Good practice for people working with children

CHILDREN AT RISK GUIDELINES

TEARFUND
CHRISTIAN ACTION WITH THE WORLD'S POOR

Children in Residential Care and Alternatives

CHILDREN AT RISK GUIDELINES: VOLUME 5

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Preface

What are the principles of good practice in the area of Child Development and how can we implement them? This series sets out the basic principles of Tearfund's Child Development Policy, and then seeks to apply them in different contexts. Here in Volume 5 we look at children in residential care and some of the alternatives available. We recommend that you use this framework in conjunction with the ***Tearfund Child Development Study Pack*** (for details of how to order the study pack and other volumes see the final page). The study emerges from comprehensive field research and dialogue and has been reviewed by a variety of experts and practitioners. The authors hope and pray that you will find it useful and practical, and that for all who are working with children it will help you in changing children's lives for the better.

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January 2001

A note about the authors

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NOTE The terms First and Third Worlds, developed and developing countries have been used interchangeably throughout the text as commonly accepted terminology for industrialised and developing countries.

TEARFUND
CHRISTIAN ACTION WITH THE WORLD'S POOR

SECTION 1

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1 Introduction

WHAT ARE FAMILIES?

The family means different things to different people. How it is defined will depend on world view, background and experience.

The family means different things to different people.

The extended interdependent family structures which feature in much of the Biblical narrative are far more similar to rural families in developing countries than to the fragmented nuclear family of Europe and North America. Hebrew families in the Old Testament were grouped together in houses. These houses were united by marriage and kinship to form clans; several clans constituted a tribe and the confederation of tribes made up Israel. An interdependent Hebrew household comprised between fifty and a hundred people.

In the New Testament, Paul describes the church as a family. The early church met in households. Those baptised, according to Paul, have been adopted by God (Romans 8:15-17, Galatians 3:26-4:6). Their siblings are other Christians. Their inheritance is the community of believers (Mark 10:28-31). But although the family took precedence over all other relationships, it was not closed or introspective. Hospitality was extended as if to near and distant relatives. The New Testament church was to reach out to the Gentiles and to everyone, even to enemies.

The family structure of modern times, both in the more developed and in developing countries, can vary considerably. As Christians we must be careful not to judge a family by its appearance and consider it to be 'unsuitable' without considering what the essence of a family is. Relationships rather than structure have a greater impact on the ability of children to grow spiritually, emotionally and socially.[1]

God created the covenant marriage relationship so that a couple can bear the 'fruit' of children. These children are then able to receive individual unconditional acceptance and love in adult-child relationships. This is portrayed in the story of the prodigal son which reflects the unconditional love of the heavenly father. In the context of this unconditional love, children can be brought up to love God and serve others.

As 'fallen' beings, our parenting is often inadequate. Yet children are often resilient and, for all its failings, the parent/caregiver relationship can sustain and nurture the child and help him or her to grow.

1 Katz (1997).

Not all children, however, are resilient enough to cope with damaging family behaviour in its extreme form. Some can become psychologically and even physically traumatised as a result. They may then need to be removed from their family environment. In a small number of cases children may be unable to face living in a family home so that even alternative foster care may not be appropriate.

See *Children at Risk Guidelines 1: Children and Family Breakdown* for more discussion on the family.

WHO ARE THE ORPHANS?

Scripture makes specific mention of the needs of widows and orphans. Both the New and Old Testaments refer to responsibilities towards orphans and the fatherless. God is seen as the defender of the fatherless (Deuteronomy 10:18, Psalm 10:14, 68:5, Jeremiah 49:11, Hosea 14:3) and the covenant community are encouraged to be compassionate to them (Exodus 22:27). The Israelites were strongly encouraged to aid orphans or take them into their families (Job 29:12, 31:17). The early church continued concern for orphans, expressed in James 1:27 where a 'pure and faultless' religion was characterised by those who 'look after orphans and widows'.

Historically, most 'orphaned' children are absorbed into their extended families.

Historically and geographically, even in extremely difficult circumstances, most 'orphaned' children are absorbed into their extended families, however tenuous the relationship, and also into other families in their communities without the involvement of any outside agent.

But as traditional religious and cultural values break down – and this is particularly true in urban settings – people may be more reluctant to adopt children. This was shown to be true in a survey conducted in Thailand by Christian Care of Children with Disabilities (CCD), see SECTION 3, and Handicap International. Certain cultures may feel they have evolved in such a way that adoption is no longer a feasible strategy. However, other commentators believe that there will always be families able and willing to adopt and foster children. Where secular society is slow to do this, Christians should take a lead, challenging attitudes and working to ensure that children are matched with families.[2]

2 Pease (1998) and Poulton (1995).

WHAT IS RESIDENTIAL CARE?

Residential care is group care by generally unrelated persons.

Residential care can be defined as 'a group living arrangement for children in which care is remunerated by adults who would not be regarded as traditional carers within the wider society'.[3] However, this definition has been criticised because some institutions involve 'self' remunerated people in charge and others such as monasteries (eg Buddhist monasteries in Southeast Asia) are regarded as traditional providers of care.[4] 'Group care by generally unrelated persons' is therefore an alternative definition.[5]

From a young person's point of view, residential care might be described as being looked after 'away from home by people who are not (their) parents'.[6]

If residential care means being cared for by generally unrelated people, and we believe that the essence of family life is the nurture and unconditional acceptance of children by adults in an individual adult-child relationship, then we can see that residential care may fail to provide this. In fact the larger and more institutional the residential care, the less likely such individual nurture and unconditional acceptance is. The 'key-worker system', ensuring that each child has someone who is responsible for them, goes some way in seeking to prevent a 'faceless' care system. By placing a selected case worker with each child, many basic care needs can be reviewed and carried out regularly. But is it enough?

Some residential care is run by groups of caring adults who are committed to children and provide a family environment where there is unconditional acceptance and support on an individual basis. It could be argued that this kind of care is in the best interests of children where there are no alternatives: for example, those who are either in abusive or destructive family environments or cannot settle with a small foster family.

It is therefore too simplistic to say that children should never go to residential care and children should always stay with their parent(s). However, it is not easy to say at what point a child should be removed from their family and at what point a residential centre is appropriate. In seeking the best interests of the child, the questions of how to remove a child from the family, the availability of alternatives, and the desires of the children themselves, all need to be taken into consideration.

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3 Tolfree (1995).

4 Phillips (1997).

5 Ibid.

6 Ward (1997).

It would be better if families in need were given the support they need for the child to stay with them.

Some residential institutions, especially so-called 'orphanages' in developing countries, admit a wide range of children whose parents feel that they cannot provide for them. The danger is that children are sent to orphanages, when it would be better if the families were given the support they need for the child to stay with them.

Parents need to know that financial provision is not as important as the emotional loving relationship they can offer the child, that cannot so readily be given in an institution. They may also need to be presented with an alternative to thinking that residential care is best, for example for a disabled child, when it may not be. In some societies it may be culturally unacceptable for single parents (for whatever reason) to look after children when, with support, it might be possible. People that work with children need to be aware that communities cannot be judged as a whole, and children cannot and should not be taken away from their parents without serious consideration on an individual case by case basis.

Project leaders also need to consider how temporary care of children might be all that is necessary for a family to restore its resilience to cope with the often huge difficulties they face.

Some orphanages have been set up in developing countries, often in the name of Christ, because staff feel that children *en masse* (as a group rather than on a case by case level) must be removed from a damaging and destructive or evil environment, and not just because they are poor. It is felt that removing the child and bringing them up in a Christian environment is better for them. The problem with this view is that it requires a subjective and ethically questionable decision that judges both the family and community: how does one decide which children need rescuing and why? It can also lead to a missed opportunity of transforming both individuals and communities, with more long-term benefits to the children. It could become a way of opting out of direct engagement in evangelism and practical service in the community.

WHAT KIND OF CHILDREN ARE IN RESIDENTIAL CARE?

- **Disabled children** in many countries and historically in Europe and the States have been institutionalised rather than kept at home (see *Children at Risk Guidelines 3: Children and Disability*).
- **Young offenders** – prisons, borstals, 'boot camps', are part of a penal system for children. Detention can be arbitrary and for indefinite lengths of time where children have no recourse to legal assistance.
- **Children with behavioural problems or socially unacceptable behaviour,** for example, drug addicts, teenage pregnant girls.
- **Street children and homeless young people,** put or forced into institutions to rescue and protect them from sexual abuse, prostitution, drugs, becoming or being delinquents.
- **Children and babies with HIV/AIDS** (with or without mothers) who are rejected by families and communities.
- **Children of parents with AIDS** and other chronic illness and/or mental illness who are too sick or disabled to care for children.
- **Children of parents who are substance abusers.**
- **Children of parents who are in prison** who may or may not be in prison with them.
- **Children of parents who are missing** for whatever reason.
- **Unaccompanied children**, orphaned or semi-orphaned by war, natural disasters, accident or death, including child-headed households.
- **Child soldiers** who are orphaned, disabled and/or traumatised (see *Children at Risk Guidelines 6: Children in Conflict and War*).
- **Children of divorce and family breakdown**, where a single parent is unable to cope financially and has little or no support (see *Children at Risk Guidelines 1: Children and Family Breakdown*).
- **Children whose parents feel unable to cope, have abandoned or rejected them**, or who are considered to be 'too poor' to look after them.
- **Children otherwise deprived of good education**, in boarding schools and residential educational institutions such as school hostels in towns in South Asia for poor village children.
- **Specially selected children for exclusive or elite education.**

With the increased incidence of HIV/AIDS, some communities are feeling unable to cope with and absorb the large numbers of children who are orphaned. Furthermore, many different types of children are still being abandoned (eg mentally and physically disabled, HIV positive, girls in countries where dowries are excessively high or where the one-child family is promoted).

