AUSTRALIAN COUNCIL FOR INTERNATIONAL DEVELOPMENT

POSITION PAPER

Residential Care and Orphanages in International Development

Prepared by the Child Rights Community of Practice

December 2016


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About ACFID

The Australian Council for International Development (ACFID) is the peak body for Australian non-government organisations (NGOs) involved in international development and humanitarian action. Our vision is of a world where all people are free from extreme poverty, injustice and inequality and where the earth's finite resources are managed sustainably. Our purpose is to lead and unite our members in action for a just, equitable and sustainable world.

Founded in 1965, ACFID currently has 128 members and 18 affiliates operating in more than 100 developing countries. The total revenue raised by ACFID's membership from all sources amounts to $1.525 billion (2013-14), $838 million of which is raised from over 1.5 million Australians (2013-14). ACFID's members range between large Australian multi-sectoral organisations that are linked to international federations of NGOs, to agencies with specialised thematic expertise, and smaller community based groups, with a mix of secular and faith based organisations.

ACFID members must comply with the ACFID Code of Conduct, a voluntary, self-regulatory sector code of good practice that aims to improve international development outcomes and increase stakeholder trust by enhancing the transparency and accountability of signatory organisations. Covering over 50 principles and 150 obligations, the Code sets good standards for program effectiveness, fundraising, governance and financial reporting. Compliance includes annual reporting and checks. The Code has an independent complaints handling process.

About the Child Rights Community of Practice (COP)

ACFID COPs provide a means for ACFID Members to come together to share, learn, collaborate and advocate around a particular subject area. Communities of Practice are member led and run, with the support of two co-convenors and the energy and commitment of interested members. They interact through ACFID's online space for collaboration, planning and information sharing.
The overarching goal of the Child Rights Community of Practice is to promote the rights of children and child rights based approaches to development within the Australian international development sector. This is achieved through collaboration, advocacy, and learning.

The Child Rights Community of Practice aims to: strengthen collaboration and coordination on child rights based approaches to development within the Australian NGO community and with DFAT; influence Australian aid to adopt and improve child rights based approaches through advocacy; and contribute to the evidence base for child rights based aid and development through publications, forums, and training.

AUSTRALIAN COUNCIL FOR INTERNATIONAL DEVELOPMENT

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Introduction

Overview

The paper introduces the Australian Council for International Development's (ACFID) position on the appropriate use of residential care within international development programs. This position is informed by the UN Convention on the Rights of the Child (CRC), the UN Guidelines on the Alternative Care of Children and over 60 years of global research into the effects of institutionalisation on children and care leavers.

The paper looks in brief at the risks to children associated with residential care, and outlines the global situation in which an estimated eight million children are living in residential care centres worldwide, 80% of whom have one or both parents living. The paper explores statistics and the associated research which demonstrates that the current use of residential care is not limited to children who lack appropriate adult caregivers; rather, it is being used to address a complex set of issues affecting families, largely related to poverty and access to primary services. It highlights the responsibility of the international aid sector to look more critically at the disparity between the needs and rights of children, and calls for a review of the current allocation of resources and provision of services in light of the risks of harm associated with residential care.

The structure

The paper is divided into three key sections, the first of which gives an overview of the situation of children in residential care and the potential detriments associated with its long-term use. The second looks at residential care through a child rights lens, and highlights the key principles within the UN Convention on the Rights of the Child and the UN Guidelines for the Alternative Care for Children that inform rights-based practice within the care sector. Section Two also introduces the 'continuum of care' and lists the various care options contained within its scope under the three main categories of family-based, community-based and residential-based care. The third and last section of the paper outlines good practice principles relevant to the care sector and the global care reform agenda. These recommendations are designed to assist organisations to consider the practical implications of aligning with the UN Guidelines for the Alternative Care for Children and the continuum of alternative care, which prioritises family-based care and locates residential care as a last resort and a temporary solution.

The process

The Position Paper on Residential Care and Orphanages in International Development was initiated by the ACFID Child Rights Community of Practice and written by a sub-group comprised of ChildFund Australia, ACC International Relief, AVI and UNICEF Australia. An extensive consultation process was

undertaken within the ACFID membership over a 12-month period to ensure that agencies involved in residential care were given an opportunity to provide feedback and input. A draft version was subsequently reviewed by the ACFID Development Practice Committee, the ACFID Code of Conduct Committee, and finally the ACFID board, and feedback was incorporated into the final draft. The final draft version of the paper was further endorsed by the CEOs of numerous ACFID member agencies including UNICEF Australia, ChildFund Australia, Save the Children Australia, ACC International Relief, Australian Volunteers International, Plan International Australia and TEAR Australia and logos of the Child Rights COP members who have endorsed the paper are included on this document.

The purpose

The paper is designed to put forward a clear position on the use of residential care in international development programs that is aligned with the key international treaties and guiding instruments pertaining to child rights and children out of parental care. It seeks to inform the practice of both ACFID member organisations and Australian-based non-member organisations, as well as to underpin advocacy undertaken by ACFID and its member agencies.

