

## **Challenges and Prospects of Children’s Homes: Opportunities for Transition from Dormitory to Family Unit Setup.**

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### **Abstract**

*This study makes a cursory exploration of the challenges and prospects of transitioning childcare institutions from dormitory to family unit systems to promote child development. Desk research was utilised as the primary research approach in this paper, which is part of a wider qualitative research on childcare systems in Zimbabwe. This was complemented by a systematic literature review. Literature has indicated that variances in culture and contexts have persistently showcased the positive effects associated with family care on child development. There are dangers to children, associated with living outside family care. Accordingly, the present study proposes interventions that empower families to raise and care for children. In Zimbabwe, institutional dormitory care has emerged as the most dominant form of childcare. The responsibility of child placement rests with the Department of Social Services which unfortunately is known to have a history of being under-resourced to conduct all the necessary work required. Resultantly, this continually forces the department to ‘relapse’ and seek the services of non-state institutions as the only available remedy to their shortcomings. Institutions, which in most cases are organised in the form of dormitories face a fair share of challenges that affect child development hence the need to transition to family-based units. Children who suffer mostly from social problems associated with institutionalization have shown great improvements when placed in family care spheres.*

**Key words:** Dormitories, Children’s homes, Family units, Transition and Opportunity

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## 1.0 Introduction

In the global south, children's homes have remained the hope for the survival of vulnerable children. Traditionally such homes have been using dormitories to house their children. However, recent changes being promoted internationally have seen the transition from dormitories to family set-ups as one of the best recommended practices in line with changing global trends and promotion of the rights of the child. Article 20 of the United Nations Convention on the Rights of the Child (UNCRC) (2005) identifies the family unit or family set-up as the ideal form of alternatively caring for the vulnerable child. Zimbabwe ratified the UNCRC of 2005 and as a signatory to this convention, has been trying to streamline policies and efforts to protect the rights of vulnerable children. In 2010, Zimbabwe formulated the National Residential Childcare policy which recommended orphanages to make a transition from the dormitory system to family units. Recent research on child development has indicated that dormitory housing of children negatively impacts their physical and psychological development/wellbeing world over, but little has been done in Zimbabwe.

Institutionalisation is placing or caring for orphans and vulnerable children (OVCs) under a registered orphanage or children's village. Orphanages are often perceived as philanthropic and have largely been bankrolled by missionaries, individual philanthropists, and some businesspeople and this has been the gold standard for care work. However, institutional care has inherent limitations. Institutionalised children are often deprived of the experience of family life and therefore suffer emotional deprivation with long standing adverse psychosocial effects. In most instances orphans are disjointed or separated from their families, removed from their communities, and distanced from their culture, making reintegration of children into society difficult if not often impossible.

The government of Zimbabwe ratified the United Nations Convention on the Rights of Children together with the African Charter on the Rights and Welfare of Children. Accordingly, Zimbabwe went a step further by formulating its own National Orphan Care Policy (1995) based on the recommendations from these global statutes. Its national policy correctly defines and highlights the need for deinstitutionalisation. Deinstitutionalization is described as the government's stance in moving away from

institutionalization. Orphanages are not entirely obsolete, but for the greater good, there should be more organisations shifting away from institutional care towards investing in supporting family-based care by funding fees, school uniforms, and stationery among other needs. To address this scenario, the Government of Zimbabwe designed and enacted the National Orphan Care Policy which was meant to offer support to traditional forms of childcare and subsequently discourage childcare methods that remove the child from their culture and community. This policy (National Orphan Care Policy) recommended a transition into family-based units. The policy further proposes how established children's homes can be renovated to enhance the state of childcare and more so, fulfil the psychological and developmental requirements of the child who is under institutional care. And one such way is to make a transition from Dormitory structured Children's Homes into Family Based Units in Children's Homes.