This is just an overview of residential care. A full review would need to look in detail at issues such as:

- institutional maltreatment of children including sexual and physical abuse
- tracing parents and families of separated children
- children's legal rights and entitlement to inherit after parents die
- child-headed households
- local adoption and fostering arrangements
- cross-cultural and inter-country adoption which may lead to kidnapping of babies to be sold or at least abandoning of children who could better be cared for by their biological parents
- sponsorship of children in their communities as a preventive approach
- child-spacing and family planning as a form of prevention of unwanted children
- 'family preservation' and the role of the church in supporting, encouraging and educating families about family responsibilities
- the de-institutionalisation process.

Tearfund's position

A number of residential care projects did receive funding during Tearfund's early years. However, Tearfund's *Child Development Policy* (1997) now recommends that 'orphanages' do not receive funding due to concerns over the possible negative impacts on children and the unsustainability of institutionalised care.

However, simply not supporting 'orphanages' side-steps an issue. Residential care has often been a feature of Christian welfare work across the world and impacts thousands of children's lives. Tearfund, therefore, wishes to contribute towards the process of raising awareness about reform, promoting alternative approaches to residential care and setting out guidelines for 'good enough' practice in residential care where there is no immediate alternative.

An 'orphanage' implies residential care only of children that have no parents. Yet it is rare to find children with no parents or extended family. More common are 'unaccompanied' children, separated from parents and family amidst war and conflict.

Tearfund will usually only support long-term residential care where there is evidence to demonstrate that alternatives have been adequately explored and that where parental involvement is limited or absent, there is a commitment to unconditional adult-child relationships for each child with at least one adult. This would usually be in small homes rather than large institutions.

Working alongside state institutions

Tearfund will consider the possibility of supporting Christian NGOs and churches who are in partnership with, for example, state-run institutions where there is evidence of neglect. In such situations Tearfund seeks:

- a focus on reform of both government welfare policy and residential institutions through research, training, advocacy and pilot programmes
- an emphasis of the NGO, mission or church on relationships; on changing the system, rather than blaming the staff; on encouraging and supporting staff and providing good role models
- an openness to learning and change among institution staff at all levels to ensure a 'developmental' approach; a commitment from mission, NGO or church to working with the staff in a participatory way and not against them, identifying strengths as well as weaknesses; a recognition that change is both good and bad or painful
- an agreement that the institution maintains the same level of financial support at the beginning and the end of the agreement; capital costs should not met by the programme
- a commitment to networking and accountability of both the mission, NGO or church and the institution
- the development of clear goals and an exit strategy for the mission, NGO or church.

In reality, implementing good or best practice with the co-operation of all those with a stake in a residential centre is far from straightforward. It is not easy to handle staff resistance to change. Increasing understanding, changing staff attitudes and allaying assumptions, fears and insecurities that would otherwise hinder change, are all part of the process.

It is also necessary to distinguish 'good enough' care from 'good' or 'best' practice.[7] How a project moves from harmful or inadequate care to 'good enough' care is as important in project development as from 'good enough' to 'best' practice. The different social, cultural and historical settings may result in a very different process for developing countries than for Western countries, even though basic principles may be the same. For example, there may be a different time-frame for change.

7 Adrian Watkins of Intermission, India/currently EMA, UK.

WHAT ARE THE ALTERNATIVES TO RESIDENTIAL CARE?

Tearfund would prefer to support community-based alternatives and use advocacy to address root causes. Support schemes specifically designed to develop alternatives to residential care would be appropriate, such as ones that:

- research the backgrounds of children in residential care on a community basis, with a view to developing alternatives for children already in residential care
- develop alternative responses for those at risk of coming into residential care.

Some of these programmes may not appear to have anything to do with residential institutions. For example, an advocacy campaign to abolish the dowry system or make it more financially manageable for families would have an enormous impact on families who might otherwise consider abandoning their children or even resorting to infanticide. A family spacing programme may help families to have fewer children and enable them to cope with their smaller size families. An integrated development programme might strengthen the capacity of a community to absorb children who would otherwise be abandoned, by for example, increasing the resources of vulnerable families. Other programmes will be more specifically preventive, targeting the types of children who would otherwise be admitted.

PREVENTIVE PROGRAMMES

- Parenting education for adults and teenagers with a Biblical basis (see *Children at Risk Guidelines 1: Children and Family Breakdown*) both inside and outside the church.
- Tracing programmes to bring together families that have been separated in times of war and disaster (see *Children at Risk Guidelines 6: Children in Conflict and War*) or where children are misguidedly separated from their parents 'for their own good', for example disabled children (see *Children at Risk Guidelines 3: Children and Disability*).
- Community-based rehabilitation programmes to enable disabled children to stay in the community (see *Children at Risk Guidelines 3: Children and Disability*).
- Community-based social worker programmes to enable children who are at risk of being physically abused to remain with parents whilst parents receive support (see *Children at Risk Guidelines 1: Children and Family Breakdown*).
- Community-based programmes that support child-headed households where orphaned children can continue to live together and receive training, counselling and advocacy, eg land rights inheritance (see *Children at Risk Guidelines 6: Children in Conflict and War*).
- Day care centres and night shelters for poor working parents, to enable them to work and earn sufficient income to support their families.
- Development of informal village schools and literacy programmes to enable children to be educated 'at home' rather than needing to live in hostels in the cities.
- Reform of the law governing prisons and juvenile centres to ensure that children (especially those who have committed minor offences) are not admitted to an institution and that alternative arrangements are made such as community service.
- Community drug rehabilitation programmes which may or may not include semi-residential short-term programmes for addicts to go through a process of withdrawal.
- Adoption and fostering arrangements that fit with the particular culture. In most cases it is important for placements to be made appropriate to culture and ethnicity, as far as circumstances allow. On the other hand it may be appropriate for Christians to deliberately choose to adopt children of unpopular ethnic origin, or disabled or sexually abused children, to demonstrate compassion in a hostile community.
- Respite care for both parents and children to get a break, to enable the child to stay with the family long term.
- Short-term drop-in centres for street children.

Food for the Hungry International has developed a concept called ChildWINS (Childcare WithIn Natural Social Systems). This is based on the philosophy that the physical, psychological, social and emotional needs of a child are best met by care within a family rather than an institution. It places great emphasis on prevention of abandonment through regular support of vulnerable families, and following separation, on family tracing and reunification. It promotes and supports both spontaneous and placed fostering.

FHI believes there should be no financial or other material gain attached to fostering as this could affect the motives of potential fosterers and would not then be in the child's best interests. The material assistance is therefore restricted to what is adequate to cover the child's needs (for instance an extra food ration in a refugee situation). Children's own views are always taken into consideration about where they should live. A detailed programme description is available from FHI. Four models are used depending on whether the situation is an acute refugee situation, chronic refugee situation, internal displacement, or natural disaster (Poulton, 1995).

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Framework for Good Practice

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2 *Framework for Good Practice*

In this section we look at how the general Children at Risk Guidelines can be applied to children in residential care.

PRINCIPLE 1 BUILDING RELATIONSHIPS

1.1 Priority is given to building relationships – with the child, family, community, organisation or institution and between agencies.

- Where long-term residential care is likely and parental involvement is unlikely or disrupted, then different ways of developing consistent unconditional and supportive adult-child relationships are explored and put into practice. However, careful boundaries and supervision of staff are necessary. This is not only to prevent abuse, but also to pre-empt situations where the emotional needs of the staff might become confused with those of the child – for example, a carer confusing his or her own fear of separation and loss with that of the child's, thus preventing the child moving on to alternative care or returning to natural parents.

PRINCIPLE 2 PARENTAL RESPONSIBILITIES

2.1 Parental responsibilities towards children are encouraged, as is the development of a caring, child-friendly community.

- Where children are separated from their parents, tracing and restoring relationships is a priority where at all possible.
- Efforts are made to work with parents and caregivers who either have children in institutional care or are at risk of losing them or entrusting them to care.

PRINCIPLE 3 WORKING AT DIFFERENT LEVELS

3.1 There is an awareness of what level the programme is addressing, whilst consideration is also given to other levels:

- Individual
- Peer
- Family
- Organisational/Institutional
- Community
- National
- Policy/Political
- Spiritual

PRINCIPLE 4 IDENTIFYING NEEDS AND PRIORITIES

4.1 Children's (and parents') needs are identified. This includes listening to and involving children and parents.

4.2 Staff are experienced and trained in communicating with children and their families and in child participation.

4.3 There is awareness of the spiritual, physical, mental, emotional and social (including educational and vocational) aspects of the child's development.

Children

- Admission criteria are clear and written. Only children who fit the criteria are admitted. The situation is analysed with residential care being one of several, and preferably the last option. It may be possible to have a system whereby children can be given 'emergency fostering' so that there is a breathing space to assess the situation and explore options. If a child is admitted into residential care immediately, they may stay when it is not appropriate to do so. Such ready acceptance may also provide a greater incentive for families on the brink of breakdown to abandon children to residential care.[8]
- All dimensions of children's development (physical, spiritual, mental, emotional and social) are taken into consideration, not simply one aspect such as disability, sexual abuse or homelessness. There is developmentally appropriate play and education and other forms of stimulation, good diet, health and spiritual care provided.
- Children in residential care may need particular care of their psychological needs linked with the reason for admission and/or the loss and separation they have experienced.
- Each child has their own plan of care which is subject to formal, systematic and regular review with input from parents (if possible) and other children.
- There is an attempt to ensure consistent adult-child relationships, which will avoid children's transfers from one placement to another.

8 Poulton (1995).

Family

- There are active measures to involve and be accountable to parents, family and other carers where at all possible. Children are separated from their parents or primary carers only if absolutely necessary. The importance of the family is valued.
- The needs of the family are addressed. Preventive measures are explored to keep the children out of institutional care.
- Where children are separated from parents, as in war, tracing of family members is a high priority to minimise the trauma of separation.