On a practical level, this paper hopes to stimulate action and contribute towards three key outcomes:

1. To engage the Australian aid and development sector in a transparent appraisal of current programs designed to assist at-risk children in international development programs. This should be done with the view to support the global care reform agenda's goal of reducing the number of children residing unnecessarily in residential care.
2. To encourage the Australian-based organisations engaging with at-risk children overseas to begin to redirect efforts and resources towards the prevention of family separation, the development of family-based care and addressing the root causes of poverty, rather than maintaining the current overemphasis on addressing the symptoms.
3. To promote better practice in volunteering and voluntourism and discourage orphanage tourism and volunteering, a practice which is a known driver of the ongoing and unnecessary institutionalisation of children and which simultaneously places children at a heightened risk of harm within care settings.

This paper presents a mere summary of issues in relation to residential care in aid and development. However, it is not comprehensive in scope or depth. Much research has been written and is available for practitioners and policy makers who wish to develop a deeper understanding of the issues and the complexities involved. A selection of this work appears at the end of the document.

Key Terms

Residential care

Group-living arrangements in which children are cared for by paid employees or volunteers, whether on a temporary, mid-term or permanent basis. This can include orphanages, children's centres, shelters, boarding facilities, transit homes, children's villages (compound foster care) and other such non-family-based settings.

Alternative care

Alternative care is the care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may include supervised independent living arrangements for children.[1]

De-institutionalisation

De-institutionalisation is the process of closing residential care centres and providing alternative family-based care within the community.[2] De-institutionalisation is a broad program working at any level, to 'change attitudes, develop different ways of working with children, improve children's and families' access to services, and ensure that every decision taken for children is made in their best interest'.[3]

Family-based care

Family-based care includes all forms of parental child care or alternative care in which a child is raised by a family, rather than in an institution. Family-based care includes parental care, kinship care, foster care and adoption.[4]

Gatekeeping

Gatekeeping is a process which prevents children from being placed in a residential care facility when it is not in their best interest. Gatekeeping involves a systematic, recognised process: firstly, to determine whether a child needs to be placed in an alternative care setting; secondly, to refer the child and her/his family to appropriate forms of family support and other services; finally, to decide from

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[1] Fulford LM & Smith R, 2013, *Alternative Care in Emergencies Toolkit*, London: Save the Children.
[2] Better Care Network Toolkit, www.bettercarenetwork.org/toolkit accessed 8 December 2016
[3] Lumos, 2015, *Ten Elements Of Deinstitutionalisation*, http://wearelumos.org/stories/ten-elements-deinstitutionalisation accessed 12 December 2016
[4] Lovera J & Punaks M, 2015, *NGN, Reintegration Guidelines for Trafficked and Displaced Children Living in Institutions*. USA: Next Generation Nepal http://www.nextgenerationnepal.org/File/2015_01_28_NGN-THIS-Reintegration-Guidelines.pdf accessed 8 November 2016

the available range which is the alternative care arrangement that best corresponds to the child's situation.[5]

Permanency planning

Permanency planning involves a process of long-term planning to reconnect children in alternative care with their own families or to place children with adoptive families (or *kafala* in Muslim communities). This implies the need for a case plan for each child upon admission into care, subject to periodic review.[6]

Orphanage voluntourism

Orphanage voluntourism is a term used to define a spectrum of activities related to the support of orphanages and children's homes by individuals who are primarily, or were initially, tourists on vacation. In most cases, orphanage voluntourism involves a tourist who wishes to include an element of volunteering in their travels and who chooses to do this by giving their time – sometimes coupled with financial or material support – to a residential care facility (orphanage).[7]

Best interests determination (BID)

Best Interests Determination (BID)[8] is a formal process with specific procedural safeguards and documentation requirements that is conducted for certain children of concern. In the BID process a decision-maker is required to weigh up and balance all the relevant factors of a particular case, giving appropriate weight to the rights and obligations recognised in the CRC and other human rights instruments, so that a comprehensive decision can be made that best protects the rights of children.[9] When a child is deprived of parental care, or is at risk of being so, BID determination should be designed to identify the best suited course of action which satisfies the needs and rights of the child. It must also take into account the full and personal development of their rights in their family, their social and cultural environment and their status as subjects of rights, both at the time of determination and in the long term. The BID process should also take into account the right of a child to have his/her views taken into account in determining the best course of action and have their voice heard on matters affecting their future in accordance with his/her age, maturity and capacity.[10]

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[5] Cantwell N, Davidson J, Elsley S, Milligan I, Quinn N, 2012,
Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children', UK: Centre for Excellence for Looked After Children in Scotland. http://www.alternativecareguidelines.org/Portals/46/Moving-forward/Moving-Forward-implementing-the-guidelines-for-web1.pdf accessed 8 December 2016

[6] UNICEF, 2006, *Alternative Care for Children Indonesia, Malaysia, Myanmar and Thailand Without Primary Caregivers in Tsunami-Affected Countries,* Bangkok, Thailand: UNICEF East Asia and Pacific.

