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Developing Family-Based Care: Complexities in Implementing the UN Guidelines for the Alternative Care of Children

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Abstract:

In response to immense challenges facing children in out-of-home care in all parts of the world, there is a growing international trend towards the development of family-based placements for children in out-of-home care, away from large-scale institutions. This development of family-based care within a range of care options is recommended within the international *Guidelines for the Alternative Care of Children* (the *Guidelines*), which have recently been welcomed unanimously by the United Nations General Assembly. This paper offers an overview of these guidelines' key principles, and considers the complexities that arise in efforts toward their implementation. Drawing on the literature, supported by research that informed *Moving Forward* (the implementation handbook on the *Guidelines*) and illustrated by practice examples from across global regions, the authors examine three fundamental challenges in States' efforts to implement the *Guidelines*' 'suitability' principle, namely: de-institutionalising the care system; financing suitable family-based care; and supporting the suitability of kinship care. The paper critically reflects on de-institutionalised systems and practices, and the cross-cultural assumptions about suitable foster and kinship care that emerge in efforts toward de-institutionalisation; it aims to spark new thinking on strategic ways in which alternative care is planned and delivered, to impact on future practice.

There is a growing international trend towards the development of family-based placements for children in out-of-home care, and away from large-scale institutions. Indeed, many CEE/CIS countries have been working seriously since the collapse of communism in developing personal social services, with a major focus of attention on child protection and developing alternatives to large scale children's institutions. Similarly, in Western Europe many countries are reviewing their use of residential care and seeking to increase their foster care services. This trend toward family-based placements is reflected in international guidelines that were welcomed unanimously in 2009 by the United Nations General Assembly. The cross-cultural implementation of international guidelines, and in particular the development of this form of care within a range of care options, carries unique challenges and complexities in the authors' country context of Scotland, and around the world, which this paper sets out to explore.

Context

Much national policy-making has had a central pre-occupation on de-institutionalisation—stopping the use of large-scale institutions, which in some countries may be the only form of child care resource for separated children. Where it is being approached systematically de-institutionalisation policy focuses on two broad areas: a) developing family support measures to *prevent* the separation of children, and b) the development of family-based care placements in order to move children out of the institutions, and to provide an alternative for children who will need 'alternative care' placements in future. Across Western Europe and North America, Australia and New Zealand, the de-institutionalisation of child care facilities has been the policy and practice orthodoxy since the 1970s. In some countries this policy has been driven by a sense of shame about the gross-mistreatment of 'first nations' or aboriginal children who were sometimes placed in residential institutions as part of general social policies which were based on racist and exploitative relationships between dominant groups, their governments and the original inhabitants of the lands (Ainsworth, 1998).

However in many parts of the world; for example in current or former communist regimes, but also in faith-based environments where the church-run 'orphanage', temple or madrasa is the only provision for marginalised children - the 'institution' continues to be used as the main form of 'alternative care'. Research undertaken in recent decades has provided evidence about the negative effects of large-scale group living:

The organization, operation, and employment practices of institutions typically do not support adequate caregiver–child interactions and relationships. Group sizes and the number of children per caregiver are large, there are many and changing caregivers from day to day and across time, groups are heterogeneous in age and disability status, and children are periodically transitioned to new groups of peers and caregivers. In nearly all cases, caregivers do not provide warm, sensitive, and responsive interactions with children, despite the importance of such experiences for children's development as ascribed by professionals and nonprofessionals alike...The research on children's development while in residence is consistent in showing that their physical growth as well as mental and socioemotional development and behavior are substantially delayed. (McCall, Groark & Rygaard, 2014, p. 88)

It is not only evidence about general and specific harms to children's development and life-chances that has driven anti-institutional campaigning. For many advocates and activists the continued existence of such places constitutes a massive abrogation of the rights of children. The international policy context addressing the rights of these children has recently been strengthened.

A new coherence in international policy on alternative care for children

The near-universal adoption of the United Nations Convention on the Rights of the Child (CRC) (United Nations, 1989) has provided the basis for major efforts, led by a range of concerned international actors, to advocate for measures to realise these rights in relation to the specific areas that are not described in depth in the CRC. As a result, detailed internationally recognised guidance based on the CRC has been developed to clarify key topics (HCCH 1996, United Nations 1985, 2008). The *Guidelines for the Alternative Care of Children* ('the Guidelines') (UNGA, 2009) are one example of this type of guidance, developed to promote the implementation of the CRC and the provisions of other international instruments relevant to 'the protection and wellbeing of children who are deprived of parental care or who are at risk of being so' (para.1 s1). A five-year, worldwide collaborative planning and consultation process resulted in the development of these Guidelines and forms a coherent policy framework for children when they are not in the care of their parents, or at risk of losing that care.