Community

- Initiatives to create bridges with the local community and wider society from an early stage are emphasised, to enable children to move successfully out of institutionalised care.

Residential centre

- There is a written statement of purpose and function.
- There are measures to prevent institutionalisation from becoming a permanent solution.
- The centre has adequate resources to cater for the needs of the children and its staff both in the short term and over the long term.
- Staff are properly accountable for their actions. There is a set of criteria for recruiting and vetting staff.
- There is regular inspection of facilities and staff practice.
- There is regular formal supervision and centre managers are trained in supervision.
- There are staff personal development plans and training actions.
- There is a systematic care planning process that follows the cycle of Assess, Plan, Implement, Review.

PRINCIPLE 5 CHILDREN'S PARTICIPATION

5.1 Children's abilities and needs are taken into consideration.

- These should be assessed, taking into account the positive not just the negative: abilities rather than disabilities or inabilities; resilience to change and trauma as well as vulnerability. There should be no prejudice based on gender, age, parentage, ethnicity, social class or caste, religious background or disability.

5.2 Adults collaborate with children, according to their age and ability, individually and collectively in the programme, in things that affect them.

- Children are involved in collaboration with adults in decisions which are likely to affect their daily life or their future, and the development of the project as a whole. There is space created for children to share their views and be listened to by adults. Children feel that what they are saying will remain confidential in all but exceptional circumstances where their life is in danger. Each child has someone they can speak to freely who is virtually unconnected with the residential care centre. Children may often be too intimidated to speak openly when staff are present (however good the care). They may need to express their feelings through play, drawing, acting or music and if possible such channels should be made available.
- Children have the psychological space and feel able to complain if they are unhappy with any aspect of care.
- In-service training for staff is provided in how to communicate with children and their families and facilitate children's participation, and how to be child-orientated rather than task-orientated. In a climate where residential care is out of favour it is important that staff feel they are valued. Training is one way of demonstrating this.
- Children have the opportunity to learn citizenship skills that enable self-reliance and direction for the future: decision-making, responsibility for activities within the institution, lessening dependence on the institution.
- Relationships between children are encouraged, to promote peer group support which can provide consistent 'sibling' type relationships (not always possible with adults) for their own sake, and so that they can participate collaboratively. In some circumstances peer counselling schemes might be appropriate.
- Each child has a physical area that is identifiably theirs (clothes, locker).
- Ideally children's views for running the centre are aired at regular children's meetings, facilitated and supported by staff but chaired by children.
- A bullying monitoring system and policy is in place.

PRINCIPLE 6 **CHILDREN IN CONTEXT**

6.1 Children are considered in the social, political and historical context of their community.

6.2 Parents, caregivers and families are involved and impacted.

6.3 The child's community is involved and impacted.

6.4 Links (networks) are developed with other local, national agencies and international organisations, including those of other sectors.

6.5 The cultural and religious context of the child, family and community is taken into consideration.

Children

- Institutional rules make sense to children and are written down in a language they understand. Children are openly informed of their rights. Controls are firm but benign.
- Measures are taken to protect children from all forms of physical or mental violence, injury or neglect including sexual abuse.
- There are internal and external mechanisms for investigating allegations of children's rights. All staff know what to do if they observe or have reported to them possible evidence of abuse.
- Realistic vocational, as well as life skills training opportunities are provided so that children can re-integrate into society once adulthood is reached. Other preparation might include learning how to deal with practical problems such as paying bills and how to find housing. Continued contact and support may be needed for some time after they have left residential care.

Family

- There is interaction with and accountability to parents, family and carers. The aim is to re-integrate the child wherever possible.
- There is an understanding of the cultural, religious and sub-cultural context of the family and community. Sometimes it may be necessary to challenge prejudices, for example against disability, ethnic minorities, illegitimate children, or against street children. This may be done through education and by providing a role model of care.

Community

- There is interaction with and accountability to the local community. To avoid isolation, for example, children may attend local school and church rather than being in the institution for such activities.
- There is awareness of the conditions of local children when setting the material level of care. Nevertheless, there are minimal standards of hygiene, diet, recreation, and education.
- Clanship, language ability and/or ethnic identity of children are recognised as important and maintained where possible.
- There is an awareness of traditional approaches to foster care and adoption if this exists in the community. Where existing strategies are effective in absorbing children they can be worked with. Sometimes it is possible and viable to introduce a different Christian model of care if this will keep a child within the family and avoid residential care. Such strategies will be carefully monitored though, to ensure the child's safety and well-being.
- There is an awareness of ways in which each culture traditionally copes with having too many children, and of the ways in which traditional and non-traditional approaches to family planning and child care can be encouraged.[9]

Residential centre

- The residential centre is small and has sufficient staff to be able to provide good adult-child relationships.[10] Staff/child ratios are regularly reviewed. The centre is child- rather than institution-centred.
- There is effective management and good relationship-orientated support to staff.
- Staff are vetted before joining the institution.
- There is networking with other agencies and organisations – such as social workers, tracers, schools, health centres, churches, lawyers – in order to meet the developmental needs of the child.

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9 Where there are insufficient resources to raise a baby or child, what is the traditional manner of coping? 'Exploiting the child as a resource, even selling the infant; abandoning the infant; fostering out the infant; wet-nursing; oblation (gifting to religious institutions); reducing overall reproductive effort; reducing parental investment in particular children' (Hardy, 1992, pp 413–414 quoted by Phillips, 1997, pp 19–20).

10 This could include ensuring that siblings remain together, that there is a gender and age mix and a 'parent' figure. Attempts should also be made to encourage these units to undertake 'family' activities – eating together, play, household chores etc.

- Local health authorities or NGOs involved in community-based healthcare are encouraged to promote family spacing.
- There is external accountability with an experienced outside organisation that will share experience, information and contacts, and give feedback: both positive and negative.
- There are measures to ensure the home is in good, safe repair. Steps are taken to ensure children are safe from fire and other hazards.

Policy

- Government policy on family planning and social welfare for the poor is reviewed and encouraged if necessary.

PRINCIPLE 7 **ADVOCACY**

7.1 Lobbying and interceding with or on behalf of children and their families takes place at local, national or international levels.

7.2 The programme staff are aware of the importance of the UN Convention on the Rights of the Child and other relevant human rights conventions.

7.3 The barriers to advocacy are understood and addressed.

7.4 There is dialogue with parents and caregivers so that they can make informed decisions and represent their families.

7.5 There is dialogue with children so that, depending on age and ability, they can make informed decisions and represent themselves and their peers.

7.6 There is awareness of the Biblical basis for the ministry and the importance of prayer.

- Where necessary there should be lobbying for the legal rights of the child. Such rights might include inheritance rights of the child or widow, and the right to a fair trial for offenders and delinquents.
- Parents, family and caregivers are encouraged to be aware of their rights so that they can make informed decisions with or on behalf of the children about the future. They are informed about what to do if they wish to complain.

- The root causes of institutionalisation are addressed. Opportunities should be sought for networking or partnership with other NGOs to provide community-based approaches to prevent abuse, abandonment and family breakdown. Issues can be raised through NGO advocacy networks.
- The staff are aware of the Biblical basis for their ministry (see Study Pack).
- The church is encouraged to respond to the physical and spiritual needs of children and families including those in crisis, through prayer, and in action such as foster care, visiting, lobbying government, and working with the media to inform the public.
- The church is aware of the issues surrounding institutional care practices. The church's role in maintaining and setting up residential institutions may need to be challenged. Alternatives, such as fostering, are assessed.
- Staff of established institutions, even Christian ones, may find it hard to consider alternatives because of the vested interest they have in keeping the institution running. All institutions must therefore be constantly challenged to justify their existence and consider alternatives.
- A good policy on gate-keeping – the process where children are selected so that only those who meet the selection criteria are admitted to the programme – and care within residential institutions may be used to influence others at local, national and political level.
- There is understanding of the UN Convention on the Rights of the Child and its implications for residential care at institutional, local and national levels.[11]
- There should be understanding of other relevant international conventions where applicable such as *The Hague Convention on Protection of Children and Co-operation in Respect of Inter Country Adoption* (1993).

11 The text of the UNCRC can be obtained from the UN Commission for Human Rights and UNICEF.

UN CONVENTION ON THE RIGHTS OF THE CHILD (CRC)

The guiding principle of the Convention is the 'best interests of the child' (**Article 3**). Parents have a duty to provide for the upbringing and development of their children, and society has a duty to create 'conditions in which children can develop to their full potential and so look forward to a full and satisfying adult life'. However, it must be appreciated that listening to children's views can sometimes conflict with 'best interests' where children's views differ from adults.

Article 9: The child should not be separated from their parents against their will, except when competent authorities subject to judicial review determine in accordance with applicable law and procedure, that such separation is necessary for the best interest of the child.

Article 9:3: State parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if contrary to the child's 'best interest'. In the spirit of the Convention, a family is always to be preferred to residential institutions unless there is serious reason not to do so.

Article 19: Legislative, administrative, special and educational measures will be made to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardians or any other person who has the care of the child. Neither residence nor any other alternative arrangement should deprive the child from the right to be in contact with his/her parents.

Article 20: A child temporarily or permanently removed from his or her family environment, or in whose own best interest cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. When considering options, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

THE RIGHT TO CHOOSE WHAT TO BELIEVE

- For Christian organisations, Article 20 raises important issues. There has been a long-held perception that some church-based organisations 'force' children to become Christians. This is a real difficulty. How do we protect the child's rights to 'regard for their religious background' and yet enable them to respond to the gospel? How do we respond to a child's right to practise their own religion if they choose to do so? What are the consequences for children's acceptance in their community, for example if as Muslims they convert to Christianity? There are no easy answers. Staff genuinely serving God will not be able to hide their faith, but how can they witness to the children so that they do not feel pressured to become a Christian simply to please?
- Ultimately the children will need to make choices about this as they do about everything else they are exposed to, in the same way that a son or daughter does who is brought up in a Christian family. Many children brought up in religious institutions have turned away rather than towards the gospel because of being 'forced' to attend chapel etc. Real practical displays of faith and compassion will do more to draw children to God.