## **2.0 Methodology**

The research is qualitative in nature, an approach that is grounded in constructive interpretivist epistemology. The paper used the qualitative approach as it allowed the researcher to gain an in-depth understanding of the respondent's thoughts and feelings on the subject matter in the broader study. Qualitative methodology also allowed the researcher to maintain some relevance to both academic and non-academic audiences (Corbin and Strauss, 2008:13-14). Hubberman and Miles (2002) opine that there are generally five qualitative approaches, and these include grounded theory, ethnographic, narrative research, phenomenological, and case study. These approaches study phenomena differently though these approaches sometimes overlap. The paper also utilised the systematic literature review approach to gain an understanding of the debates surrounding transition from dormitories in children care institutions to a family setting-based care system. Yin (2009:18) defines a systematic inquiry as "an empirical inquiry that investigates a contemporary phenomenon in depth and within its life context," especially when the boundaries between phenomenon and context are not clear. The researcher also used secondary sources that included academic journals and internet sources to enrich the discussion on the topic under study.

### **3.1 Evolution of Children's Homes in Zimbabwe**

Traditionally, the institutionalisation of a child was unknown among communities in Zimbabwe given that the care of the vulnerable child was perceived as the responsibility of the extended family. Institutionalisation was popularised by missionaries during the colonial era mainly due to urbanisation and its destructive effects on the locals' social fabric. Missionaries also wanted a base for early conversions to their faith. It was also introduced as an avenue of delivering education especially to the African child whose parents would have rebelled against African culture through conversion and were therefore not welcome in the African communities. The first institution built to care for orphans or OVCs called SOS Children's Village was by Hermann Gmeiner (1927-1975) in Tyrol, Austria, in 1949. In Zimbabwe, the first SOS children's villages started in 1983 in Bindura, followed by another in Harare, 1989, and Bulawayo in 1995. However, before then, the Jairos Jiri Children's Home had been founded in 1950 by the late Mr Jairos Jiri. It was a home first set to take care of disabled children after Jiri had noticed their struggles and suffering in the urban areas of Bulawayo. Nonetheless, the founder of childcare homes, Hermann Gmeiner, believed that traditional orphanages did not provide opportunities for the proper care of European orphans and homeless children (Abebe, 2004). It is that argument which led to international protocols clamouring for putting OVCs in families and not in institutions.

### **3.2 Colonial Era**

In Zimbabwe, the Probation Service was established in 1933 with an interdepartmental committee comprising members from the police, justice and education departments. The first official Welfare Provision was the introduction in 1936 of the Probation and Attendance Officer Programme which solely dealt with non-Africans. During this period European juveniles were sent to Cape Peninsular, girls to Durban Ville Reform School whilst mixed race children called coloureds also had their own institutions. African delinquents were sent to Driefontein Mission, a Catholic Mission station. In 1948 the duly constituted Department of Social Welfare was established, catering for white juvenile delinquents only. During this time the department was viewed as a mode of social control and not of social development. In 1949 the Highfield Probation was set up and later a remand home. Percy Ibbotson Hostel was opened in 1950 in Bulawayo,

and this was followed by the building of a prison in Mrewa where a portion was offered for reformatory purposes. Also built were the Northcot Training Institute and Remand Home in the 1950s and then Blue Hills in Gwelo in 1961. It was in 1950 that the first African officer, Mr Mali, joined the Department of Native Affairs which included Relief Services including Public Assistance. That is when Mr Mali and other subsequent Africans in this department began to be known as social welfare officers. Their duties included investigating the needs of families and recommending to relief officers for assistance. Since then, there was a gradual expansion of the Department, which was then including Child Welfare Public Assistance

### **3.3 Post- Colonial Era**

After the attainment of independence in 1980 the department of Social Welfare under the Ministry of Public Service, Labour, and Social Welfare, was tasked with the management of these juvenile homes. In 2002, the Social Welfare department was transformed into the Department of Social Services which is now responsible for coordinating children's issues, especially dealing with children's homes. The Department of Social Services (DSS), which is the main focal point of the assignment, is responsible for finance and administration, rehabilitation, family and child welfare, policy, and programming. In due course the DSSs, like other government departments, were enormously affected by the economic decline in Zimbabwe, caused by the high inflation rate which peaked at 231 million percent in 2008. The decline was characterised by high prices and unemployment which left 1.5 million households in poverty, homes to some 3.5 million children. The United Nations Convention on the Rights of the Child defines a 'child' as a person under the age of 18. The Department of Social Services was mandated to care for children and all the admissions were authorised by them in accordance with Section 14, 15 and 16 of the Zimbabwe Children's Act Chapter 5.06. If anyone finds or identifies a child in need of, or without any adult's attention, the person is supposed to go to the nearest police station or any organisation that deals with vulnerable children to report. These in turn would second the child to the responsible authority, the Department of Social Services.

