several countries have illustrated the necessity of considering all reasons why the child was initially separated from the family, addressing those before, during, and after the reunification process.[47]

Retrak, an organization working with street children in Ethiopia, Malawi, and Uganda, has developed Standard Operating Procedures (SOPs) for reunification of street children with their families. The SOPs include key definitions, guidance, and tools for each step of the reunification process. The steps have been adapted over time and are flexible so as to meet the unique needs of each child. Retrak successfully reintegrated more than 600 street children into families between 2009-2011.[48]

An organization in Uganda that provides temporary shelter and care to abandoned infants (newborn to two years) uses a number of techniques to trace parents or relatives of abandoned children, including radio announcements, posters in the community where the child was found, and photos in local newspapers. When social workers are successful in finding the immediate family or relatives, a thorough assessment is conducted. A case plan is developed, together with the parent or relative, which includes required social services or economic support, counseling, and a schedule for visits prior to final placement to encourage attachment between the child and caregiver. Once the baby is reunited with the family, the social worker makes follow-up visits for a period of one to three years to ensure that the placement is going well and the child is safe and well cared for. [49]

- **Relative or Kinship Care:** In most countries, care with relatives, also called kinship care, is the most common form of care for orphans and children separated from parental care. This is frequently informal in nature but is a long-standing and culturally acceptable mode of care for children.[50] Care by relatives offers the benefits of a family environment and supports the continuation of important familial, communal, and cultural ties. Extended family plays a significant role in both temporary and permanent orphan care, but unfortunately receives little attention and support. Building upon existing cultural traditions of extended family care, including better monitoring and targeted support is also a cost-effective way to ensure family care for a large population of children no longer living with parents.[51,52]

> Studies from Africa show that, even in the face of HIV and AIDS, upwards of 80-90% of children outside of parental care are still living in kinship arrangements.[53] One study illustrated that approximately 95% of children directly affected by AIDS (i.e., having one or both parents who are living with or have died from the disease) continue to live with their extended family.[54] Grandmothers play a particularly important caregiving role, with approximately 81% of double orphans in Zimbabwe living in this type of care arrangement.[55] Similarly, in Moldova, where parental migration for labor purposes leaves children in the care of others, 91% of children for whom both parents had migrated were left in the care of grandparents.[56]

Several studies have shown that some children placed in kinship care may face bias, exclusion, or discrimination from caregivers and community members or may be at risk of neglect, abuse, or exploitation.[57, 58] A growing body of evidence suggests that the closer the biological ties of the child and caregiver, the more secure and less discriminated against the child feels, with care by grandparents or older siblings reporting the best findings.[59]

Whether children are reunified with parents who have placed them in an orphanage, or are placed in an alternative family-care setting such as kinship care, there will often be the need for continuing support from communities and local officials to ensure that children are protected and that caregivers have access to the appropriate material and social support.[60]

- **Foster Care:** Full-time care, provided by a non-related family, known as foster care, varies widely throughout the world. It is a growing alternative to residential care. Formal foster care is typically authorized and arranged by an administrative or judicial authority, which also provides oversight to ensure the best interests of

the child are being met. Many countries have a history of informal fostering, such as when a child is placed in the care of a trusted neighbor or community member. This type of care has many of the same benefits and risks of kinship care noted above. Foster care can be temporary arrangement, or in some cases, permanent. Processes and procedures should be established to ensure that children and caregivers receive necessary support and access to services.

In the Republic of Moldova, a five-year national child care reform process has resulted in the establishment of 660 formal foster caregivers helping to prevent children from going into orphanages, and providing family-based options for children leaving orphanages through deinstitutionalization.[61] In South Africa, more than 50,000 children are living in formal foster care, approximately two and a half times the number of children registered in orphanages.[62] After the genocide in Rwanda, formal fostering was established, allowing an estimated 1,200 children to be cared for in a family setting rather than in an orphanage or on the streets.[63]

- **Adoption:** For children who have no possibility of remaining with parents or relatives, adoption can provide a permanent family. Research has demonstrated that an adoptive family environment can support improved developmental outcomes for children, especially those coming from orphanages.[64] Statistics compiled by the United Nations show that 85% of all adoptions are domestic, numbering approximately 220,000 per year.[65] Most of these formal domestic adoptions occur in middle- and upper-income countries like the United States, although "customary adoption," though rarely recorded formally, is known to be common in middle- and low-income contexts.