PRINCIPLE 8 CHILD-SENSITIVE INDICATORS

8.1 The impact of work on children and their families is measured both qualitatively and quantitatively.

8.2 Indicators show how the project influences the lives and environment of the children (by age and gender) and their families.

8.3 Parents, caregivers and children (according to age and ability) are involved in the evaluation of the child and the care given.

8.4 The programme reflects on and uses the results of the impact assessments.

- The measurement of the impact of care on children is broken down into age and gender. Children in care, and those who have left, are involved in the monitoring and evaluation process.
- Qualitative and quantitative indicators are developed by the institution for assessing the social, emotional, intellectual, spiritual and physical development of the children.
- Project leaders together with parents and children are able to evaluate the care given and assess the needs of the family, especially before discharge back into the family or community.
- Structured care planning is SMART: Specific, Measurable, Achievable, Realistic, Time-bound.
- Residential care is proactive in dealing with the child's needs, not simply reactive in continuing regular assessment of the placement. A clear programme is agreed with the child and family at the outset and carried out during the placement.

Residential care is not just a 'storage facility' but a way of helping a child to heal the past, enjoy the present and anticipate the future.

Meg Lindsay, Centre for Residential Child Care

TEARFUND
CHRISTIAN ACTION WITH THE WORLD'S POOR

SECTION 3

Case Studies

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3 Case Studies

These case studies cover a wide range of programmes involved with family breakdown and support. Programme staff on the field wrote most of the studies. This adds to their authenticity. The programmes are not considered 'ideal' but each does have examples of good practice that contribute to the learning process. Rather than looking at all of them, you may like to select the case studies that are most similar to your own programmes and then one or two others that give a different perspective. Each case study focuses on two or three of the principles outlined in SECTION 2 and there is some overlapping. The questions to reflect on at the end of each case study give an opportunity to consider your own programme.

Rainbow Home, Christian Care for Children with Disabilities, Thailand

A programme for disabled children, working with but challenging government homes and providing alternative care, tracing and reunification of families, advocating changes in attitudes within the church to fostering.

The Valley of Blessing Educational and Beneficent Association, Brazil

A programme for street children. The government refers children to the home. It seeks to provide a better alternative than government homes, to change church attitudes to adoption and fostering, and to provide a crèche for poor families in order to prevent potential negative impacts of poverty on children.

Eglise Trinité Internationale, Burundi

A programme for unaccompanied children following war and conflict. ETI traces and reintegrates displaced children with the support of the church, and encourages the church to take responsibility for the remaining 'orphans' through community-owned responsibility.

Inkuru Nziza Church, Rwanda

A programme for unaccompanied children following war, conflict and HIV/AIDS. It attempts to keep children with members of their extended family through support, and develops sheltered communities of vulnerable 'families'.

House of Joy, Christian Growth Ministries, Philippines

A programme for orphaned and abandoned children who have no possibility of reuniting with families. It takes referrals from government and assesses fostering and adoption possibilities.

Dar El Awled Boys Home, Lebanon

A programme for orphaned, abandoned and abused children, gradually changing from a traditional approach to understanding the importance of looking at alternatives as well as the reunification and involvement of families where possible.

BY WASAN SAENWIAN, PROJECT MANAGER

Rainbow Home, Christian Care for Children with Disabilities (CCD)

Bangkok, Thailand

Also see *Children at Risk Guidelines 3: Children and Disability*.

ORGANISATION

Christian Care for Children with Disabilities (CCD) was set up in 1997 as a government-approved Thai Foundation. It took over the work originally set up by Christian Outreach in 1986, in the government home for abandoned mentally and physically disabled children aged 0–8 years.

CONTEXT

Some people believe that disability is the result of sins and mistakes in a previous life.

Disabled children in Thailand, especially those with learning difficulties and those with severe physical deformities, generally experience severe discrimination in all areas of life. Superstition and ancient Buddhist traditions mean that some people believe that disability is the result of sins and mistakes in a previous life. CCD is attempting to understand and address this situation through its programmes.

Many disabled children are unwanted by their parents and are therefore abandoned. Some end up in hospitals and many die prematurely. The Thai government's response to the problem was to establish three different children's homes in a suburb of Bangkok, with admission dependent on age and disability. These homes are very poorly staffed and care is therefore limited to washing and feeding. Of those children who are able to stay with their families, some are left at home by themselves for much of the day, and others are physically maltreated.

CCD is responsible for a day centre at the government home and a small residential unit called 'Rainbow Home' that also has day care. They are also starting to develop a community-based rehabilitation programme (see *Children at Risk Guidelines 3: Children and Disability*).

DEMONSTRATING GOOD PRACTICE

Originally, the main emphasis of the project was to provide carers to work alongside the over-stretched government staff. These were later supplemented by teachers who were able to offer activities and provide some stimulation other than feeding and changing.

CCD feels that its role as an advocate and intercessor for the children has brought small improvements to the lives of children such as:

- encouraging a greater teacher/child and carer/child ratio in the government home
- stopping the practice of children being tied down
- stopping physical abuse of children by staff.

The aim is to encourage them to reach their potential rather than focus on their inabilities.

Although the relationship with the government staff has improved over the years, it was felt that, with the limited resources available, a day centre (provided inside one of the homes) and a small residential unit (outside the home) should be set up. The work with carers on the wards has been discontinued, except for weekly volunteers and ongoing advocacy. In the residential unit a small number of children can be cared for well rather than a large number being cared for inadequately. The emphasis is on taking into consideration all aspects of child development. The aim is to encourage them to reach their potential rather than focus on their inabilities.

Usually relationships between parents and disabled children stop as soon as they are transferred to the government home. CCD tries to trace families, especially of those children with only minor disabilities. Often the process of tracing is done by contacting local church pastors in the district where the parents were last heard of. A project worker then approaches parents and after careful explanation, showing photos and describing the progress of the child, many parents are willing to be reunited. CCD then spends time preparing both children and parents so that they can live together again. In cases where parents cannot be found, adoption into a new family is sometimes possible. Previously this has been inter-country adoption, but more recently adoptions within Thailand among Christian families are being sought.

THE FUTURE

CCD is considering how it can:

- develop another day centre in one of the other government homes for older boys
- increase awareness in the church about fostering and adoption
- provide ongoing support to children who have received day care but not residential care
- provide ongoing residential support to children who have received residential care but who have not been reunited with families or adopted.

Questions to reflect on

- *How does CCD take into consideration the cultural context of child, family and community?* (PRINCIPLE 6.5)
- *How does your programme take into consideration the child's cultural context?*
- *What are the difficulties CCD had in lobbying and interceding for children at local level, ie in relation to the government home?* (PRINCIPLE 7.1)
- *What are the issues in your context that need addressing? How could you undertake advocacy on behalf of children, involving parents and children as appropriate?*
- *How does CCD involve and impact parents?* (PRINCIPLE 6.2)
- *In your programme are parents seen as a nuisance or an integral part of the programme?*

BY SILAS TOSTES, INTERNATIONAL DIRECTOR

The Valley of Blessing Educational and Beneficent Association (AEBVB)

São Paulo, Brazil

ORGANISATION

AEBVB started working with street children in São Paulo in 1985. We quickly realised that giving food and clothes was not sufficient. After finding children sleeping outside our refectory, we felt the need for a night shelter. A temporary shelter was provided until the children's own situation was clearly defined. In 1988 the first home of the Valley of Blessing was built, in Araçariguama, for children aged 0–12 years. A school, Little Seed, was opened to cater for 50 children aged from 2–7 years from the local area, including from the foster homes.

Effective work can be done in partnership with the government.

In August 1997 an agreement was made with the SCFBES (the Child, Family and Welfare Secretary of the São Paulo State). In August 1997 we received 25 teenagers, sent to the Valley of Blessing by FEBEM (the State Federation for Child Welfare). The results are very promising showing how effective work can be in partnership with the government.

CONTEXT

Studies conducted in Brazil estimate that there are in excess of 500,000 abandoned and needy children in São Paulo of whom 195,000 live in some form of inadequate shelter. It is further estimated that at least 120,000 are between the ages of 6–14 years and 75,000 are under six years old. The vast majority of these children are not strictly 'orphans' but have been thrown out of or have left home because of poverty or 'family crisis'.

In a research study undertaken in one city in Brazil amongst children attending a shelter, it was discovered that:

- 15 per cent were from one parent families and the mother was working
- 18 per cent had parents who were homeless

- 7 per cent had parents who said they did not have any means of supporting the children
- 15 per cent were the victims of either physical or sexual abuse
- 14 per cent had no parents living, ie orphans
- 31 per cent: no data was available.

DEMONSTRATING GOOD PRACTICE

Street children may be violent and have behavioural difficulties so we feel they can benefit from being in a Christian environment where they can learn socially acceptable behaviour in a 'family setting' which prays for them. This prepares them for foster care or adoption or, following tracing, returning to their own families.

In our homes, children of the same sex and different age groups live together as a 'family'. The children in foster homes go to school, do homework and go to church. Each house has an average of 20 children.

At present, we have two children's homes within the Valley of Blessing. There is another one for teenagers on a farm called Sitio Nova Vida. We have helped 337 children in our foster homes over the last ten years. Of these about 20 per cent return to one of the parents or relatives, 30 per cent are adopted and 30 per cent reside in the foster home for more than one year until the authorities decide what will happen to the children. The children who live with us do not stay in the homes for prolonged periods. The aim is to arrange adoption into a permanent Christian home within two years.