### **3.4 Procedures**

The police would place the child at the nearest children's home while waiting for the next working day for the Department of Social Services to take over. Then the child will be taken to the Department of Social Services who in turn will place the child under Place of Safety in the home for 14 days while they are doing family tracing and looking for the reasons which led to this circumstance, this is according to Zimbabwe Children's Act Chapter 5:06 Section 14. If the parents or relatives are located during this period, the child will be taken to his/her family. If there is an element of abuse, the case will be handled accordingly, or the child can be admitted to the home through the courts. If the department fails to locate the child's family within 14 days, either the place of safety period can be extended if there is a promising result or hope of locating the family. If there is no traceable information found during this place of safety period the Department of Social Service will, through the court, commit the child to a children's home, according to Zimbabwe Children's Protection and Adoption Act Chapter 33, Section 21 (1)(a). The Department of Social Services will prepare the Probation Officer's report with all the information available like place of origin, the name of the parents and medical report and siblings if available. This information is restricted for the protection of the child's privacy and confidentiality (African Charter Article 10). The Department of Social Services together with the home's responsible authority would appear in court to take an oath that they are able to take care of the said child and the judge will grant permission to the institution to take care of the said child with the court order valid for the next three years.

Also, on admission a development plan for the said child is written up. This should be drawn based on the child's needs, life situation and origin etc (African Charter on Rights and Welfare of the Children, Article 5). During these 3 years the Department of Social Services would continue to investigate the whereabouts of the child's relatives, if they are located within these 3 years the child may be reunited with the family, depending on the reasons behind the disappearance of the child from the family. If they are offensive like any element of abuse the child can only be allowed to visit for holidays or for short periods of time to give room to the department to do their investigations to establish whether the child is no longer in any form of danger (African Charter Article 16). This would also help the two parties to bond so that when the child

is finally discharged from the home, there will be some common understanding. For a child who is rejected or dumped, the Department of Social Services would try to find foster parents or organise for adoption as the institution is the last resort for childcare. During the three years of the valid committal court order, if they fail the three-year court order is reviewed according to the National Residential Child Standard of 2010 (NRCCS 2010).

In the case that both parents are deceased, and no one comes up to claim the child, normally the community would alert the police, or the Department of Social Services would in turn make the same procedures but there is no need for tracing as they would know the background of the child. Such cases would be mostly for Children categorised as alien or foreign and there are no known relatives to claim the child. In such cases, the court will review the case every three years and obtain the court order until the child is eighteen years old when they can be discharged from the institution. In some cases, the relatives might come up way after the admission of the child in the home and still, the necessary assessment is done to find out if the relatives can take care of such children. This will be to avoid children running away from their relatives due to different circumstances, such as abuse and not being accustomed to family rules and regulations. According to the Zimbabwean Constitution Chapter 4, Part 3, Article 81 (1) the children are discharged from the institution at the age of eighteen. In the case of the relatives being located or there being families who would have come up for adoption, the child can be discharged whenever possible as explained above. In the case of adoption, the Department of Social Services would do the assessment over a period, while the family would be allowed to take the child for a while so that they can get used to each other before the adoption takes place.

### **3.5 Types of Children's Homes**

An 'institution' for children is defined as "as a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult carers. Residential care implies an organised, routine, and impersonal structure to the living arrangements for children (e.g., all children sleep, eat, and toilet at the same time) and a professional relationship, rather than a parental relationship (is fostered), between the adults and children." (Browne, 2009:1). This definition may include children in boarding schools, summer camps, prisons, and

asylum detention centres. This paper focuses mainly on residential homes in developing countries. It has been estimated that approximately 2.7 million children under eighteen years of age are living in institutional care worldwide (Petrowski, Cappa, and Gross, 2017), although the quality of available data from many countries is poor and under-reporting is a problem, as many institutions are unregistered and the children living there are not officially counted (Petrowski, Cappa, and Gross, 2017, p. 394; UNICEF, 2009, p. 19; Bunkers et al., 2014). Most children in institutions are not orphans, 50 to 90% have at least one living parent (Bunkers et al., 2014). Most children in residential care are placed there not as orphans, but due to poverty; the parents' inability to provide care, and the perception that better care and education could be provided at an institution (Bunkers et al., 2014:6-7). Children with disabilities are at a high risk of institutionalisation (Bunkers et al., 2014:7).