[7] Lovera J & Punaks M, 2015, *NGN, Reintegration Guidelines for Trafficked and Displaced Children Living in Institutions*. USA: Next Generation Nepal http://www.nextgenerationnepal.org/File/2015_01_28_NGN-THIS-Reintegration-Guidelines.pdf accessed 8 November 2016

[8] United Nations General Assembly, *Convention on the Rights of the Child*, 20 November 1989, UNTS 3 (entered into force September 1990) http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf accessed 8 December 2016.

[9] UNHCR, 2008, *Guidelines on the Formal Determination of the Best Interests of the Child* http://www.unhcr.org/4566b16b2.pdf accessed 8 December 2016

[10] U.N. General Assembly, sixty-fourth session, *Guidelines for the Alternative Care of Children* A/RES/64/142 Agenda item 64 on Report of the 3rd committee A/64/434, 24 February 2010

Section One
The use of residential care in international development

1. Overview of the situation of residential care

The term 'residential care' can be applied to a range of different facilities that are distinct in terms of size and structure, but they are alike in that they provide a group-living arrangement for children out of parental care.

In 2007 over eight million children worldwide were documented as living in residential care.[11] There is a perception that children living in residential care do not have parents, guardians or other suitable adult caregivers; however, studies have shown that many children in residential care are not orphaned, but in fact have families[12]. For example, the Ministry of Social Affairs Veterans and Youth Rehabilitation, 2005-2009, 'Alternative Care Database' in Cambodia demonstrates that as many as 77% of children in residential care have at least one living parent.

Children are placed into residential care as a result of numerous issues that challenge families' ability to look after them. These include socioeconomic reasons such as poverty, lack of access to education, inability to provide children with disabilities with specialised care, and perceptions that children will be able to access greater opportunities in orphanages located in urban areas than in rural communities. Other factors that result in children being admitted into care are those which affect family functioning, include migration, displacement through armed conflict and disasters, death of a parent, and remarriage.

In many developing contexts social protection systems and non-institutional child welfare systems are underdeveloped and therefore fail to identify and provide appropriate support to vulnerable children and their families in their communities.

At the same time vast amounts of resources are being directed towards residential care which results in residential care being used as a development strategy to meet children's basic needs, rather than being reserved for cases where all other forms of alternative care are unavailable. Despite being considered outdated in 'developed' countries, residential care continues to receive widespread support from donors, NGOs and volunteers from Western countries. This support comprises a significant proportion of the overall resources being used to sustain residential care.

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[11] Save the Children, A Last Resort: The growing concern about children in residential care, London; Browne K, 2009, 'The Risk of Harm to Young Children in Institutional Care'. http://www.savethechildren.org.uk/sites/default/files/docs/A_last_resort_1.pdf accessed 8 December 2016.

[12] UNICEF, *Residential Care in Cambodia, Fact Sheet* https://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf accessed 13 December 2016

The continued support of residential care as a means of meeting children's needs has effectively led to the incentivisation of family separation. In families with one or both parents alive, the decision may be made to place children in residential care centres in order to access educational and other services, thus increasing the demand for such services. It is critical to note that a family's decision to place their children in residential care should not automatically be equated with abandonment. It is overwhelmingly more likely that this situation is driven by the parents' desire to give their children better opportunities than those which exist in their community, such as better education and health care.

The widespread support of residential care has also led to the exploitation of this model by some for financial gain. This includes the targeted 'recruitment' of children from poor families, on the promise of a better lifestyle and opportunities, in order to solicit donor funds for so-called 'orphans'. In extreme circumstances, there is evidence of children being trafficked into orphanages for exploitation for profit,[13] Living conditions may even be kept deliberately bad in order to solicit larger donations from donors, visitors or tourists. Lax regulations and limited accountability and transparency regarding the quality and legitimacy of residential care homes are characteristic in many developing contexts and enable such practices to thrive.[14]

2. Residential care poses significant risks to children

Much has also been published on the potentially detrimental impacts of growing up in residential care on a child's development and overall well-being.[15] These impacts include the risk of developing reactive attachment disorders, developmental delays, behavioural issues, and the risk of abuse.

One of the most well documented issues is that of attachment disorders. Attachment disorders can occur in instances where a child has been unable to form and sustain an attachment or bond with a primary caregiver. They are common amongst children in residential care due to being separated from their parents, and the frequently high staff turnover and use of volunteers as caregivers. This results in children forming numerous brief attachments with staff or volunteers in residential care centres, which exposes children to a constant cycle of attachment and rejection. This has multiple detrimental impacts that can extend well into adulthood.