By helping families to cope better, we hope to reduce the likelihood of their abandoning children.

We also provide a creche for poor families. By helping families to cope better, we hope to reduce the likelihood of their abandoning children.

The whole process of receiving the children and eventually seeing them leave the homes is controlled by the government authorities. It is illegal in Brazil to take children from the street without formal approval. Social workers take the children from the streets and shanty towns and refer them to us. We accept the children as long as we have vacancies. Sometimes we take more than we should, because we feel it is better for the children to be with us rather than to be placed in government owned institutions which can be like prisons. The children stay until the authorities decide if they should go back to one of the parents or grandparents or be adopted.

We are housing a total of 50 teenagers at our two units in Sorocaba: the New Life Small Farm and the New Life Space. These units are outside the city and enable the teenagers to go to state school as well as to receive state healthcare. They also have the opportunity to attend courses to learn a profession, and to take part in the sports activities and other clubs. Besides meeting basic needs, daily activities are held in order to develop each teenager as a whole person. We offer psychological and educational follow-up, music workshops and Christian input.

We try to create a link with the child's original family when this is in the teenager's best interest. We prepare other children for adoption. Some of the children are not adopted, so it seemed a natural development to have a third option: a foster home for teenagers. This home will become their permanent one. They will stay with us in a home until they get married.

This foster home is placed in a small farm, Sitio Nova Vida, where there is plenty of space. We have 50 teenagers in this home. We make sure that they have the opportunity to learn a trade or profession while they are with us to prepare them for independent life as they grow older. They take courses like car mechanics, computing, baking, painting, electricity etc.

THE FUTURE

It is hoped that there will be further advocacy work aiming to improve tracing and re-unification, reduce the abandonment of children and increase understanding and participation in adoption and fostering by families. Currently there is a proposal to develop the fostering aspect of the programme extensively with the government and community, to enable them to see that fostering is a realistic alternative and that residential care is not the only available option.

Questions to reflect on

- *How does Valley of Blessing consider all the different developmental aspects of the child?* (PRINCIPLE 5.3)
- *Does your programme consider the different developmental needs of the child and how are they addressed?*
- *How does Valley of Blessing network with the government and other sectors?* (PRINCIPLE 6.4)
- *How can your network develop?*
- *How does Valley of Blessing intercede for children at local level?* (PRINCIPLE 7.1)
- *Does your programme have a specific emphasis on praying for children individually and set times to pray for the programme as a whole?*
- *What has the Valley of Blessing learned about the dangers of residential care? What is it trying to do to change its own practice?*
- *In what ways could your programme change to meet the needs of the children better?*

BY LEA PETERS

Eglise Trinité Internationale (Trinity Church International)

Bujumbura, Burundi

ORGANISATION

Cells are small groups of family units that gather for fellowship. ETI's vision is to reach out to the city's people through the cells.

ETI in Bujumbura, Burundi, began in 1992 and now has 1,200 in attendance on Sunday morning. ETI not only functions with Sunday morning services but also through the cell ministry. Cells are small groups of family units that gather for fellowship. As a cell grows it is 'multiplied' and a new cell is born. At the end of 1998, ETI had 150 adult cells and has recently instituted children's cells which work alongside the adult cells (each children's cell having an adult cell to sponsor it). ETI's vision is to reach out to the city's people through the cells. Evangelism, new discipleship, care of the displaced and feeding of hungry children all take place within the cell network.

CONTEXT

Burundi has been in a state of civil war since October 1993. In spite of the long conflict, no solution seems to be within sight. The differences that exist between the conflicting groups seem to run so deep that only a miracle can save Burundi from all-out war. For those of us who live here, war seems inevitable at some point. The regime that is currently in power took over in a bloodless coup in July 1996. Since then, an economic embargo has been lifted by the surrounding African countries, although international embargoes continue.

This war caused many indigenous Barundi (as they are known here) to flee their cities and villages. Parents and children would often flee unwittingly in different directions. Children would be at school, for example, when the fighting broke out while parents would be working in the fields. People would literally flee with what they had on their backs into the forests for refuge. Thousands of children became separated from their parents in the confusion. Some children found some or all of their families in the displaced (internal refugees) camps. Those children left were called 'unaccompanied' because the state of their families (dead or alive) was and is unknown.

In November 1993, ETI, a very young and small church at that time, began to feed the children in the displaced camps in Bujumbura near the church. This has developed into the cell ministry with care of unaccompanied children.

DEMONSTRATING GOOD PRACTICE

Often unaccompanied children assume that their parents are dead. This is not true in every case. We have found parents of children who were separated during war, and whom the children assumed were already dead. The children are often too frightened to know the fate of their families. The scope of this problem is not completely known. It has been stated that there are 6,000 unaccompanied children in Bujumbura alone (statistics provided by UNICEF, 1997). These children are often placed successfully in foster families, which has proven to be the best overall solution as the children remain in their own cultural surroundings. If children's families are traced and found, the children are placed back into their home environments. ETI has successfully traced and reunited over 200 children with their families.

Cell members undertake all tracing for the kids they come across in their outreach work. Most of the time, families are found and the children return home. The cell follows up on these children and provides the support that they need during the first difficult months of reintegration into family life. We encourage them to remain together and work with us to do so.

There are 30 children in foster care in church families. These children's families could not be found. However, it is understood that should a family ever present itself, the children will probably go back home with them.

If the people cannot help to feed their own children, we will not feed them. The community must be involved.

The programme pays for school bills, medical bills, food and clothing – but neither housing nor a salary for the person caring for the child is paid for. We are convinced that if Africa is to benefit from aid, they must be a part of the aid, not just the recipients of it. If the people cannot help to feed their own children, we will not feed them. The community must be involved. None of the cells are paid to feed the children. There are only five paid employees for the feeding programme.

We also have a home for orphaned and abandoned children here in the capital. To date we have 19 children in the home. The home is supervised by the above-mentioned system of cells. The original idea for the home was to create a Burundian home atmosphere where widows and true orphans would be placed together to meet their corporate needs of love and care. It was under the 'Ministry for Neglected and Abandoned Children'. However, we quickly realised that it was becoming a big and 'hungry' (in terms of finances) institution. As the cell groups developed we realised it did not fit in with where we were heading, but we could not just close everything down. It took time to get to where we are now and the transition process continues.

From the beginning, we have worked towards the goal of creating ministries that reflect African culture. In that sense the home has met its goals. The children are Burundian and will remain so. Language and cultural needs are considered and met where possible.

THE FUTURE

The question of the children's home is now being debated among the leadership. How can it be integrated into cells? The programme is not fitting the needs of the children as we would like it to. It is impossible to create a family with programmes. The atmosphere just is not conducive. Although they are cared for, schooled and fed, it is not the same atmosphere that we meet in the work that the cells are providing for the children in the estates. We initially tried to put the children under the oversight of some of the cells, and this still continues, but we are not happy with the way it has evolved. So we are now working out a way to place all of the children in foster homes if no other solution comes into being this year. We are slowly talking the situation over with the community and working out the best solution in the circumstances.

In our experience, foster families do happen when there is no alternative such as residential homes. But if homes exist, then people will gravitate to the easier solution, which is to just place them in a ready-made facility somewhere.

Postscript: The children's home is overseen by some of the cells. This is now in a state of review and the leadership is working on it being totally overseen and maintained through the cells. It seems that there is a place for children's homes in Burundi's present situation. Many of the children in the home are rejected, being of mixed race – rejected by both sides of the family due to their mixed race. These children are exceedingly difficult to place. There are also HIV positive children in the home whose illness makes them hard to place into foster care. What we are now trying to determine is the actual process of administration of the home – procedures for everything from shopping to healthcare.

Questions to reflect on

- *How does ETI consider children's needs in the social, political and historical context of their community?* (PRINCIPLE 6.1)
- *How does your project consider the historical, social and political context of children and their subsequent needs?*
- *How does ETI involve and impact the children's community?* (PRINCIPLE 6.3)
- *How can you involve your local community more in what you are doing?*

BY PETE ANDREWS
AND ELIJA
KANAMUGIRE

Inkuru Nziza Church

Kigali, Rwanda

ORGANISATION

The Inkuru Nziza (Good News) Church was established in Rwanda in 1960. The administrative centre is in the middle of Kigali. The church has continued to grow with a number of churches both in Kigali and also out in the rural areas.

CONTEXT

The HIV virus has dealt a severe blow to a large number of families in Rwanda with up to 25 per cent of the adults in Kigali HIV positive, which has led to a large number of orphans. The war of the past few years and especially the genocide in 1994, have only added to their numbers.

DEMONSTRATING GOOD PRACTICE

Care in the community

The aim of the project is to preserve the family unit.

- The aim of the project is to preserve the family unit, with the philosophy that the children will have a better sense of identity living with surviving members of their own family, than if they are placed in an orphanage. Therefore, the project seeks to support the family by supplying some of its basic needs. The family usually has one person who is classed as the 'carer', who could be a surviving parent, grandparent, aunt, uncle, older sibling or foster parent.

Sponsorship

- An important aspect of the project is a small privately run sponsorship scheme whereby one or more of the children are supported by a regular amount of money. As our project started as a result of the AIDS epidemic, we were keen to support the health of families especially any who were HIV positive. It was felt that the education of children was paramount as the majority of them would continue to live in town and so would need to be educated appropriately to enable them to find work. Most of the families would be expected to continue to live wherever they were when welcomed into the project. The project staff include social workers who are all carers within the project, being either widows or foster parents.

Sheltered communities

An effort has been made to combine the vulnerable with the resilient and capable.