Models of residential care in Children's Homes are basically two, the dormitory style and family-based units. Homes could be further classified by their architectural design, either western style or traditional. Dormitory style is the conventional institutions style in which children are housed in dormitories and share communal dining and living areas, with staff undertaking a variety of domestic, administrative, and care-giving roles (Maranda, 2010). Dormitories are usually segregated by age and sex. This model deprives children of the experience of normal family life and has been associated with a poor level of psychosocial development. Family-based (Children's Villages) is a modern concept of residential care and aims to replicate a nuclear family setting where children have a constant relationship with a parental figure(s) and several siblings of varying age and sex (Maranda, 2010). The "family" lives as a unit and prepares food, eats, and performs household chores as they would in a normal home.

According to Powell et al (2004) the great majority of Zimbabwean institutions have been constructed in conventional, Western building style as required under the current regulations for the construction of children's homes, drafted during the colonial era. In several cases, however, a waiver was obtained, and rural children's homes have been built utilizing the traditional, thatched rondavel style. These are less obtrusive in rural areas and may assist the home's integration with the local community. They also allow the children to grow up in a culturally less alienating environment.



### **3.6 Challenges Faced by Homes**

According to Freidman (2000) (cited in Moyo S, Susa R & Gudyanga E, 2015 study on Mtoko orphanage) the impact of institutionalisation on children is an acknowledgement that institutionalisation has a deep negative impact on the life of a child. Santrock (2004) further stated that institutionalisation affects children developmentally, emotionally, and psychologically. Hence, having unconditional love is a crucial element for the caregivers. Apart from this, institutions should be very short-term transitional centres where the needs of the children can be evaluated before being resettled (Santrock, 2004). In addition, there is a school of thought that says that institutionalisation is linked to developmental problems amongst children and should only be used as an absolute last resort. Institutionalisation's negative effects are revealed by the social and behavioural abnormalities portrayed by these children (Keenan, 2002). Cases of behavioural problems, inattention, hyperactivity, delays in social, emotional development and autism can further be witnessed in these children.

The potential for exploitation in care institutions is significant. Many care homes are unregulated, meaning staff is poorly trained, recruited without background checks, and unaccountable (van Doore et al., 2016). Children, who are abused, neglected, or subjected to violence have no recourse to legal or civil reparations (van Doore, 2016). The most common forms of abuse reported are physical violence such as beatings as punishment, sexual violence perpetrated by staff or peers, neglect, under nutrition, and bullying (Sérgio Pinheiro, 2006). Some of these are categorised as exploitation. A clear form of exploitation is child labour within the institutions. It is very commonly reported that children cook, clean and wash clothes in their care home, to an unacceptable degree in some places. A further form of exploitation is the trend for orphanages to recruit vulnerable children from their families as a profit-making enterprise (van Doore et al., 2016). Many orphanages in Sub-Saharan Africa and Southeast Asia rely on donations and international volunteers, and children are often used as a commercial entity to attract funds and may be sent out to beg or perform on behalf of centres. In some cases, children are kept in destitute or unhealthy conditions to appeal to donors and volunteers. Evidence is already pointing to alarming irregularities, including recruitment of children for international adoption, "child laundering" through altering and forgery of records, inducement of birth parents to

relinquish children, and extortion of funds from prospective adoptive parents (Cheney & Rotabi, 2014). Additionally, poor regulations and oversight means that abuse is often rampant. There is a high risk of sexual exploitation by international volunteers because many residential care centres and tourism operators offering volunteer placements do not require police clearance reports, do not conduct background checks, and do not provide adequate supervision of volunteers when they spend time with the children (Cheney & Rotabi, 2014).

Evans (2006) postulates that children living outside of family care demonstrate a significant deficiency in sensory perception, including responses to and understanding facial emotions. Thus, their emotional reactivity is poor and cannot define some of the non-verbal communication signs given by teachers. This then negatively impacts an orphaned child's academic performance. According to Johnson, a physician cited in Robertson and Simons (2000), an orphanage is a terrible place to raise an infant or a young child. This is so because there is lack of stimulation, consistent caregivers, sub-optimal nutrition and physical or sexual abuse which all conspire to delay and sometimes prelude normal development. They further stipulate that institutionalised orphaned children fall behind in large and fine motor speech acquisition and attainment of necessary social skills. This negatively impacts the educational capabilities of the child whose physical growth is impaired.