Formal domestic adoption, although still in very nascent stages, is gaining momentum in countries in Latin America and Africa. In one region of Ethiopia, a government study found that 724 formal domestic adoptions occurred in a single year.[66] In Uganda, government and child welfare organizations are supporting a campaign to help promote domestic adoption as a viable option.[67] The campaign is promoting formal processes as well as increased openness around domestic adoption. This is a new concept where traditionally adoption was done informally. As a result, more than 40 domestic adoptions in Uganda have occurred in the past two years as part of a pilot project implemented by the Ugandan government and an NGO.[68]

In situations where a child is determined to be legally free for adoption and has no viable permanent family-care options available in their home country, intercountry adoption provides children the opportunity to have a permanent family. In 2010, roughly 29,000 intercountry adoptions occurred worldwide, but this number has been decreasing.[69] Many efforts have been made to ensure that strong policies and procedures and appropriate government oversight are in place to ensure that intercountry adoptions are occurring in alignment with international norms and standards.

Care in Emergencies

In emergency contexts, evidence has shown that family tracing and reunification and family-based alternatives are much more effective responses than placement of children in orphanages.[70] Rescuing children from emergencies by removing them from their communities or their country runs the risk of psychologically harming children, and significantly inhibits the possibility of eventual reunification, which is always the highest priority in emergency settings.[71] Experiences from emergency settings such as Haiti and Rwanda show that most separated children have extended family, neighbors, or community members that are willing to care for them if they can be identified.[72, 73] After the tsunami in Indonesia, 80% of children were reunited with family members within six months after the disaster using family tracing and identification.[74]

To mitigate the unnecessary separation of children from their families during an emergency, prevention is vitally important. In areas that are prone to natural disasters like hurricanes, mudslides, or other calamities, communities must designate safe places and ensure that local plans are in place for how to care for any children that might become separated.[75]

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Orphanages:
KEY CHALLENGES AND THE IMPACT ON CHILDREN

Evidence and best practice clearly demonstrate that the better models of residential care offer small, "family-style" environments with qualified and consistent caregiving. Such care is a recognized option within the continuum of alternative care for children when family care is not available or possible. However, even high quality residential care cannot replace families, and it is recommended that it be used primarily for temporary or rehabilitative purposes, with every effort made to transition children back into family care. Large institutions with high child-to-caregiver ratios and a lack of individualized or developmentally appropriate care have the most negative and often life-long consequences for children. These are not recognized as a viable or recommended option for children's care.

Residential care is used too often as a "first resort" response without consideration for or investment in family care options. Too frequently, children are placed in care, without proper planning, and ultimately lose connection with parents, extended family, and community, without any hope of reintegration. When orphanages provide limited opportunities for interaction between children and their families, they hinder reunification.[76]

Orphanages whose operation supports long-term over temporary care inhibits reintegration. At a minimum, every child in an orphanage should have an individualized case plan that minimizes the time spent in an orphanage and facilitates eventual integration into a family. In too many instances this is not the case. In Malawi, for example, only 9% of more than 6,000 children in care had a case plan and only one-third of these children reported being visited by a relative.[77] In Ethiopia, only one-third of all orphanages reported having case plans.[78]

A study of orphanages in Guatemala found that approximately one-third of the children living in them had a judicial decree stating that their placement was permanent. This was in direct violation of the country's Children's Law, which states that orphanage placement could only be temporary.[79] A study of orphanages in Rwanda also illustrated how a temporary solution for children often becomes permanent. Approximately 30% of all Rwandan children in orphanages have been in care more than ten years, and 13.6% of children (452 children) spent more than 15 years in an orphanage — essentially their entire childhoods.[80]

Lack of Individualized Care Has Long-Term Consequences

Evidence demonstrates that compared to a nurturing family environment, most orphanage settings, particularly for infants and young children, do not support a child's proper development.[81] In many instances, placement in orphanages may produce long-term and sometimes permanent effects on children's brains and their physical, intellectual, and social-emotional development.[82] Children raised in large-scale orphanages often have pervasive growth problems, including stunting (severe growth delay), and impairments in fine and gross motor skills and coordination.[83, 84, 85]

The larger the orphanage, the less likely it is that children receive care from a consistent caregiver focusing on the child's individualized needs. Typically, children will be group-fed on a schedule rather than on demand, diapers will be changed on a schedule rather than as needed, and less attention will be paid to a child's individual growth, social, and emotional development. Poor quality care and a lack of individualized stimulation can lead not only to health and development problems, but to isolation and lack of identity (the core sense of self that is developed through close relationships).

