

Position on Residential Care for Children



1. Context

Residential care of children, in all its forms, often acts as a vehicle for the removal of children's rights, including their right to grow up in a family environment. As a leading international volunteer agency AVI is committed to a child rights based approach to children in need of care and protection.

The risks of harm to children who live in residential care are very high, with a growing body of evidence showing that children who are placed in residential care are routinely separated from their families, are vulnerable to physical and sexual abuse, and intentionally or unintentionally exploited by often well-meaning donors, sponsors and volunteers.

AVI also acknowledges that many well-meaning tourists and volunteers are supporting residential care centres. We want to see a shift in support towards family and community based solutions.

This document sets out AVI's position on the residential care of children. It highlights the issues and numerous risks to children who live in residential care settings and acknowledges that a continuum of alternative care exists beyond residential care. Importantly, the document also sets out how AVI will engage with organisations who are working with children and their families who may be at risk of family separation and vulnerable to being referred to residential care. As a leader in connecting people through pathways and networks, AVI is in a unique position to help support child focussed organisations and institutions through change.

As a member of the Australian Council for International Development (ACFID), AVI acknowledges and supports ACFID's Position Paper on Residential Care¹, which outlines the issues and harm that residential care, in its various forms, can have for children. AVI's position is also aligned with our membership of Re-Think Orphanages², the Australian based cross-sector network³ that advocates for a shift away from institutionalised care of children.

2. Scope

AVI acknowledges that residential care for children encompasses a broad spectrum of care facilities, beyond traditional 'orphanage' models. The AVI organisational position applies to all work undertaken, and programs implemented by AVI. AVI will support programs, work or business development opportunities that involve family and community based care, and work towards the prevention of the unnecessary institutionalisation of children.

3. A child rights based approach and support for family based care.

AVI is committed to the principles outlined in the UN Convention on the Rights of the Child (CRC). AVI's Child Protection initiatives and activities are guided by the four general principles of the CRC:

- Best interests of the child (Article 3)
- Non-discrimination (Article 2)
- Survival and Development (Article 6)
- Children's participation (Article 12).

These principles apply equally to all children. AVI believes that children suffering illness or living with disability should not be placed in long term residential care as a means to meet their special needs. AVI supports the right of a child to be raised by their parents or family, except where it may not be safe to do so (Article 9). AVI believes that resources and program priorities should be focussed on protecting and supporting children within the family environment⁴.

¹ ACFID Position Paper, "Residential Care and Orphanages in International Development", December 2016.

² "Stop Orphanage Volunteering and Reduce Child Exploitation" Griffith University D Marshall, Griffith University July 27, 2017

³ <http://www.rethinkorphanages.org/>

⁴ Convention on the Rights of the Child, Article 9:

- 3.1 AVI acknowledges family based alternative care and permanency models which view residential care as a last resort in line with the UN Guidelines for the Alternative Care of Children (2010)⁵.
- 3.2 AVI supports the strengthening of National Child Protection systems which are built on a foundation child rights and ensure that durable solutions are implemented for all children needing care outside their family.
- 3.3 AVI supports a best practice approach that includes alternatives to the institutionalisation of children, transition, family preservation and family reintegration. Residential care should only be used as a last resort, or where there are no other available alternative care options available for consideration.

4. AVI's Position on engagement with Residential Care Institutions (RCIs).

AVI supports a continuum of best practice strategies and options for working with children and residential care institutions, including, but not limited to:

- Clear referral criteria/gate keeping mechanisms for children entering and exiting residential care,
- Family tracing and psychosocial assessment of families, including identifying children who have family and review of family capacity,
- Strengthening case management systems (social work interventions) to ensure targeted care planning,
- Family reintegration monitoring and family outreach,
- A focus on family based and other alternative care, including foster care, kinship care/distant kinship care, group home care, semi-independent living arrangements, as part of a continuum of care options,
- Acknowledgement that residential care should be a last resort only, and if used, should be short term only while child and family assessments and case management processes are undertaken to determine what is in the child's best of the child.
- Focus on family preservation activities, including support for poverty alleviation and income generation,
- Graded reconditioning, including support for gradual reconnection of children with their families as a core part of the reintegration process,
- Recognition that sudden disengagement with partner organisations that have residential care programs may not be always be in children's best interests and that there may be limited alternatives available in some countries.

NOTE: AVI is unable to support, develop or engage in any programs, work or business development that involve RCIs or organisations with a residential care component (affected partner organisations) that are not committed to transitioning to alternative care and/or does not have evidence. This is a standardized position across all of AVI's work and programs.