Congregate living conditions foster the spread of diseases of multiple infectious agents which can further cripple the academic performance of these orphaned children. Gulliford (1997) identified intestinal parasites, tuberculosis, and hepatitis B, measles, and chicken pox, middle ear infections, as diseases found more commonly in institutional care settings. This increases stress and causes children to have more emotional problems or to perform worse in school academically. Institutionalisation has an impact on the self-concept of an individual. Ormrod (2000) holds that the main factors determining the formation of the self-concept of an individual are the environment as well as people with whom the individual lives. If care givers praise and love the orphaned child and again if playmates respect and give attention to the individual, he or she forms a picture of himself or herself as a desirable person, hence develops a positive self-concept. However, if on the other hand, care givers and peers reject and criticise the individual and are indifferent, this leads to a derogatory self-

picture resulting in inferiority complex. Thus, the orphaned child's academic performance is greatly affected because the child would have negative personality traits such as feeling incompetent, low self-esteem and lack of confidence because of the environment he or she has been raised in. By and large, institutionalisation has dire consequences such as poor growth, emotional reactivity, deficit in IQ, social and behavioural abnormalities, physical growth only to mention a few (Ormrod, 2000). All these negatively affect the wellbeing of the orphaned children.

#### **4.1 Opportunities for transition from Dormitories to family set-up**

From a background of the challenges discussed above, there are opportunities associated with transitioning dormitories to family set-ups. The most common adverse effects that children who grow up in residential care experience include developmental delays; behavioural problems; attachment disorders; lack of life skills; institutionalisation; and difficulty forming and maintaining healthy relationships. The literature is extremely clear that residential care should be a last resort for children separated from their parents, following family support, community support, and fostering (Browne, 2017). As such, the literature strongly supports deinstitutionalisation and reintegration of families whenever possible and provision of extra support to families as the best intervention. Evidence shows that many children can recover from problems experienced in residential care when placed in family care environments, although they have incomplete catch-up compared to their never-institutionalised peers (Browne, 2017). Several studies over many years in a wide range of cultures and contexts have consistently demonstrated the positive impact family care has on children's growth and development (Faith to Action Initiative, 2014; UN, 2010). It has also illustrated the harmful effects that living outside family care can have on children (Faith to Action Initiative, 2014).

The United Nations Convention on the Rights of the Child states that every child has the right to live with his or her parents or to stay in touch with them, unless this would harm the child's development (United Nations, 1989). It also states that every child has the right to grow up in a supportive, protective, and caring environment that promotes his or her full potential. Positive child development is sometimes compromised by development-threatening child characteristics, adverse family

circumstances, or interactions between both areas. When these risky circumstances cannot be effectively addressed by appropriate outpatient support, 24-hour out-of-home placement of the child is usually considered a meaningful strategy for remediating the developmental risks (Bhatti-Sinclair and Sutcliffe 2012; Heffner et al. 2010; Pinto and Maia 2013; Vanschoonlandt et al. 2013).

Many reasons at international and national levels have called for a transition from institutionalising children to putting them into family units. Every child has the right to live in a family. And the fact that children in institutions are denied a family is a denial of a child's rights which cannot go unchecked. Sixty years of global research details the adverse impacts of residential care on the physical and emotional development of children (Bhatti-Sinclair and Sutcliffe 2012). This paper posits that, residential care can result in clinical personality disorders, growth and speech delays, and an impaired ability to re-enter society later in life. Residential care has also been shown to place children at risk of physical and sexual abuse.

Transition from Dormitories to Family set-ups creates better opportunities to deal with the challenges faced by traditional Homes given the importance of the family in child development. One promising option is to convert and enlarge orphanages into children's villages. This is not a new intervention; it has been tried in some countries in Africa (Angola, Rwanda, and Uganda) and elsewhere (Pinto and Maia 2013). There are numerous advantages to such an approach: (a) children's villages attract NGOs relatively easily; (b) economies of scale can be realised (for example, a children's clinic located in a children's village would be substantially cost-effective); (c) when situated within communities, children's villages can seek help from nearby community members in times of need; and (d) when located close to religious institutions, children's villages can strike direct partnerships with church groups, which would render the approach more sustainable (Little, 2010).