- Over the past few years a system of sheltered communities has been developed in which the more vulnerable families can live together in close proximity. Two plots within the residential areas of Kigali have been purchased and these have been developed. The first plot now houses, for example, child-headed households, HIV positive parents, widows from the genocide, grandmothers and one complete family with husband, wife and children who act as model and supervisor. The houses in these communities are very typical of the type found in Kigali with one sitting room and either one, two or three bedrooms. Toilet, washing and cooking facilities are shared by all those living in the community. A wall has been built around the property to give a sense of security. Although the sheltered community is to help the most vulnerable, an effort has been made to combine the vulnerable with the resilient and capable, so that support is available and can be given by some as well as received by others.

The sheltered communities have worked very well and could be a model for other areas of the world.

THE FUTURE

The future of the project seems secure as there is a good base of sponsorship income that helps 160 of the 350 children. As there are children from each of the 100 families in the sponsorship scheme, there is no difference between those who receive money and those who do not, as the money is given to the head of the family. Recent encouragements have been the number of children helped to continue secondary school education (around 35) and these are funded mainly by sponsorship.

We encourage all the heads of household to be earning; most of them do some trading in the market. We have a surplus of sponsorship money and so each child has an account which means a sum of money can be given when thought necessary, for example to buy the initial bulk stock to begin trade.

Questions to reflect on

- *How does the 'Good News' church see the importance of involving and impacting parents, families, caregivers and others in working with children?* (PRINCIPLE 6.2)
- *How important is it for you to involve parents, families and caregivers?*
- *In what ways are children's needs considered by the 'Good News' church in the political and social context of their community?* (PRINCIPLE 6.1)
- *How does the political and social context of your community affect the way your programme responds to the needs of children?*

BY JONATHAN FISHER, EXTERNAL EVALUATOR AND SOCIAL WORK MANAGER

Home of Joy, Christian Growth Ministries

Manila, Philippines

ORGANISATION

Despite its title of 'home', Home of Joy (HOJ) provides a varied group of services to children. A residential service based in Cavite a few miles out from Manila, it provides a home for approximately 24 children. In addition to the residential service in Cavite, there is a school and a day centre providing much needed developmental education and support. The community service is a second arm of the HOJ service and has the dual responsibility of providing support to children and their families as well as developing a fostering service.

CONTEXT

HOJ is part of Christian Growth Ministries (CGM) which was initially established to support evangelism amongst young people in Manila. HOJ and other services then grew out of this. The children who originally used the service were from the local community in Manila where the home was at that time. It was therefore quite feasible to work with and support families. As time has gone by, the referrals for HOJ have come increasingly from other organisations, including the government. In the main these are for young and abandoned children, where there is virtually no possibility of a return to their birth family. Consequently HOJ finds itself providing care to a dwindling group of older children including some sibling groups, and a larger proportion of very young children who are in the main being put forward for adoption.

The result of this is that children are fairly isolated within the residential service. They have virtually no contact with family, and involvement with the wider community is limited to school.

DEMONSTRATING GOOD PRACTICE

Consistent care/family type groups

HOJ has permanent house parents, sometimes with husbands providing a high level of stability. There is a relief carer who allows house parents to take breaks. Children are cared for in family groups of eight, girls sharing one room, boys another. There is minimal personal and private space, which is a concern for older children.

Training and supervision of staff

There is a senior staff member, responsible for the oversight of the three cottages, who also runs the day care provision. As a qualified nurse she is well aware of the emotional, physical and development needs of the children and ensures that there is a holistic appreciation of a child's needs. While there is no formal supervision, there is frequent contact between staff and supervisor who clearly has a good rapport with carers and children.

A regular 'behaviour meeting' takes place once a week and is chaired by the community social worker. This provides support and training to staff but also gives them valuable insight into how to assess the needs of children and understand their behaviour.

There is inevitably some routine and institutionalisation in a home of this size, but staff are very open to suggestions and work hard to minimise the effects of these factors on the lives of the children.

Fostering

New foster carers have been recruited to the programme but unfortunately there are only a few and they are some distance from the residential service. However, a valuable pool of carers live close to each other and therefore support each other. These families offer care of a high standard despite their own very limited resources and education. The social work support to carers involves weekly visits and a monthly group meeting. Assessment and preparation of carers is undertaken by a specialist HOJ social worker who forwards her completed assessments to the government welfare department for final vetting and approval.

The children are well integrated into the local community.

The children are well integrated into the local community, logbooks are kept and life-story books are made for children being prepared for adoption.

The majority of fostered children move on to adoptive families overseas. This is a demanding task for the carers who become very attached to the children in their care.

Community support

There is a fund available to children to support them in their education. Churches apply to HOJ for this assistance. This funding is targeted at children who are from very poor families. The resources available to these children do not meet the demand, but they do enable some children to receive a good education with support from both the church and HOJ.

Advocacy

HOJ networks with other similar child care organisations to ensure that children's welfare issues are highlighted. This is limited at present, but it does mean that a relationship and a channel exist for HOJ to voice their concerns. In the future it is also hoped that the groups involved will be able to allow a degree of peer inspection and collaboration. In Manila there is a great range of children's residential services. HOJ is respected and is able to make a contribution to the debate about the quality of residential care and the future direction of children's services.

THE FUTURE

There is now an awareness within HOJ that the service as it stands does not meet their aspirations to work with children and families. The route out of residential care is not local fostering – only a few places exist, mostly for young children – but adoption overseas. There is negligible work to rehabilitate or involve families. HOJ is currently undertaking work to explore how to change, but the hope is that it will work with local church partners to develop small-scale community programmes.

Fostering

The good practice established with foster carers needs to be further developed. This will again involve working with local churches, using the networks that CGM has already developed in other aspects of its ministry.

Advocacy

HOJ will be networking more widely, in part to gain information and expertise as it develops the new community services.

Inspection and child protection

A greater awareness of the vulnerability of children who are cared for in a residential home will lead to more scrutiny of new staff applicants and a more structured inspection of services.

Care plans

All children will have an assessment, leading to a care plan involving, where possible, the child or young person. These will be available to staff.

Questions to reflect on

- *What experience and training do staff have in communicating with children and families?* (PRINCIPLE 4.2)
- *What training do your staff have and how could you develop training?*
- *How is the impact of HOJ's work with children and their families measured qualitatively and quantitatively?* (PRINCIPLE 8.1)
- *How do you measure the impact of your work and how could it be developed to be more comprehensive?*

BY HENRY BELL,
DIRECTOR

Dar El Awlad (The Near East Boys' Home)

Beirut, Lebanon

ORGANISATION

Dar El Awlad (The Near East Boys' Home) was established in 1948 to provide a home for needy boys, caring for them as a good father would do, and sharing with them the love of Christ. The Home is a partnership between 'Kids Alive International' who own the property and the Lebanese registered charity 'Dar El Awlad' who undertake the daily running and development of the home.

The campus is situated on a mountain ridge overlooking Beirut in the village of Mansourieh. The 62 boys in our care are orphans – having lost either both parents or one parent, with the surviving parent currently unable to care for them. We have boys who come from abusive, broken homes. Many of our boys have suffered traumatic experiences.

Originally the boys lived in large dormitories, but we have moved to 'family unit' groupings with boys of varied ages. This provides much more of a home atmosphere, and allows direct individual care for each boy through their family unit 'mother'.

CONTEXT

It is recognised that residential care is often not the best answer to children's needs.

It is recognised that residential care is often not the best answer to children's needs. A branch of the work is developing that seeks to improve how children's needs are identified. One of the consequences of this is that we are now including extended families in our programme more through family days, sharing of costs, etc. We are returning children to family care as soon as we feel the immediate or extended family is able to care for the child. We often provide financial assistance for a limited period to help with the care of the child.

However, we believe there is still a role for residential care, for example in cases of abuse and dysfunctional families where the only real option is to remove the child from the situation. Our small family units can then provide a loving 'home' for that child until they are able to return to their family. We would identify a home as a residence that provides an atmosphere of love and security and provides for, as well as actively addressing, the physical, emotional and spiritual needs of the residents of the home – both children and adult workers.

DEMONSTRATING GOOD PRACTICE

The boys live in seven family units. Each family unit is a self-contained apartment with a 'mother' caring for 8–10 boys. Dar El Awlad (Arabic for 'Boys Home') is a Christian orphanage, but boys are accepted on the basis of need rather than religious background. Currently we have boys from Christian, Muslim and Druze backgrounds.

It is considered extremely important that the boys in the home are provided with appropriate educational and technical training skills which will equip them for future employment or setting up their own business. At the moment we teach 29 of our own boys under the registration of another school. We have begun the process of registration and have some funds promised for the construction of our own technical school.

Also in the line of education there are development plans for a Technology Centre. It is our hope that every boy will leave with a trade or skill as well as his academic certificates. For their leisure needs the boys have a basketball court and a tarmac football field!

The basis of our income (about 60 per cent) is a sponsorship programme where foreign and local families 'adopt' a boy and contribute monthly to his care. Every boy now has a local sponsor. Also commitments have been made by local churches and organisations, including the Ministry of Social Welfare, who have increased the local contribution to the home from about 3 per cent (1990) to about 25 per cent (1998). The remaining 20 per cent comes from local churches, individuals, business etc. Development projects are undertaken only as funds are made available.

Only through committed and loving staff can the right atmosphere and conditions be created for the children.

We seek to care actively for the staff of the home, as well as the children for whom the home was established. We realise that it is only through committed and loving staff that the right atmosphere and conditions will be possible for the children. Staff are obtained through local churches where continued support and care will be provided by the church for the worker. In addition we have regular staff meetings for prayer and teaching as well as occasional times for training in child care etc.