⁵ UN Guidelines for the Alternative Care of Children, UNICEF,2010
http://www.unicef.org/ptotection/alternative_care_Guidelines-English.pdf

5. AVI's position on program participant placements:

5.1 AVI will place program participants into RCIs or into partner organisations where an Australian volunteer assignment is specifically nominated to support transition⁶ (de-institutionalisation), and where the partner organisation:

- Expresses its stated commitment to transition
- Shares evidence which supports this commitment

AVI acknowledges that placements supporting transition will require a set of specialised technical skills to assist with case management strengthening (including family tracing), reintegration planning family/community outreach. Placements will also require high level communication skills and acknowledgement that organisational transition is a long term process.

5.2 Where possible, and in consultation with national authorities, AVI will place Australian volunteers into existing national child protection systems.

5.3 All historical/current engagement including novation from other program delivery partners of partner organisations with residential care will be reviewed, to ensure a graded alignment. That is, the implementation of a gradual process, whereby as part of a novation process, AVI will not remove current volunteers on assignment with partner organisations who may not be aligned with this strategy.

5.4 A rigorous child protection risk assessment process will be implemented to enable vetting of all potential partner organisations in relation to residential care, and vetting of their requests for volunteer assignments. Current partner organisation will also be reviewed if residential care programming is being implemented or planned. Risk assessments will be conducted as part of all potential partner organisation engagement in line with the AVI Child Protection Policy and AVI's Position on Residential Care.

5.5 Targeted assistance will be provided to program participants who are assigned to agreed roles within affected partner organisations⁷. Assistance will include: technical support from AVI's appointed Child Protection Advisor, provision of relevant resources, pre-departure and on-going training support; providing volunteer's with opportunities to link with existing networks, including Re-Think Orphanages.

5.6 AVI's Position on Residential Care will form part of all pre-departure on-line training/briefings for program participants. A copy of AVI's Position on Residential Care will also be provided to all program participants before mobilisation, and the content of which will inform AVI in its management of the volunteer programs throughout the volunteer and partner organisation management cycle.

⁶ A specific condition for the Australian Volunteer Program (AVP) for assignments working specifically on case management strengthening and transition to other models of care (outside of institutional care)

⁷ Targeted to Australian Volunteers Program (AVPSS)

- 5.7 AVI's Position on Residential Care will be made available to all partner organisations, and the content of which will inform AVI's capacity development and awareness work with partner organisations, through formal training and technical support.
- 5.8 This position paper will be included in program standard operational procedures and AVI's Child Protection procedural documents.

6. The nature and impact of Residential Care on children

Residential care is defined in ACFID's Position Paper on Residential Care and Orphanages as follows:

"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 and shelters, boarding facilities, transit homes, children's villages (compound foster care) and other such non-family-based settings."⁸

For children with special needs we accept the findings that "Discrimination against disability combined with a lack of access to inclusive health, education and social services has resulted in a significant over-representation of children with disabilities in institutions. Parents are often advised to put their child in an institution, where they believe their child will be cared for by experts. In truth, the level of care provided in institutions rarely meets the needs of children with disabilities and is much more likely to have a negative impact on a child's health and development. In addition, children with disabilities are more likely to be victims of abuse than children without disabilities."⁹

- 6.1 The United Nations (UN) estimates that there are up to eight million children living in residential care¹⁰, although this figure may be far higher due to lack of reliable data and given large numbers of residential care institutions are unregistered. Poverty is a key driver for child institutionalisation, which results in children being separated from their parents and placed in centres. Other drivers include lack of access to education, inability to provide special care for children with disabilities, migration, and displacement through armed conflict, remarriage, and also human trafficking.¹¹
- 6.2 Recent research shows that over 80% of children living in so called 'orphanages' have at least one living parent¹². Most children living in orphanages are not orphans!
- 6.3 In developing countries in particular, considerable resources continue to be directed towards residential care, despite this type of care having been largely being discontinued in most western countries. Families continue to be separated unnecessarily.

⁸ ACFID Position Paper "Residential Care and Orphanages in International Development" December 2016.

⁹ <https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/the-children-behind-the-wall/> accessed 12/01/2018

¹⁰ Cited in: Pinheiro, P, *World Report on Violence against Children*, UNICEF, New York, 2006

¹¹ USAID, *The Rehabilitation of Victims of Trafficking in Group Residential Facilities in Foreign Countries*, Sept 2007

¹² ACFID Position Paper "Residential Care and Orphanages in International Development" December 2016

- 6.4 Global studies show that children living in long term residential care face increased risks of violence, abuse, and long term damage to their physical, social and mental development¹³.