> Recent studies of orphanages in Ethiopia and Rwanda included findings on caregiver-to-child ratios. In the Ethiopian study, three orphanages reported that they had administrative personnel but did not have any caregivers on staff.[86] The others were within a range that includes .33 to 125 children per caregiver.[87] In Rwanda, the study found that the average ratio was one caregiver to 13 children.[88]

Evidence from Eastern Europe shows that more children leave large-scale orphanages with disabilities than enter them, suggesting that orphanage care can actually cause disability in children.[91]

Research from Romania has shown that the chronic neglect associated with larger scale orphanages can weaken and disrupt the developing brain structure and functioning, impeding language acquisition and creating problems in mental health and chronic physical disease.[89] Here neglect is defined as "warehouse-like conditions with many children, few caregivers, and no individualized adult-child relationships that are reliably responsive and where only basic survival needs may be met."[90] Evidence from Eastern Europe shows that more children leave large-scale orphanages with disabilities than enter them, suggesting that orphanage care can actually cause disability in children.[91]

While abuse and neglect is documented in many settings, including families, research has shown that children are more likely to be abused in orphanages. A global study on violence against children found that children living in orphanages were some of the most vulnerable to violence, abuse and exploitation.[92] Many orphanages utilize volunteers to augment caregiving functions or to fill a human resource gap. This

constant flow of short-term volunteers exposes children to repeated departures and can increase the risk of potential abuse and exploitation.[93] These practices, although often well intentioned, can be detrimental to children's social and emotional development and result in attachment issues in the long term.

Early and Long-Term Placement in Institutional Care Has the Most Severe Effects

Negative effects associated with orphanages are more severe the longer that a child remains in large-scale residential care, and are most critical in younger children, especially those under three years of age.[94] The first three years of life are a "sensitive period" when a child requires intimate emotional and physical contact.[95, 96] If this is not present, there is a high risk that development will be significantly impaired.

Failing to place a child in family-based care before the age of six months can have devastating consequences.[97] The *Guidelines for the Alternative Care of Children* currently suggest that, in general, children under three should be cared for in a family setting: *In accordance with the predominant opinion of experts, alternative care for young children, especially those under three, should be provided in family-based settings. Exceptions to this principle may be warranted in order to prevent separation of siblings and in cases where the placement is of an emergency nature or is for predetermined and very limited duration, with planned family reintegration or other appropriate long-term care solutions as its outcome.*[98]

Risks of Institutional Care on Later Life

When children are in families, they do not "age out" of care. They remain connected to their parents, siblings, and community and have a social support network. This is rarely the case with children living in orphanages. When children reach a certain age, usually 18, they must leave the orphanage. These youth (care leavers) are frequently unprepared for independent life. This can result in unemployment, homelessness, conflict with the law, sexual exploitation, and poor parenting, requiring increased expenses associated with health, education, and legal services that may result in longer-term costs to society.[99]

Ethiopian youth who had left care said that they felt that their orphanage would "be their home forever" and were not prepared for independent living outside it.[100] They require support and training in practical life skills, such as how to manage money, find a job, or rent a house, skills typically learned when living in a family.[101] Additionally, care leavers report feelings of depression, isolation, and hopelessness. One study of children leaving orphanage care found that there is a chronic lack of attention given to this population, leaving them with feelings of isolation that was compared to "living on an island without service to promote integration into society."[102]

Examples of deinstitutionalization efforts have shown that a minimum package of support is needed for successful transition. This is true for children being reintegrated into families and for older care leavers who are transitioning to independent living situations. Support should include material or financial assistance to the family or youth, as well as a preparation period to ensure that the child and the family are ready for reunification or that the youth is helped to be self-supporting in the community.[103] Trained social workers should facilitate a process that addresses the psychosocial needs of children and youth before, during, and after the process, an essential component of reunification and leaving residential care that is often overlooked.[104]

Strengthening Family Care and Preventing Placement in Orphanages

Evidence demonstrates that children thrive best in a family. Experience shows that in the absence of interventions and services to strengthen the care of children within families, orphanages can proliferate and "pull" children from families for the wrong reasons. Parents and communities may see orphanages as a solution to difficult circumstances. Local governments and communities might also see this as a quicker and easier fix rather than investing time, human, and financial resources into strengthening families and addressing the root causes that place families at risk of separation. Orphanages are too frequently promoted as offering more, in a material sense, than some families are able to provide, without recognizing the vital role that emotional and social relationships play in a child's development. It is the latter that is found within a family setting.