In addition to a strengthening of the children's rights discourse (Authors, 2014), the growing understanding of children's developmental needs has furthered this drive for international guidance. The aim of this is to develop consistency in the delivery of services that best uphold children's rights and provide for their needs appropriately in relation to alternative care. However, the development of such guidance is inherently challenged by the breadth of cultural differences that it must span in its application.

The ratification by the United Nations General Assembly of the *Guidelines for the Alternative Care for Children* in 2009 ushered in a new era for children out of parental care. Informed by a wide range of actors, these *Guidelines* offer an internationally accepted framework for the prevention and the provision of alternative care for children.

Shortly thereafter, *Moving Forward: Implementing the Guidelines for the Alternative Care of Children* (Cantwell, Davidson, Elsley, Milligan & Quinn, 2012) was commissioned by a range of international bodies, and supported by regional and national bodies, to move the *Guidelines* beyond its existence as an important international policy framework into embedding children's rights in alternative care provision. Available in seven languages (at time of writing), *Moving Forward* provides insight into the main principles of the *Guidelines* and supports their implementation by making strong connections between national policy, direct practice and the *Guidelines* themselves. In lieu of 'travaux préparatoires' (the background drafting documents associated with binding international treaties) *Moving Forward* offers insight into the intended meaning of the *Guidelines*, its authority drawn from the chief development role played by one author throughout the *Guidelines'* progress from their early beginnings.

This paper offers a brief overview of the Guidelines' key principles of 'necessity' and 'suitability' for understanding the cross-cultural development of family-based care within a range of care options. It then explores three important issues which emerge in the application of these principles to practice, namely: de-institutionalising the care system; financing suitable family-based care; and supporting the suitability of kinship care. We outline what is asserted in the Guidelines, offer illustrations of the Guidelines as applied to practice in a range of global regions, and finally examine the challenges of implementing these Guidelines across cultures and in various rights-based child welfare contexts. We discuss assumptions about the potentially problematic nature of the temporary status of foster care, and of notions of kinship care, and consider the tensions and conflicts of the implementation of the Guidelines in the cross-cultural development of family based care for children.

Key pillars of the framework: the 'necessity' and 'suitability' principles

The *Guidelines* are constructed with two key principles as their foundation, 'necessity' and 'suitability'. These are explored briefly here to offer a wider context to the later discussion of applying the principle of 'suitability' to family-based care developments.

The Necessity Principle

The 'necessity principle' asserts that children must never be placed in alternative care unnecessarily. Respecting this principle requires several vital activities: Firstly, this requires the prevention of situations and conditions that contribute to children's need for alternative care; including efforts to tackle a wide range of issues from material poverty, stigmatisation and discrimination, through to family education, health care, support and other family strengthening measures. Secondly, an effectively operating 'gatekeeping' mechanism is needed which will investigate all possible means for children to remain with their parent(s) or extended family before a child is brought into an alternative care system. This requires independent community systems in place for referrals; these decisions must be protected from influence by the potential formal care provider; and the necessity for a child's placement in alternative care requires regular review.

The Suitability Principle

Acting on the 'suitability principle' requires that where authorised authorities have made a decision that a child must be provided with out-of-home care, "it should be appropriate to each child's specific needs, circumstances and best interests" (Cantwell et al, 2012). In order for alternative care provision to achieve this, certain criteria must be met:

Ensuring that the provision of alternative care is genuinely appropriate requires a number of conditions to be met. Firstly all provision requires to meet minimum standard, including: adequate staffing levels for the needs of the children in the setting; regimes that reflect children's developmental needs; protection of children; transparent systems of financing care that ensure organisational disincentives or administrative barriers are not created which undermine support to children to return to their family as circumstances change; and access to education and health care. A procedure to ensure these standards are met consistently will require a registration and

authorisation of services against set criteria, regular independent inspection, and access to advocacy and children's rights monitoring.

Secondly, meeting a child's specific needs, circumstances and best interests at a particular time in their life requires matching these with the appropriate type of provision, including both informal and formal care settings. This has implications for the range of options that States must plan for in order to apply the suitability principle effectively. The *Guidelines* indicate clearly that "family and community-based solutions" should be prioritised in the development of this range of options (United Nations General Assembly—hereafter UNGA, 2009, para 53). They also stipulate that family-based (i.e. formal kinship care and foster care) and family-like settings (i.e. small group residential care) should be provided within the range of care options where these conform to specified conditions and where the setting is the most suitable response to the circumstances and needs of the specific child (ibid, para 21,123, 126).