Types of harm for children who live in Residential care:

Family separation: Children are often separated from their family, unnecessarily. Residential Care Institutions (RCIs) often do not have the resources or willingness to support children to maintain family contact, and families are often too poor to visit their children. In some cases, RCIs actively discourage family connection and also falsify documentation – leading to so called ‘paper orphans’¹⁴.

Unhealthy development of children: There is a growing body of evidence showing that children who grow up in RCIs are at risk of developing attachment disorders and developmental delays. Children’s basic needs are often not met, including being loved and nurtured, often due to under resourcing, the existence of multiple caregivers and a high turnover of caregiver staff¹⁵. Studies have shown that the absence of a warm and continuous relationship with a care provider can result in children being desperate for adult attention and affection¹⁶.

Child abuse and exploitation: Evidence has shown that some RCIs purposely maintain children in poor conditions in order to receive financial support. Children are also recruited from poor families with a promise of a better life, in order to solicit funds from donors, sponsors and tourists¹⁷.

Children in institutionalised care are also vulnerable to violence, including systematic rape and other forms of sexual abuse, and physical harm. The abuse can be hidden and exacerbated due to the often isolated nature of RCIs, where children are not aware of their rights and are powerless to defend themselves¹⁸.

Voluntourism: RCIs allow tourists to visit the children and also allow international volunteers to have contact with children without undertaking any criminal background or other reference checks. Without proper checks in place, children are at increased risk of being physically, sexually and emotionally abused¹⁹.

Destruction of traditional kinship care: The recent global rise in the number of RCIs has a direct impact on conventional extended family care models. Kinship care systems, which have been operating in some countries for generations, are being eroded by the influx of institutional care models. For example, Cambodia has a long tradition of caring for vulnerable children through community and extended family. The rapid increase in residential care facilities in Cambodia is threatening to destroy these traditional systems of alternative care, placing children at further risk²⁰.

¹³ Save the Children, “A Last Resort: The Growing concern about children in residential care”, London; Brown K, 2009, “The risk of Harm to Young children in Institutional Care”

¹⁴ Van Doore, K (2006) “Paper Orphans: Exploring Child Trafficking for the purpose of Orphanages”. International Journal of Child Rights, 24. Pp. 378-407

¹⁵ ACFID Position Paper “Residential Care and Orphanages in International Development”, December 2016, pg8

¹⁶ Brown K (2009) The Risk of Harm to Young Children in Institutional Care, Better Care Network and Save the Children UK

¹⁷ ACFID Position Paper Residential Care and Orphanages in International Development Pg8

¹⁸ “Keeping Children out of institutional Care: Why we should be investing in Family-based care” Save the Children UK, 2009 pg7

¹⁹ ACFID Position Paper Residential Care and Orphanages in International Development, pg9

²⁰ UNICEF RESOURCES: Residential Care in Cambodia FACT SHEET

7. AVI's links with the sector

AVI is a member of Re-Think Orphanages²¹, the Australian Council for International Development (ACFID) and its Child Rights Community of Practice. AVI also contributed to ACFID's Position Paper on Residential Care and Orphanages (December 2016).

8. Marketing, communications and advocacy (external)

This position paper will be made available on AVI's website alongside acknowledgement of AVI's membership of Re-Think Orphanages and the ACFID Child Rights Community of Practice.

AVI will contribute to media that supports this position, including issuing press releases and also publically advocate this position through available forums, in line with our commitment and continuous quality improvement.

9 Learning and policy development (internal)

This position paper will be appended to AVI's Child Protection Policy and will be reviewed in line with the review schedule of that policy.

10 Monitoring and Review

AVI will undertake a review its Position on Residential Care for Children, including a review of placements of program participants, after 12 months.

AVI country office staff and other AVI program core partners will monitor program participant partner organisations in relation to provision of residential care for children. Partner organisation appraisals will include an assessment as to whether a partner organisation engaged with residential care. Country Offices staff will undertake a partner organisation review as part of standard Child Protection policy and practice monitoring to review whether a partner organisation has added residential care to their programming profile, and review accordingly.

²¹ Re-Think Orphanages is a cross-sector network that aims to prevent the unnecessary institutionalisation of children by shifting the way Australia engages with overseas aid and development:
<http://www.rethinkorphanages.org/>