Evidence has also shown that young children who grow up in institutional care are more likely to experience delays in their cognitive and social development and experience behavioural problems when compared to children of an equivalent age that grow up in a family unit.[16] This is often the result of the impact of attachment disorders on children's brain development, limited stimulation, and fewer opportunities for engagement in normal social settings in the community.

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[13] Punaks M & Feit K, 2014, *The Paradox of Orphanage Volunteering*, Oregon, USA: Next Generation Nepal
[14] Wulczyn F, Daro D, Fluke F, Feldman S, Glodek C, Lifanda K, 2010, *Adapting a Systems Approach to Child Protection: Key Concepts and Considerations*, New York: UNICEF.
[15] Save the Children, 'A Last Resort: The growing concern about children in residential care', London; Browne K, 2009, 'The Risk of Harm to Young Children in Institutional Care'. http://www.savethechildren.org.uk/sites/default/files/docs/A_last_resort_1.pdf accessed 8 December 2016.
[16] Browne K, 2009, *The Risk of Harm to Young Children in Institutional Care*, London: Save the Children.

Apart from the impact that residential care can have on children's development, children in care are also at risk of experiencing various types of abuse. A significant proportion of services in the residential care sector in developing contexts remain unregistered, under-regulated and staffed by unqualified workers. As such there are often few mechanisms in place to protect children in care, and little formal monitoring of centres taking place. As a result, abuse in residential care remains widespread. Whilst there are numerous instances of adults who seek opportunities to abuse children taking advantage of the lack of protective measures in place, caregivers or adults are not the sole perpetrators of abuse in residential care. There are also widespread reports of children abusing other children in residential care settings. The risk of abuse is further heightened in residential care centres where volunteers, tourists and visitors are permitted to work directly with children and as a result, key child protection agencies and child rights advocacy groups are calling for a halt to the practice of orphanage voluntourism.[17]

[17] Better Care, Better Volunteering, http://www.bettercarenetwork.org/bcn-in-action/better-volunteering-better-care accessed 8 December 2016

Section Two
Residential care is a children's rights issue

1. Using a child rights framework

Despite the best of intentions in public and organisational support for residential care, children growing up in these settings are not only exposed to a greater risk of abuse and the detrimental effects of institutionalisation, they are also subject to rights violations and/or regressions. Furthermore, some of these violations are a direct by-product of the very nature of residential care rather than a result of poor standards.[18] This means that improving the standards of care within residential care centres alone is insufficient to protect and uphold the full spectrum of children's rights and demonstrates why it is so important that we limit its use to cases where residential care is legitimately required.

As a sector committed to advocating for the rights of children, it is vital that we engage in deep critical reflection regarding what constitutes the appropriate use of residential care, and frame this discourse from a holistic child rights perspective.

2. The UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child (CRC) is a comprehensive framework for protecting child rights, and outlines the premises for achieving optimal child development and wellbeing. The CRC is a legally binding international instrument, which to date has been ratified by 194 countries. State Parties to the convention are obliged to develop policies and undertake action on behalf of children in light of the articles contained within the CRC and with children's best interests in mind. All rights enshrined under the CRC are inalienable, indivisible and universal.

The broad spectrum of children's rights is outlined in the UN Convention on the Rights of the Child, which declares that all children who are deprived of living with their family must be provided with environments to a standard of living adequate for the physical, mental, spiritual, moral and social development of the child

Various articles emphasise the important role that family and family environments play. To this effect the CRC preamble states that:

> Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community …[19]

[18] Save the Children, 'A Last Resort: The growing concern about children in residential care', London; Browne K, 2009, 'The Risk of Harm to Young Children in Institutional Care'. http://www.savethechildren.org.uk/sites/default/files/docs/A_last_resort_1.pdf accessed 8 December 2016.
[19] United Nations General Assembly, *Convention on the Rights of the Child*, 20 November 1989, UNTS 3 (entered into force September 1990)

Numerous other articles of the CRC also recognise the role of the family as the primary duty bearers for the care of children and the right of the child to be raised by their parents or family, except in very limited instances where it has been deemed as not in the child's best interests by the competent authorities. The CRC further recognises the importance of protecting and assisting the family to fulfil their role as primary caregivers of children, and directs State Parties to ensure that there are sufficient services and facilities available to families for this purpose.

Whilst it is the responsibility of State Parties to develop the legislation, policies and services required to meet their obligations under the CRC, in countries with highly institutionalised care sectors, governments often require significant support from the international community to undergo care reform. As child rights advocates and members of the international community, we should be actively involved in advocating for such care reforms and supporting local governments to develop the policies and non-institutional services required to uphold the full spectrum of children's rights, including their right to a family.

3. Preventing child rights regressions

Despite the CRC clearly emphasising the importance of families and the onus on States to provide services that strengthen the capacity of families, many child welfare systems and individual services provided by governments and NGOs in effect supplant the responsibilities of families rather than support them to fulfil their role. When residential care is used as a solution to education, poverty and disability-based issues, it becomes a 'pull factor' which incentivises family separation, encourages the relinquishment of parental responsibilities and causes children to experience numerous rights regressions including their right to be raised by their parents.