The family is profoundly important to the developmental, emotional, and cognitive growth of a child (Gold, 2013). In a normal set up children should grow in a family set up. According to Embleton et.al (2010) family encourages a holistic development of the child. The family simultaneously addresses the physical, emotional, relational, intellectual, and spiritual aspects of a child's life (Little, 2011). "Family life is where the child spends most of his or her learning time," Also family structure and consistency

give the child security and self-esteem (Embleton et al, 2010). Unfortunately, most children's homes are institutions with dormitory set up. International human rights standards provide that institutionalising children who need alternative care should be a last resort only used after care by members of the extended family, or opportunities for adoption or foster care are deemed unsuitable and not in the child's best interests.

Current dormitory styled children's homes result in over-institutionalisation, which is a problem for children in such homes. Studies by Williamson (2012) point out that a high proportion of children living in institutions suffer from some form of disability such as mild intellectual or emotional disabilities. But more than the physical conditions, the very nature of life in these institutions is troubling. Children lack privacy. New standards in 2011 raised the living space requirement per child in institutions to just 4.95 square meters and opportunities to develop a bond or trusting relationship with an adult care giver (Richard, 2002). Care workers rotate in and out and are often too overworked to provide consistent care to individual children. Life in an institution does not seem conducive to learning important life skills, whether forging human relationships, developing communication and social skills, or gaining daily coping skills that children in regular families would naturally learn, such as how to cook a meal or eat in a restaurant. According to Speight & Hoghughi (2008) the road to turning dormitory child homes into family set-ups is not any easy one, the cost includes, the transition in terms of emotional effect on the children initially involved, the administrative challenges and other related costs, but this is necessary and effort must be put on as the Bowlby Attachment Theory, explains that positive and effective attachment is encouraged by a family system. The theory argues that attachment to a parent or guardian is very important in the holistic development of the child that is, emotional, social, psychological, and physical wellbeing of the child.

Other earlier studies confirmed that in child institutions (Orphanages, Children Homes) which are dormitory styled do not offer adequate opportunities for effective attachment of children to their guardians a significant factor according to Powell, Morreira & Ngonyama (2004), resulting in limited or flawed child development for children growing up in institutions. Thus, there is need for a family set-up, which encourages meaningful attachment of children to their guardians to promote positive child development. A robust body of evidence shows that nurturing family environments are associated with

positive outcomes for children's development (Williamson & Greenberg, 2010). A family can provide a child with love, a sense of belonging, and a lifelong connection to a community of people. Within families, children learn and participate in family and cultural traditions, have a sense of shared history, and learn important social skills that help them engage and interact as family and community members later in life.

#### **4.2 Family Care and Better Outcomes**

Foster care is also found to offer children better outcomes than what they would be expected to experience if raised in orphanages or other institutions (Hutchison, 2011). In general, the quality of foster care tends to matter. The best evidence of gains seen among institutionalised children after they were placed in foster care was reported in the Bucharest Early Intervention project, in which the quality of foster care was exceedingly high. Studies report that children in the project who were randomly assigned to foster care showed better physical and mental development – particularly children placed with foster families' at younger ages – than those who stayed in institutions (Hutchison, 2011).

Many more children remain in institutions than are adopted or placed in foster care in most countries. For them, research suggests, interventions that improve the quality of their interactions with their caregivers can be critical to their developmental outcomes. In a study of Russian Federation orphanages, interventions that encouraged caregivers to be warmer, more engaged, and more responsive was coupled with improvements in the orphanage environment to better promote such practices. After such steps were taken, children's physical and socio-emotional development improved substantially compared to children in control institutions (Guo et al, 2012). The family-based institutions are meant to solve the inadequacies of traditional orphanages. Powell et.al (2004) found in their study on children in Zimbabwe that institutional care tends to separate children from their biological families and communities and to be associated with a "regimented, depersonalised environment in which children have no opportunity to experience a caring family". This environment has negative psychological and social consequences on the children. Considering such findings, traditional institutions for the care of orphans are now regarded as a last resort. Instead, modern institutions for the care of orphans and vulnerable children

prefer the creation of family units. Nandita-Kapadia-Kundu (2006) contends that “Group foster homes provide a more humane and family like environment compared to institutional/orphanage placement. The concept of family units with a surrogate mother and siblings fosters a family like environment.”