THE FUTURE

There are many aspects of the work that have yet to be developed: physiological care of the boys, staff training to enable them to care for emotionally disturbed children, internal programmes such as sports training, teaching music etc. On the social level there is contact with the families of the boys, and this opens up opportunities for the development of evangelism. There is a need to develop a social programme. This would allow us to identify needy children, determine if the best help for them is residential care, and then permit a follow-up programme after the boys leave the home. We also have plans to build our own small primary school, for seven kindergarten and junior classes.

Another whole area we are praying about is a halfway house for the older boys who leave the home and need help to step out into life. So the home has many areas that can yet be developed. These areas require qualified people with a burden for the children and for this ministry amongst them.

Questions to reflect on

- *How does religious background affect the way Dar El Awlad treats boys?* (PRINCIPLE 5.1)
- *Are there groups that your programme favours or discriminates against?*
- *How has networking with other local and international organisations assisted Dar El Awlad in achieving a degree of sustainability?* (PRINCIPLE 6.5)
- *How could your programme widen its network to benefit both your programme and the other representatives of the network?*

TEARFUND
CHRISTIAN ACTION WITH THE WORLD'S POOR

SECTION 4

Reflective Question Tool

Contents

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4 *The Reflective Question Tool*

This tool is designed to enable individuals and groups to reflect on the Children at Risk Guidelines as they might apply to their own programmes with children in residential care, or alternative forms of care.

PRINCIPLE 1 **BUILDING RELATIONSHIPS**

- How is priority given to building relationships – with the child, family, community, organisation or institution and between agencies?

PRINCIPLE 2 **PARENTAL RESPONSIBILITIES**

- How does the programme encourage development of parental responsibilities towards children and a caring child-friendly community?

PRINCIPLE 3 **WORKING AT DIFFERENT LEVELS**

- At what level(s) does the programme work and how does it consider other levels?
  - Individual
  - Peer
  - Family
  - Organisational/Institutional
  - Community
  - National
  - Policy/Political
  - Spiritual

PRINCIPLE 4 **IDENTIFYING NEEDS AND PRIORITIES**

- How are children's (and parents') needs identified? How have children and parents been listened to and involved?
- What experience and training do the staff have in communicating with children and their families and facilitating children's participation?

- How does the programme try to meet the spiritual, physical, mental, emotional and social (including educational and vocational) aspects of the child's development?

Children

- Are only children who fit the admission criteria admitted ('gate-keeping') and is the situation analysed, with residential care being only one of several options – preferably the last?
- Are all the dimensions of children's development (physical, spiritual, mental, emotional and social) taken into consideration, rather than just focusing on one aspect only, eg disability, sexual abuse, homelessness? Is developmentally appropriate play and education and other forms of stimulation, good diet, health and spiritual care provided?
- Does each child have their own plan of care which is subject to formal, systematic and regular review with input from parents (if possible) and children?
- Is there an attempt to ensure consistent adult-child relationships?

Family

- Are there active measures to involve, and be accountable to, parents, family or other carers where at all possible? Are children only separated from their parents or primary carers if absolutely necessary? Is the importance of the family valued?
- Are the needs of the family being addressed? What preventive measures are being explored to keep children out of institutional care?
- Where children are separated from parents, eg in war, is tracing of family members a high priority to minimise the trauma of separation?

Community

- Are there initiatives to create bridges with the local community and wider society from an early stage to enable children to move successfully out of institutionalised care?

Institution

- Is there a written statement of purpose and function?
- Are there measures to prevent institutionalisation becoming a permanent solution?
- Does the institution have adequate resources to cater for the needs of the children and its staff both in the short term and over the long term?
- Are staff properly accountable for their actions? Is there a set of criteria for recruiting and vetting staff?
- Does the home provide formal, recorded supervision of staff?

PRINCIPLE 5 **CHILDREN'S PARTICIPATION**

- How does the programme take into account children's abilities and needs?
- Do adults collaborate with children, according to their age and ability?
  - Is there a focus on children's ability rather than disability or inability? On their resilience to trauma as well as their vulnerability? Is there any prejudice based on gender, age, parentage, ethnicity, caste or social class, religious background or disability?
  - Are children involved with adults in decisions affecting their daily life or their future, or regarding how the project as a whole can develop? Is there space for children to share their views and be listened to by adults?
  - Do children know how to complain if they are unhappy with any aspect of care? Do they feel able to?
  - Is there in-service training for staff in how to communicate with children and their families? Are staff trained to facilitate children's participation and to be child- rather than task-orientated?
  - Do children have the opportunity to learn citizenship skills through decision-making and responsibility for activities within the institution? Are they encouraged towards self-reliance and given direction for the future to lessen dependence on the institution?
  - Are relationships between children encouraged, both to provide consistent 'sibling' type support (not always possible with adults) and also so that they can participate collaboratively?
  - Does each child have a physical area that is identifiably their own, such as a locker?

PRINCIPLE 6 **CHILDREN IN CONTEXT**

- To what extent is the child considered in the social, political and historical context of their community?
- How are parents, caregivers and families of the children involved and impacted?
- How is the child's community involved and positively impacted?
- In what ways are links developed (networking) with other local, national and international organisations (including organisations of other sectors)?
- How is the cultural and religious context of the child, family and community taken into consideration?

Children

- Are institutional rules rational to children and written down? Are controls firm but benign?
- Are measures taken to protect children from all forms of physical or mental violence, injury or neglect including sexual abuse?
- Are there internal and external mechanisms for investigating allegations of children's rights? Do all staff know what to do if they observe or have reported to them possible evidence of abuse?
- Are realistic vocational training opportunities provided as well as life education to be able to re-integrate into society once adulthood is reached?
- What follow-up system is in place to ensure that someone is concerned for children who have left care?

Family

- Is there interaction with, and accountability to, parents, family and other carers so as to be able to re-integrate the child wherever possible?
- Is there an understanding of the cultural, religious and sub-cultural context of the family and community? Is there a readiness to challenge prejudices where necessary, eg against disability, ethnic minorities, illegitimate children, or against street children, either through education and/or by providing a role model of care?

Community

- Is there interaction with and accountability to the local community? Do children attend school and church locally rather than within the institution, for example, so as to avoid isolationism?
- Are at least minimal standards of hygiene, diet, recreation, education etc achieved? Is there awareness of the conditions of local children when comparing the material level of care?
- Is clanship, language ability and/or ethnic identity of children recognised as important and maintained where possible?
- Is there an awareness of any traditional approaches to foster care and adoption in the community? What are the traditional ways of family spacing and child care in the community[12] and how do these impact policy and programming and institutional responses?

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12 Where there are insufficient resources to raise a baby or child, what is the traditional manner of coping? 'Exploiting the child as a resource, even selling the infant; abandoning the infant; fostering out the infant; wet-nursing; oblation (gifting to religious institutions); reducing overall reproductive effort; reducing parental investment in particular children' (Hardy, 1992, pp 413–414 quoted by Phillips, 1997, pp 19–20).

Institution

- Is the institution small or in small sub-units? Do the sub-units reflect a traditional family unit within that culture?[13] Is it child- rather than institution-centred?
- Is there effective management and good relationship-orientated support to staff?
- Are staff vetted before joining the institution?
- Is there networking with other agencies and organisations – such as social workers, tracers, schools, health centres, churches, lawyers – in order to meet the developmental needs of the child?
- Do local health authorities or NGOs involved in community-based healthcare promote family spacing?
- Is there external accountability with an experienced outside organisation that will link you with resources and networks, and give feedback both positive and negative?
- Are there measures to ensure the home is in good, safe repair and that steps have been taken to ensure children are safe from fire and other hazards?

Policy

- Has government policy on family planning and social welfare for the poor been reviewed?

PRINCIPLE 7 **ADVOCACY**

- In what ways does the programme lobby with or on behalf of children and their families at local, national or international level?
- Are the programme staff aware of the importance of the UN Convention on the Rights of the Child and other human rights issues and conventions?
- What are the barriers to advocacy work? How can these be overcome?
- How is there dialogue with parents and caregivers so that they can make informed decisions and represent the interests of their families?
- How is there dialogue with children so that, based on their age and ability, they can make informed decisions and advocate for themselves and their peers?

13 This could include ensuring that siblings remain together, that there is a gender and age mix and a 'parent' figure. Attempts should also be made to encourage these units to undertake 'family' activities – eating together, play, household chores etc.

- Is it necessary to maintain and/or lobby for the legal rights of the child, for example the right to inheritance, a fair trial for offenders or delinquents, or the same rights as other children?
- Are parents, family and caregivers encouraged to be aware of their rights so they can make informed decisions on behalf of and with their children about the future? Are they informed about what to do if they wish to complain?
- Are the root causes for institutionalisation addressed? Is there networking with other NGOs who are attempting to provide community-based approaches of prevention and raising of issues through NGO advocacy networks?
- Is the church aware of the issues surrounding institutional care practices? Are there any attempts to challenge the church's role in maintaining and setting up residential institutions?
- Is the church encouraged to respond to the physical and spiritual needs of children and families, through prayer and in action, eg foster care, visiting, lobbying government, working with the media to inform the public?
- Is there an understanding of the UNCRC and its implications for residential care at institutional, local and national level?
- Is policy on gate-keeping and care within residential institutions influenced at local and national levels?

PRINCIPLE 8 CHILD-SENSITIVE INDICATORS

- How does the programme measure the impact of its work on children and their families? Do the indicators measure quantitative as well as qualitative impact?
- Do indicators show how the programme has an impact on the lives and environment of children and their families? Is the data broken down into age and gender groups?
  - What indicators does the institution use for assessing the social, emotional, intellectual, spiritual and physical developmental progress of the children?
- How are parents, caregivers and children (according to their age and ability) involved in the evaluation process?
  - How are the needs of the family identified, especially before discharge back into the family/community?
- How does the programme reflect on and use the results of impact evaluations?