Whilst it is undoubtedly important that children's educational, physical and material needs are met, it is critical that as a sector we evaluate **how** we best meet these needs and approach decisions regarding the welfare of children with their best interests and the full scope of their rights in mind. To this end, child welfare systems and individual programs should be designed to assist children to progressively realise their rights and avoid creating environments where children must forfeit certain rights in order to access others.

Children's circumstances need to be carefully assessed and interventions need to be vetted for necessity and suitability in order to prioritise services that do not have a negative impact on other areas of the child's rights.

4. The 'necessity' and 'suitability' principles in the UN Guidelines for the Alternative Care of Children

The United Nations Guidelines for the Alternative Care of Children were adopted by the United Nations General Assembly in 2010. The purpose of the guidelines is to support the implementation of the Convention on the Rights of the Child and other key instruments regarding the protection and wellbeing of children deprived or at risk of deprivation of parental care. As background to these documents, they were designed to support the formation of policy and practice on alternative care for children from a rights-based perspective.[20] The Guidelines outline two important principles which aim to ensure that alternative care is only used when necessary and that the right type of alternative care is identified in instances where it is genuinely needed. These are the **necessity** and **suitability** principles.[21]

The purpose of the **necessity principle** is to ascertain if alternative care is genuinely required, or if the family and child require family preservation, family strengthening or other social services to assist the family and prevent family separation. This principle discourages the use of alternative care to address issues that do not relate to the availability or suitability of parents or adult caregivers, such as poverty, educational and disability related issues. It ensures that the interventions and support provided are appropriate and proportionate to the issues.

If thorough assessment and investigation conducted by the competent authorities leads to a determination that alternative care is genuinely required, the **suitability principle** is designed to ensure that the right type of care and the most suitable care provider is selected. The suitability principle takes into account the best interests of the child based on their individual needs and circumstances and what is most conducive to achieving permanency for that child. It is here that the different types of care as outlined in the continuum of alternative care (see next section) are assessed for suitability starting with the least disruptive options, i.e. kinship care through to residential care which is considered a last resort option within the continuum.

The necessity and suitability principles are important components of gatekeeping, preventing children from being placed in residential care when it is not in their best interests. These are important principles for child rights advocates to embed in their development programs and practices when interfacing with vulnerable children and their families.

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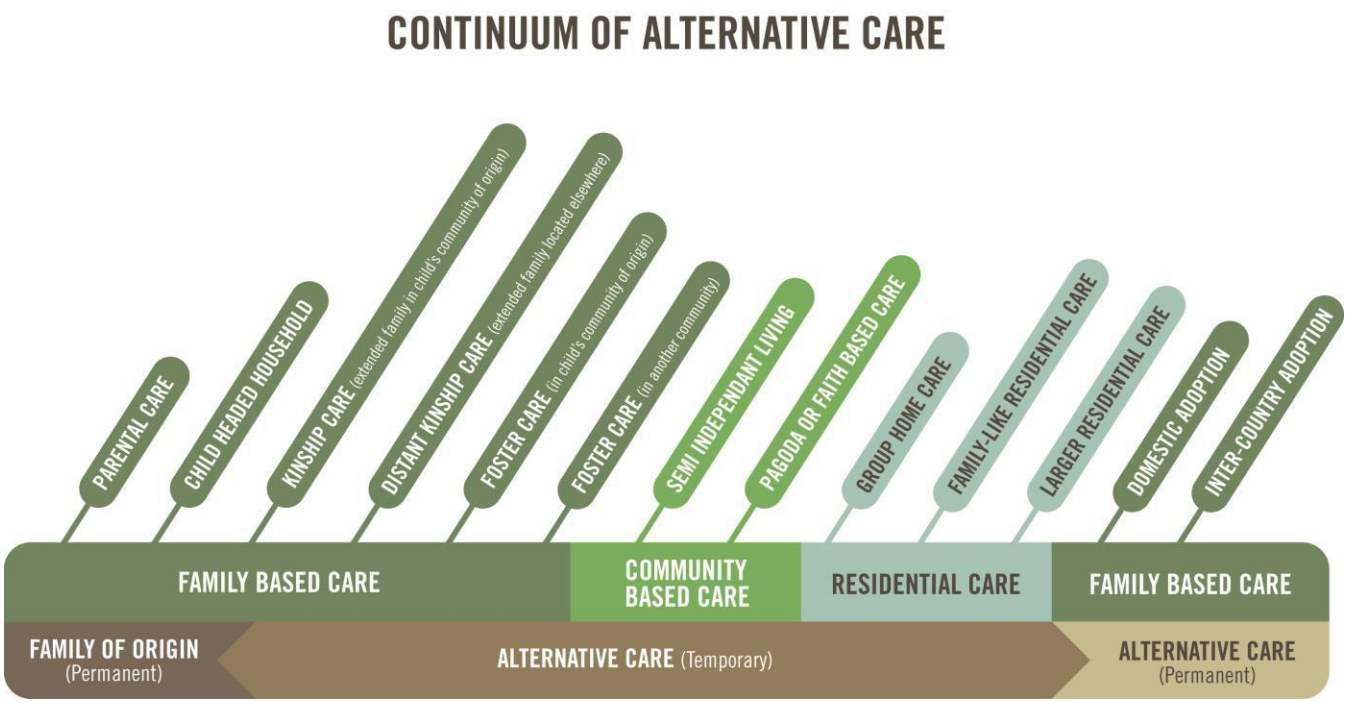
[20] U.N. General Assembly, sixty-fourth session, *Guidelines for the Alternative Care of Children* A/RES/64/142 Agenda item 64 on Report of the 3rd committee A/64/434, 24 February 2010