It is important to note that residential facilities should not be mistaken for "large scale institutions"; the *Guidelines* indicate that these institutions should be the target of de-institutionalising strategies and in principle are not appropriate to include within a range of care options due to their unlikely ability to meet minimum standards and the effectively address needs of children generally. The practice and emerging tensions in implementing this 'suitability' principle are explored later in this paper.

The function of 'gatekeeping' applies across both the 'necessity' and 'suitability' principles; in acting on the suitability principle, authorised professionals regularly assess the appropriateness of the care provision against the specific circumstances and needs of the child. Gatekeeping is the link between the preventive and reactive child protection functions envisaged by the *Guidelines* – a guarantee of the proper use of alternative care, according to the principles of 'necessity' and 'suitability'. Gatekeeping involves a systematic, recognised process, firstly to determine whether a child needs to be placed in an alternative care setting, then to either refer the child and his/her family to appropriate forms of family support and other services and finally, to decide from the available range, which is the alternative care arrangement that best corresponds to the child's situation.

The *Guidelines* are not prescriptive about how that process is to be carried out. They recognise that it might be undertaken by a designated body, a multi-professional team, or even by different decision-makers, to establish necessity on the one hand and the appropriate form of care on the other. The *Guidelines* do, however, demand that thorough assessments and subsequent decisions are made by authorised professionals on a case-by-case basis in every instance where alternative care is envisaged, which suggests the need for social work involvement. It is important to note that as the gatekeeping mechanism is not in itself a service provider, it can only function effectively if family support, casework and therapeutic services have been developed (UNGA, 2009, para 44 and 45) and a 'range of care options' are in place.

Methodology

The policy orientations and practice examples in this article are drawn from research informing *Moving Forward*. Researchers undertook a wide literature review covering academic and policy texts, as well as international reports and studies on alternative care, and feedback from

an extensive consultation process among a wide range of experts, international professional networks and key regional contacts. The selection of the 'promising practice' examples followed a particular search process; these were chosen using various combinations of search terms based on the selected topics and terms (for example, 'aftercare', 'informal care', 'kinship care'). Articles were retrieved based on database findings, and specific journals suggested by the steering group were then targeted. Following this, a hand-search was undertaken of report documents suggested by over one hundred partner organisations, as well as the steering group members and the project team. Further examples were identified with the help of the steering group who circulated requests for practice examples to their networks. Finally, all the examples were reviewed by the project team against the topic descriptor and then those examples that met the criteria best were selected. It aimed to be a far-reaching review across a range of information sources. The case examples identified for this paper were chosen on the basis of being the best practice examples for the 3 themes explored in this paper against the criteria within the key principles and policy issues within *Moving Forward* for each of these themes.

Despite the wealth of information across the international literature, as anticipated much of the evidence which emerged from low resource countries was found within non peer-reviewed literature, as it was written for a non-academic research audience. In some cases these resources left the research team with unanswered questions about the criteria by which the rigour of the research is determined, for example, a lack of clarity about sample size and variables. For a global project such as *Moving Forward*, despite the limitations, it was seen to be important to widen our understanding of the key issues that this evidence was included, to represent what is known globally about policy and practice in relation to alternative care. Information about data and context is included where it is known; the authors have aimed to ensure that gaps in information are transparent where they are unknown.

Upholding the suitability principle: the *Guidelines*, international practice and emerging tensions

As is the case for any efforts of translation of policy into practice, there are numerous complexities to the successful implementation of these *Guidelines* particularly given their universal nature. We will focus on three key areas that emerge from the literature that pose particular challenges and tensions in the application of the 'suitability principle': (1) the nature of social work services required in de-institutionalisation efforts, alongside the development of suitable family-based care; (2) the financing of suitable family-based care; and (3) the effective support of suitable kinship care.

In each of these areas, we will (a) consider what the *Guidelines* say about this direction of travel and the policy orientations required to achieve this; (b) illustrate these with reference to practice examples identified in the authors' research for *Moving Forward*, which are drawn from a range of countries across North America, Latin America, Asia, Africa, Australasia and the Middle East, and which cover initiatives from different sectors, including local projects, major international NGOs and governmental organisations; and (c) reflect on the literature and examine the tensions and complexities in the move towards family-based placement.