SECTION 5

References and Resources

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5 References and Resources

WHAT TO READ

Key texts

Aberg, BG (1992) *The Process of Change: altering the practice of care in a children's home in the Middle East,* Radda Barnen, Sweden. Bernard van Leer Foundation, Studies and Evaluation Papers 10. ISSN 0925 2983

European Association for Research into Residential Care (1998) *Care to Listen? A Report on Residential Care in Four European Countries*. ISBN 1 900743 01 9 (available from The Centre for Residential Child Care – CRCC)

- Research in residential care in Finland, Ireland, Scotland and Spain, including an excellent section on the views of young people and a child behaviour check-list.

Gourley, S (1996) *Building Homes: a first year evaluation of World Vision Cambodia's experience in foster care* (available from World Vision UK)

Macquirrie, A (1996) *Realities and Dreams – Plenary papers from the international conference on residential care*. ISBN 1 900743 507 (available from CRCC)

- Papers from a wide variety of residential settings including Eastern Europe, Africa and the Middle East, looking at issues of culture, the practice of group care and the politics of childhood.

Tolfree, D (1995) *Roofs and Roots: the care of separated children in the developing world,* Save the Children, Arena Publishers. ISBN 1 85742 277 5 (available from SCF UK)

- Has become the classic text on current thinking.

Other texts

Barnardos (1998) *Sounding the Alarm: protecting children and young people from staff who abuse,* video and booklet, Barnados (available from Barnardos Child Care Publications)

Bharat, Shalini (1993) *Child Adoption in India, Trends and Emerging Issues: a study of adoption agencies,* Tata Institute of Social Sciences, Bombay. ISBN 81 85458553

Centre for Residential Child Care/Social Work Services Inspectorate (1997) *Clear Expectations, Consistent Limits: good practice in the care and control of young people in residential care.* ISBN 1 85098 5766 (available from CRCC)

- Practical advice for residential staff in a readable format which also allows group discussion in staff teams. Looks at good practice, de-escalation of difficult incidents, use of physical restraint and the need for debriefing.

Department of Health (1991) *The Children's Act 1989: Guidance and Regulations. Vol 4: Residential Care,* HMSO Publication. ISBN 0 11 321430 8 (available from HMSO)

Gottesman, M (1991) *Residential Child Care: an international reader,* Whiting and Birch/SCA Education Series No 1, in association with FICE. ISBN 1 871177 17 0

Gotesman, M (Ed) (1994) *Recent Changes and New Trends in Extra-Familial Child Care: an international perspective,* Whiting and Birch Ltd/FICE, London. ISBN 1 871177731

Human Rights Watch (1996) *Death by Default: a policy of fatal neglect in China's orphanages* (available from HRW: Code 1630)

Human Rights Watch (1997) *Guatemala's Forgotten Children: police violence and detention of street children in Kenya* (available from HRW: Code 213-)

Human Rights Watch (1997) *Juvenile Injustice: police abuse and detention of street children in Kenya* (available from HRW: Code 2149)

Katz, A (1997) *The Can Do Girls: a barometer of change*, Department of Applied Social Studies, University of Oxford

Pease, M (1998) *Caring for Separated Children in the Developing World,* based on research at The Valley of Blessing, Brazil (available from the author at e-mail: mickpease@aol.com)

Phillips, PW (1997) *Developing Care? Institutions, reproduction and the care of separated and abandoned children and orphans in the first and third worlds,* Innovations. ISBN 0 952 4900 80

Poulton, R (1995) *ChildWINS, a detailed programme description* (available from Food for the Hungry International, ChildWINS)

Sellick, C and Thoburn, T (1996) *What Works in Family Placement?* Barnados. ISBN 0 902046 33 0 (available from Barnados Child Care Publications)

Social Services Inspectorate (SSI) (1994) *Standards for Residential Child Care Services: a handbook for social services managers and inspectors, users of the services and their families*, SSI/Dept of Health, HMSO Publications. ISBN 0 11 321828 1 (available from HMSO)

Tolfree, D (1995) *Residential Care for Children and Alternative Approaches to Care in Developing Countries,* Working paper. No 11, Save the Children Fund (available from SCF UK)

Trilions, J, Shireman, J and Hundleby, M (1997) *Adoption, Theory, Policy and Practice.* ISBN 0301334 81-2

• A comprehensive text on theory, policy and practice of adoption.

Utting, W (1997) *People Like Us: the report of the review of the safeguards for children living away from home,* The Department of Health, Welsh Office, HMSO Publications. ISBN 011 322101 0 (available from HMSO)

Ward, A (1997) *Working with Young People in Residential Settings,* In Roche, J and Tucker, S (Eds) Youth in Society, Sage, London.

West (Ed) (1995) *You're On Your Own: young people's research on leaving residential care.* ISBN 1 899 120 165, Save the Children Fund UK

WHO TO CONTACT

Barnados Policy and Development Unit, Tanners Lane, Barkingside, Ilford, Essex, IG6 1QG, UK. Tel: +44 (0)20 8550 8822, Fax: +44 (0)20 8551 6870

Barnados Child Care Publications, Barnardos Trading Estate, Paycocke Road, Basildon, Essex, SS14 3DR, UK. Tel: +44 (0)1268 520224, Fax: +44 (0)1268 284804

Centre for Residential Child Care, 74 Southbrae Drive, Glasgow, G13 1SU, UK.
Tel: +44 (0)141 950 3683, Fax: +44 (0)141 950 3681,
E-mail: margaret.lindsay@starth.ac.uk or t.a.leckenby@strath.ac.uk
Website: http://www.strath.ac.uk/Departments/CRCC/

- Provides information, training, publications, research and consultancy about residential child care and creates networks nationally and internationally in order to improve the quality of care by disseminating good practice.

Child Rights Information Network, c/o Save the Children, 17 Grove Lane, London, SE5 8RD, UK. Website: http://www.crin.ch

- Networking organisation on all child rights issues.

ChildWINS (Childcare Within Natural Social Systems), Food for the Hungry International, 243 Route des Fayards, Geneva, Switzerland (Case Postale 608, 1290 Vesoix, Geneva, Switzerland). Tel: 41 22 755 1444, Fax: 41 22 755 1686

Children's Planning Unit, 131 Nevile Road, Kersal, Salford, M7 3PP, UK.
Tel: +44 (0)161 792 7077, Fax: +44 (0)161 708 9482 (Jan Hough)

- Looking at involving young people in residential care regarding decisions about their care.

Christian Child Care Network, 10 Crescent Road, South Woodford, London, E18 1JB, UK. Tel +44 (0)20 8559 1133

- Seeks to be 'a catalyst for co-operation and development within Christian child and family care, a forum for the exchange of ideas and a source of support'.

Her Majesty's Stationery Office, PO Box 276, London, SW8 5DT, UK.
Tel: +44 (0)20 7873 9090, Fax: +44 (0)20 7873 8200

Human Rights Watch, 350 5th Ave, 34th Floor, New York, NY 10118-1837, USA.
Tel: 1 212 216 1837, Fax: 1 212 736 1300, E-mail: rozaris@hrw.org,
Website: http://www.hrw.org
(Children's Rights Division – Lois Whitman, Executive Director)

- Works to end a broad range of human rights abuses including inappropriate confinement of children.

International Society for the Prevention of Child Abuse and Neglect (ISPCAN), 200 North Michigan Ave, Suite 500/5th Floor, Chicago, IL 60601, USA.
Tel: +1 312 578 1401, Fax: +1 312 578 1405, E-mail: ispcan@aol.com
Website: http://www.ispcan.org

Save the Children Fund, Save the Children Publications Unit, 17 Grove Lane, London, SE5 8RD, UK

Tearfund, 100 Church Road, Teddington, Middlesex, TW11 8QE, UK.
Tel: +44 (0)20 8977 9144, Fax: +44 (0)20 8943 3594, E-mail: enquiry@tearfund.org,
Website: www.tearfund.org

Viva Network, PO Box 633, Oxford, OX1 4YP, UK. Tel: +44 (0)1865 450800,
Fax: +44 (0)1865 203567, E-mail: help@viva.org, Website: www.viva.org

- Christian networking organisation for children at risk.

World Vision UK, 599 Avebury Boulevard, Milton Keynes, MK9 3PG, UK.
Tel: +44 (0)190 884 1010, Fax: +44 (0)190 884 1001, Website: http://www.wvi.org

- Publication on fostering in Cambodia.

HOW TO ORDER The Tearfund *Child Development Study Pack* and *Children at Risk Guidelines*

The *Child Development Study Pack* is an introduction to Tearfund's Child Development General Framework with a biblical understanding of the same.

The more issue-specific *Children at Risk Guidelines* consist of six volumes:

VOLUME 1 *Children and Family Breakdown*

VOLUME 2 *Children and Community Health*

VOLUME 3 *Children and Disability*

VOLUME 4 *Children and Sexual Exploitation and Abuse*

VOLUME 5 *Children in Residential Care and Alternatives*

VOLUME 6 *Children in Conflict and War*

Both the *Child Development Study Pack* and selected individual copies of *Children at Risk Guidelines 1–6* can be obtained by writing to Tearfund. Although the *Study Pack* will be sent to everyone, to save money, printing and postage costs, only those *Guidelines* that are requested will be sent. You can request more copies from Tearfund at the address below:

Resource Development Team
PO Box 200, Bridgnorth
Shropshire, WV16 4WQ, United Kingdom
Tel: +44 (0) 1746 768750 Fax: +44 (0) 1746 764594
E-mail: roots@tearfund.org

We hope you enjoy the *Child Development Study Pack* series. Tearfund has, so far, produced three other similar study packs concerning principles of good practice in Advocacy, HIV/AIDS and Community Health Development, available from the same address.

If you have suggestions as to information that you feel should have been included/omitted and/or on how the pack could be improved, including regionally appropriate resources, please send these to the address given above.