It is essential that factors contributing to the loss of parental care are reduced and fewer children are placed in orphanages. Communities can be mobilized and strengthened in ways that lead to a stronger safety net for parents, families, and their children. For example, increasing the number and support of community-based social workers that can identify, assess, and refer vulnerable children and families to appropriate services is critical.[105]Additionally, research has shown that a combination of access to basic services, together with economic support, is fundamental to helping families stay together.[106]

The Role of Government and Country Policy

Findings consistently show that most parents, when presented with some support from the community, government, and/or social services, would resoundingly choose to keep their children at home.[108]

International guidance recognizes the importance of a family environment and the government's role in providing support that enables families to care for and protect children and fulfill their rights.[107] They recommend committing resources to family strengthening efforts to prevent family separation.[108]

In most instances, children are placed in orphanages by family members that feel desperate and in need of support. Children are placed in orphanages due to the lack of access to social services such as education, health care, day care facilities, or specialized services for children with disabilities. Findings consistently show that most parents, when presented with some support from the community, government, and/or social services, would resoundingly choose to keep their children at home.[109] Studies conducted in multiple contexts have also demonstrated the cost-effectiveness of preventing separation and supporting family-based alternatives over orphanages.[110]

Research has proven the long-term benefits of investing in children as compared to investments made later in life.[111] Investing in efforts that support families and children, such as early childhood education programs, reduces stress on parents and helps increase the likelihood that children will develop into healthy and productive members of society later in life.[112]

Faith-Based Responses to Orphans and Vulnerable Children

Faith-based organizations have historically played and continue to play an important role in the provision of care and support to the poor and the vulnerable. Churches and other faith-based initiatives are often the first to identify and respond to children and families in need. Pastors often have the trust of their community members and can speak and act with authority, helping to mobilize and lead local responses. In many HIV-affected communities throughout Africa and around the world, faith-based groups have provided support ranging from food and shelter to home-based care and spiritual counseling. Many of these initiatives are small, but the impact they have upon strengthening families is significant.[113]

Research in Zimbabwe found that local faith-based initiatives were providing a significant amount of help that was derived from the community itself, demonstrating the resiliency of communities and the innate sustainability of such actions.[114] Faith-based communities in Rwanda have been actively engaged in promoting deinstitutionalization by emphasizing the importance of family in weekly sermons and community outreach.[115] Acknowledging the central role that faith plays in Rwandan communities, religious leaders have been recognized players in the national care reform effort.

Striving for the Best Interests of Children:
CONCLUDING REMARKS

Recent internationally endorsed guidance suggests that a range of alternative care options, primarily family-based, must exist in order to respond to children's individual needs and circumstances.[116, 117] This continuum of care, including both prevention and response services, is at the core of any child welfare system. The process of decreasing reliance on orphanages, ensuring quality of care, and providing a range of care options with an emphasis on family care, requires significant investment of human and financial resources, and public support.[118, 119, 120] This process requires time, and also conviction.[121] Churches, faith-based organizations, and people of faith play an important role in supporting the needs of the orphaned and the vulnerable across the continuum of care.

In summary, key points supported by the evidence include:

- **The term "orphan" is often a misnomer.** Most children who have lost a mother or father still have a living parent or other family members who are willing to care for them. However, many children have been separated or are at risk of being separated from family care for a range of reasons. Globally, it is estimated that well over 2 million children are living in orphanages.

- **Poverty is a primary reason that children are placed in orphanages.** Too often, parents and relatives place children in orphanages in order to provide them with food, shelter, and an education. Other causes include: lack of access to health care and/or social services; abandonment, abuse, and neglect; the loss of parents; and disability status. Each of these factors, when coupled with poverty, increases the risk of a child being placed in an orphanage.