[21] Cantwell N, Davidson J, Elsley S, Milligan I, Quinn N, 2012, *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, UK: Centre for Excellence for Looked After Children in Scotland. http://www.alternativecareguidelines.org/Portals/46/Moving-forward/Moving-Forward-implementing-the-guidelines-for-web1.pdf. accessed on 8 December 2018

5. Continuum of alternative care

In cases where a child does not have parents or where parents are temporarily or permanently unable to care for a child, despite assistance, the CRC and associated UN Guidelines for the Alternative Care of Children outline a preferential ordering of alternative care placements. Alternative care placements available to children on a continuum of alternative care are outlined in three main groupings and are to be utilised based on a determination of the best interest of the child. These three groupings are family-based care, community-based care and residential care, comprising multiple care options. Each of these groupings also offers permanent and temporary solutions for children (called the Continuum of Alternative Care, see diagram below). The aim of a best-interest determination in the consideration of alternative care is to provide the most stable, safe and least intrusive solution to the child's specific circumstances. This ordering prioritises family-based care and emphasises the importance of retaining the child's family, community and cultural ties wherever possible. It considers the impact of different placements on achieving reunification or permanency within a family in the shortest possible timeframe. This effectively positions the legitimate use of residential care as a last resort and/or temporary emergency option in the range of alternative care options.[22]



Note: This diagram is a graphical representation of the standard internationally accepted continuum of care

[22] U.N. General Assembly, sixty-fourth session, *Guidelines for the Alternative Care of Children* A/RES/64/142 Agenda item 64 on Report of the 3rd committee A/64/434, 24 February 2010

6. Redirecting resources

One of the current obstacles that governments and the international development sector are facing is the sheer amount of resources and energy being directed towards residential care in disproportion to actual need. This concentration of resources within residential care centres stifles the sector's ability to develop and provide a holistic scope of community services and family-based care options that can improve children's wellbeing whilst upholding the full spectrum of their rights. Access to such a full scope of services would enable families, communities and the authorised child protection bodies to direct vulnerable children and their families to the most suitable services that will meet their specific needs rather than defaulting to an overdependence on residential care due to a lack of options.

As advocates of child rights it is therefore essential that we begin to intentionally redirect resources towards diversifying programs and work towards ensuring that the full scope of non-institutional services required to respect, protect and uphold children's rights are available to children and their families at the community level.

Section Three
Good practice in alternative care and development

1. Prevent family separation

a) Address the root cause (not the symptoms)

It is important that residential care is not used as a mechanism to address the symptoms of material poverty. Where poverty is adversely affecting children, we should seek to identify and address the root cause and work to eradicate poverty from whole communities rather than respond to poverty by removing children. Removing a child from their family solely due to poverty is rarely a legitimate protective act and nor can it be deemed to be in the best interests of the child. Similarly, children in residential care should not be denied the opportunity to be reunified with their families solely due to poverty. This does not however mean that children should be relinquished to situations of abject poverty that will adversely affect them. Rather, families should be supported to escape the poverty cycle, for example through measures such as micro enterprise, micro loans and savings schemes, community development, cash and in-kind transfers and psychosocial support.

b) Strengthen (not separate) families and communities

The primary aim of interventions with children, families and communities, should be to strengthen the capacity of all actors charged with a duty to provide care for the child or uphold aspects of their rights. This includes, for example, parents, teachers, health practitioners and local governments. Lack of essential services such as access to health care services or education alone should not be viewed as a legitimate reason for separating a child from their family and placing them in residential care. It is rather an indication of the need to increase availability and direct resources and efforts towards finding local community-based solutions that will enable children to access education and other primary services without forfeiting their right to be raised by their family and in their community. Such solutions may include training local teachers, refurbishing or building local schools or clinics or providing transportation so that children can access education in nearby communities or towns. In most cases, long-term separation of a child from their parents in order to access essential services cannot be justified as a protective act.

c) Develop family preservation programs

Family preservation programs aim to identify vulnerable families at risk of imminent breakdown and provide intense support with the goal of preserving the family unit. Support may be in regard to basic services such as health, financial, housing, and often includes other support to assist families solve individual problems which may leave the child and family vulnerable.

d) Engage in child-centred programming

A child-centred approach to development is one that primarily seeks to improve outcomes for children, but realises that a child cannot be viewed in isolation from a family, community, culture and nation. Since there are numerous actors who are charged with the care and wellbeing of the child, a child-centred approach to programming seeks to strengthen and build the capacity of families, communities and governments to adequately meet the holistic needs of children.