## **5.0 Conclusion**

The study concludes that as a matter of policy, there is need to restrict the construction of new dormitory styled institutions and deregister existing dormitory styled homes which have not converted to family-based homes within a specified period. The Department of Social Services should lobby donor agencies to assist institutions in securing funding for this transition. There is a need to introduce compulsory certification of care staff employed in institutions through a process of training and examination and incorporate a maximum child-to-care-giver ratio into the regulations governing institutions. Ensure that sufficient resources are made available for the efficient processing of applications for formal foster care and adoption of infants and children.

## **5.1 Recommendations**

Several successful examples of both formal and community fostering have been identified. If adequately promoted and supported foster-care can be an effective way of removing children from institutions and placing them in secure family settings. The main constraint to formal fostering has been the inability of the DSS to screen prospective parents and to process their applications. These constraints can be overcome by providing sufficient resources or allowing social workers outside of the department to function as Probation Officers.

The family units should not be set under one or at the same location. This is because the tag or stigma from some sections of the community like those “children from the orphanage” would persist. Rather, have homes constructed in separate locations. Even where the children’s villages are in rural areas, they should be in different villages or even under different headmen or chiefs.

Though houses should be built in different locations, the houses should be in the same social status level. For example, if they are to be built in a high-density suburb, then

all should be built in the high-density suburbs to maintain the same social status and avoid conflicts. Where children are in different houses, the social service department should relax their rules and regulations to allow these children from different houses to visit each other. This is a way of promoting family values and social interactions.

The housing unit should have extra rooms for the relatives who visit the families so that the children learn the African culture of extended families. The foster parents' relatives should be free to visit this family like any other family and vice-versa. The children should be allowed also to visit the relatives of their foster parents without any restrictions or permission asked from the Department of Social Services like any other children, especially to rural areas where they would have a chance to learn the traditions and cultures of their communities.

In cases of illness, as is the norm, we should see the other family members coming in to visit the hospitals like any other relatives would. In the case of death in such families we should see their counterpart families coming in for the burial of the family member as well as other relatives would do. Even in the case of celebrations like weddings or parties, they should do it together.

The house mothers and fathers should get a salary like any other family and be encouraged to involve and train their children how to budget and buy household accessories, like any other family. This will expose the children to the day-to-day family expenses and to prepare them for life in the world.

Central distribution of commodities should be done at a very low level or be avoided altogether so that the normal home set up is maintained. If at all these administrations do exist, they should only be exposed to the foster parents and very minimally to the children. All this will be to make a normal home like any other home and minimise discrimination which might help to groom vulnerable children like any other children in the society and to avoid the children from adopting the donor syndrome.

This paper further notes that a range of alternative care options, primarily family-based, must exist to respond to children's individual needs and circumstances. This continuum of care, including both prevention and response services, is at the core of any child welfare system. The process of decreasing reliance on orphanages, ensuring quality of care, and providing a range of care options with an emphasis on family care,



requires significant investment of human and financial resources, and public support. It requires time and conviction. Investing in efforts that support families and children, such as early childhood education programs, reduces stress on parents and helps increase the likelihood that children will develop into healthy and productive members of society later in life.

Evidence from literature demonstrates that children thrive best in a family. Literature further shows that in the absence of interventions and services to strengthen the care of children within families, homes can proliferate and “pull” children from families for the wrong reasons. Parents and communities may see homes as a solution to difficult circumstances. Local governments and communities might also see this as an easier quick fix solution to the challenge of OVCs rather than investing time, human, and financial resources into strengthening families and addressing the root causes that place families at risk of separation. Homes are too frequently promoted as offering more, in a material sense, than some families can provide, without recognizing the vital role that emotional and social relationships play in a child’s development. It is the latter that is found within a family setting. It is essential that factors contributing to the loss of parental care are reduced and fewer children are placed in homes. Communities can be mobilized and strengthened in ways that lead to a stronger safety net for parents, families, and their children. For example, increasing the number and support of community-based social workers who can identify, assess, and refer vulnerable children and families to appropriate services is critical. Additionally, research has shown that a combination of access to basic services, together with economic support, is fundamental to helping families stay together.

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