- **Strengthening families and addressing children's basic needs while enabling them to remain within family care is critical.** Studies show that when parents and relatives are presented with the option of support or social services to avoid placing their children in an orphanage, most would unequivocally choose to keep their children at home. Supporting family-based options is also shown to be more cost-effective than orphanages.

- **A robust body of evidence over the last 30 years demonstrates that families provide the best environment for a child's development.** Children's cognitive, social, and emotional development are supported when they are loved and protected, have a sense of belonging, and learn the life skills that are integral to growing up within a family.

- **Children living in orphanages are at greater risk for long-term negative impact on their social, emotional, and cognitive development.** This is especially true for children under three years of age and for children living in large institutions for long periods of time. While higher quality residential care (small numbers of children living "family-style" with consistent, well-trained caregivers) can help minimize these impacts, research shows that children growing up within families fare better in the long term than children raised in orphanages.

- **Good practice dictates having a full range of care options available for children in need, with emphasis on care within families.** This facilitates the possibility of identifying the best care option to meet each child's unique needs. The continuum of care includes prevention/family strengthening, family reunification, kinship care, adoption, and foster care, as well as smaller, "family-style" high quality residential care.

- **Whether in family care or in orphanages, all vulnerable children need to be protected from abuse, neglect, and the deprivation of their basic needs.** While the evidence demonstrates that children are more likely to be abused or neglected in institutional care, it is important to support the well-being and protection of children in all settings.

- **Ensuring that all children are well cared for, ideally within a family, takes the active involvement of and collaboration between government, non-governmental organizations, local communities, the faith-based community, families and caregivers, as well as children and youth.** There is a role for each of these groups and a need for collaboration and a shared understanding of what is best for children.

Glossary of Terms

- **Alternative care:** Includes formal and informal care of children outside of parental care.[122] Alternative care includes kinship care, foster care, supervised independent living, and residential care.

- **Attachment:** Attachment is an emotional bond to another person. Psychologist John Bowlby was the first attachment theorist, describing attachment as a "lasting psychological connectedness between human beings." Primary caregivers (generally parents) who are available and responsive to an infant's needs allow the child to develop a sense of security that has a large impact on his/her ability to navigate the world of social relationships as an adult.

- **Care leaver:** A child who is exiting a care placement. This is typically used to refer to children who are leaving orphanages, either through reintegration, placement in an alternative family environment, or for independent living.

- **Community-based Care:** Refers to both the direct caring role assumed by the leadership or members of a community and the supportive role community-based organizations play in assisting direct caregivers.[123]

- **Continuum of Care:** A Continuum of Care describes a range of services and placement options for children beginning with family preservation (i.e., remaining with biological parent(s)) through to placement in residential care centers/facilities. Other care options included within this continuum are kinship care, temporary foster family care, long- term foster care, domestic adoption, monitored child headed households, and small group homes, intercountry adoption, and as noted, high-quality residential care (including orphanages). A continuum should represent a wide range of options so that the necessary and appropriate placement can be determined based on every child's best interest.

- **Informal/Formal Care:** 1) Informal care is defined as "…any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body;"[124] 2) Formal care is defined as "…all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures."[125]

- **Foster care:** Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family other than children's own family, one that has been selected, qualified, approved, and supervised for providing such care.[126]

- **Institution:** Residential care settings where children are looked after in any public or private facility, staffed by paid carers or volunteers working pre-determined hours/shifts, and based on collective living arrangements, with a large capacity.

- **Kinship care:** "Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature."[127]

- **NGO:** Non-governmental organization.

- **Orphan:** A child that has lost one or both parents. The loss of one parent classifies a child as a "single orphan" and the loss of both parents as a "double orphan."[128] An "orphan" may still live with primary or extended family.

- **Orphanage:** An orphanage is a type of residential care (see definition below) and is most often thought of as "institutional care" (see definition above).

- **OVC:** Orphans and vulnerable children.

- **Reintegration:** "Return to the [child's] family,"[129] which could include kinship care or parental care and often involves return to communities of origin. It is important to see reintegration as a process, which can begin from the moment a child becomes separated from families or parents, and last until they have returned to communities.

- **Residential Care:** "Care provided in any non family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short and long-term residential care facilities including group homes."[130] Residential care is the umbrella that encompasses institutional care such as orphanages and its basic characteristic is that it is a living arrangement/facility where salaried staff or volunteers ensure care for children living there.

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NOTES

FAITH to **ACTION**
INITIATIVE