Child-centred programming above all aims to break existing intergenerational cycles of poverty, harm and separation. allowing children, families and communities to not only survive but to thrive.

2. Good practice in residential care

a) Limit the use of residential care to last resort and temporary

Residential care should not be considered a long-term living arrangement for children. Within the continuum of alternative care, it should only be utilised as a last resort, a temporary care option used for therapeutic reasons, or as emergency care whilst other family-based alternative care options are being explored.

Robust gatekeeping systems and comprehensive child and family assessments prior to admission must be in place and utilised to ensure that residential care is only used when it is both necessary and suitable for the individual child.

Active reintegration planning to facilitate reunification with the family or integration into a permanent family/community-based solution should commence from the day of the child's arrival in residential care. Good practice guidelines show that children in residential care should have their placements reviewed at a minimum of six-month intervals to ensure that the arrangement does not default to becoming permanent.

b) Adhere to the relevant laws and minimum standards of care

All residential care services need to abide by the legal framework of the country in which care is being provided. This includes ensuring that the centres are properly registered and licensed, meet the minimum standards of care, and that staff follow the proper admission and reintegration procedures and avoid actively recruiting children.

Where there is an absence of clear process, it is the responsibility of the care provider to seek advice from the competent authorities and ensure that they are operating in a lawful manner and complying with local laws. Where no minimum standards are in place, the UN Guidelines for the Alternative Care of Children should be used as a benchmark.

c) Maintain family connections

During periods where a child is living in residential care and separated from their family, consistent and meaningful contact and interaction should be maintained between the child and their family or other significant relationships. This can be costly and require exceptional measures on the part of the service provider; however, it is an important aspect of upholding children's rights whilst in care and it is critical to facilitating children's healthy development. In circumstances where the immediate safety of a child may be in question, safe forms of interaction between the child, family and community should be facilitated. Residential care providers do not have the right to restrict or sever a child's contact with their family and other significant community relationships unless directed to do so by the statutory mandated child protection authorities where it has been deemed that it is in the best interest of the child to restrict access.

d) Utilise therapeutic care models

In exceptional cases where it has been deemed that it is unsafe or not possible for a child to live with their family or in family-based care, therapeutic residential care may be the most suitable option. In these cases, care should be provided in small, family-like settings where the caregiver-to-child ratios are appropriate to the special circumstances and needs of the child and that caregivers are both long term and consistent.

e) Redirect volunteers to engage in non-residential programs

The fundamental motivation of volunteers who seek to work with vulnerable children to 'do some good' is admirable. However, as development practitioners and organisations we need to steer those good intentions in the right direction and put ethical boundaries around volunteer interaction with vulnerable children. Volunteering with children in residential care should be discouraged due to the numerous risks it poses for the children and the fact that it contributes to the ongoing proliferation of residential care globally.

There are numerous other more ethical ways that volunteers can support the work of NGOs and community organisations, and contribute to programs that strengthen families and communities. Consider what would be appropriate and allowed in terms of interaction with vulnerable children in Australia, and consider using this as a benchmark for ethical engagement with children overseas.

3. Develop family-based care

a) Develop non-institutional services and promote reintegration

In order to scale back the use of residential care, non-institutional child welfare and child protection systems need to be developed and implemented. This encompasses numerous steps including developing community services, family and kinship-based care as a positive alternative to residential care, and assisting children currently in residential care with reintegration and reunification. To

achieve this, a significant proportion of the resources currently flowing into residential care need to be redirected towards family and community-based services in order to prevent the separation of families and sustain family-based alternative care options for children. Building such viable alternative services is an essential part of any country transitioning from residential care to family-based care.

b) Strengthen family-based alternative care

It is important to invest in true family-based alternative care models as a part of the deinstitutionalisation process, in order to prevent the ongoing institutionalisation of children who legitimately require alternative care.

Kinship care is often overlooked, but commonly employed in developing world communities when children who cannot be with their immediate families are frequently cared for by their extended family or with close friends known to the child. Supporting this organic model of family-based care can be an expedient option. However, care needs to be taken to ensure that the children's rights are maintained in these placements.

Family-based alternative care models include:

Type of family-based care	**Explanation**
Kinship	Care provided by a member of the child's extended family.
Foster care (single or sibling group)	Known – care provided by a member of the child's community of origin Stranger – care provided by a person outside of the child's community of origin
Foster care (non-sibling group)	Care provided to two or more unrelated children in the foster parent's home environment.
Kafala	Care provided by a person who voluntarily commits to care for an orphaned or vulnerable child
Semi-independent living	Youth supported (by a staff person or community member) to live alone or with a group of peers in the community.

c) Utilise domestic adoption and permanency planning

In many countries where there is a proliferation of residential care centres, national permanency plans and processes remain underdeveloped. It has been indicated that in some countries the legal avenues for domestic adoption remain unclear or, in some cases, non-existent.

In many settings, traditional domestic adoption is organised through informal community structures where kin or a neighbour would assume care of a child in their community with no legal transfer of guardianship. In other cases, guardianship is transferred at the local government level affording the child a reasonable degree of legal protection. However, these arrangements may not be formally

recognised by the courts. Although formal alternative care and adoption systems seek to support and not undermine traditional community care structures, clear legal processes should be established around these practices so that the child–caregiver relationship is legally recognised and children and their caregivers are afforded proper protection under the law. Therefore, it is imperative that a greater investment is made in strengthening the domestic adoption laws and procedures to ensure that children can achieve permanency of care in a reasonable period of time.

4. Good organisational practices

a) Consider the risks and negative impacts of programs

Aid and development workers must consider the possible negative impacts that our programs or presence in a given community can have on children and their families. Doing so requires us to stay abreast of current research, reflect on lessons learnt in the past, and have robust needs and risk assessment processes in place in order to prevent adverse and unintentional effects of inappropriately designed programs.

We need to ensure that our programs meet the actual needs of children in the most appropriate way, in order to improve their overall well-being without causing harm. This is in line with Hippocratic moral obligations of beneficence (do good) and non-maleficence (do no harm).[23] For residential care, this is absolutely essential as it is a high-risk program that works with some of the world's most vulnerable children. Due to the associated risks, residential care needs to be used sparingly and cautiously.

b) Enforce robust child protection and safeguarding mechanisms in programs

Child protection and safeguarding mechanisms should be implemented to promote the care, protection and wellbeing of children in a way that recognises their right to grow in a safe environment and their right to be protected from harm. Child protection mechanisms should be appropriate to the organisation's level of risk. At a minimum, organisations should have a child protection policy in place that includes careful recruitment and screening procedures, behavioural standards and clear incident reporting processes. For programs that work in high risk settings, such as residential care, more stringent measures are required for permanent staff, and policies should be in place to limit the risks to children associated with volunteers and visitors. It is important that increased risks to children in residential care settings are identified and mitigated through program planning and implementation. Examples of how this might be addressed include but are not limited to additional training for staff on identifying risks of harm, consideration of supervision, and planning of sleeping arrangements, introducing a volunteer and visitor policy.

[23] Gillon R, 1994, 'Medical ethics: four principles plus attention to scope', *British Medical Journal*, 309, p. 184–188.

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- Brien Holden Vision Institute Foundation
- Bright Futures Child Aid and Development Fund (Australia)
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- Caritas Australia
- CBM Australia
- ChildFund Australia
- CLAN (Caring and Living as Neighbours)
- Credit Union Foundation Australia
- Daughters of Our Lady of the Sacred Heart Overseas Aid Fund
- Diaspora Action Australia
- Diplomacy Training Program
- Door of Hope Australia Inc.
- Edmund Rice Foundation (Australia)
- EDO NSW
- Engineers without Borders
- Every Home Global Concern
- Fairtrade Australia New Zealand
- Family Planning New South Wales
- Food Water Shelter
- Foresight (Overseas Aid and Prevention of Blindness)
- Fred Hollows Foundation, The
- Global Development Group
- Global Mission Partners
- Good Shepherd Services
- Grameen Foundation Australia
- Habitat for Humanity Australia
- Hagar Australia
- HealthServe Australia
- Hope Global
- Hunger Project Australia, The
- International Children's Care (Australia)
- International Christian Aid and Relief Enterprises
- International Needs Australia
- International Nepal Fellowship (Aust) Ltd
- International RiverFoundation
- International Women's Development Agency
- Interplast Australia & New Zealand
- Islamic Relief Australia
- KTF (Kokoda Track Foundation)
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- Mission World Aid Inc.
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- Partners in Aid
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- People with Disability Australia
- PLAN International Australia
- Quaker Service Australia
- RedR Australia
- Reledev Australia
- RESULTS International (Australia)
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- Royal Australasian College of Surgeons
- Salesian Missions
- Salvation Army (NSW Property Trust)
- Save the Children Australia
- Service Fellowship International Inc.
- School for Life Foundation
- SeeBeyondBorders
- Sight For All
- So They Can
- Sport Matters
- Surf Aid International
- Tamils Rehabilitation Organisation Australia
- TEAR Australia
- Transform Aid International (incorporating Baptist World Aid)
- UNICEF Australia
- Union Aid Abroad-APHEDA
- UnitingWorld
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