Focus: De-institutionalisation and the development of family-based care

The first key area examines the process of de-institutionalising an alternative care system, resulting in the development of a wider range of care options including in particular family based kinship or foster care. The *Guidelines* specify that:

Among the range of alternative care options required to ensure the availability of care settings that can respond to the different needs and circumstances of each child (§ 54), priority is to be given to promoting ‘family- and community-based solutions’ (§ 53). These may be formal, customary or informal (§ 69, 75, 76). Developing such solutions is also a necessary pre-condition for implementing a viable de-institutionalisation strategy. (Cantwell et al, 2012, p.91)

Foster care is generally seen as an integral part of alternative care and provides care for children in family-based settings. The *Guidelines* are clear on the need for “conditions of work, including remuneration, [to] be such as to maximise motivation” of carers in the development of this family-based care (UNGA, 2009, para 114). The importance of setting in place quality assurance regarding “the professional skills, selection, training and supervision of [all] carers” (ibid, para 71), providing “special preparation, support and counselling services for foster carers’ before, during and after placements” (ibid, para 120), and foreseeing a system for matching the child with potential foster carers (ibid, para 118) are also detailed. In terms of the policy orientation required to achieve this it is argued that national policy should support high quality foster care, promote children’s rights in foster care, invest in foster care and provide support and training for foster carers (Cantwell et al, 2012). These ambitions are reflected in the illustrations that follow.

Illustrations of practice

The following two examples offer a picture of developing family-based care and de-institutionalisation reflecting the principles outlined in the *Guidelines*.

Institutional care has long been the favoured option for the protection of vulnerable children in Togo, West Africa, where there are more than 250 private residential institutions. This is a good example of a country context where there are huge challenges in moving away from a reliance on institutional care due to the significant investment in these institutions from external donors. The Togolese Government has developed, in collaboration with partners including UNICEF, particularly innovative national policy to improve the protection and well-being of children without parental care by supporting the development of family-based care, entitled *The Strategy of Care for Vulnerable Children in Foster Care* (Azambo-Aquiteme, 2012). This strategy involved whole system change, and included: awareness-raising to recruit foster carers, training for potential foster families, accreditation of host families, placement within foster families and monitoring of children. The national system of protection of vulnerable children was strengthened by creating a centralised system for the referral of children without parental care, an orientation centre providing emergency shelter and monitoring of all children without parental care or at risk; and an interdisciplinary team providing support (counselling, rehabilitation and reintegration) for children within foster families. Azambo-Aquiteme (2012) proposes that this strategy has helped to decrease the number of vulnerable children in institutions, established a national mechanism for collecting information on

vulnerable children and supported the development of a welfare system for children in alternative care.

Zimbabwe is a country with enormous challenges in relation to HIV/AIDS and the implications this presents for children living without parental care. The Farm Orphan Support Trust (FOST) in Zimbabwe was implemented as a means of responding to the problems of children who had been orphaned (mainly by HIV/AIDS) in the commercial farming areas of Zimbabwe. Because these communities of migrant labourers had become largely detached from their extended family networks, when children were orphaned the most usual option was to place them in an institution far removed from their familiar surroundings. As an alternative, fostering was a culturally unfamiliar concept and careful work had to be undertaken to promote the concept within farming communities. At local level, child welfare committees (CWCs) were set up to ensure children were placed within the extended family and where that was impossible, to seek foster homes for the children. Potential foster carers were identified by the CWCs, who monitored the placement and offered a programme of training and support. Material support (for example school fees and uniforms) was provided where necessary and a farmer's assistance with growing crops was encouraged to facilitate the family's self-sufficiency. Foster carers took on their role voluntarily, with fostering placing the child in the role of 'guest', building on the tradition of treating guests well within Shona culture (Tolfree, 2006).

These illustrations offer a glimpse into two low-income countries' efforts to implement fundamental changes to their alternative care systems, to stem recourse into institutions as well as create new forms of care (in this case foster care) which expands the range of options available to children out-of-parental care.

Examining the complexities in the development of family-based care

A key challenge in the overall development of family-based care options is the necessity of professionalised, community-based social work teams that will protect vulnerable children, support families and recruit kinship or foster carers. In many countries where the only social welfare resources have been located in or associated with institutions, then the creation of 'non-residential' teams requires a major shift in vision, understanding, re-direction of resources and the creation of new processes of referral, assessment, care-planning and 'gatekeeping'. A number of key challenges in developing social work services emerge, not least the low level of provision and the lack of suitably trained personnel in many places (Bilson and Westwood 2012).

A further challenge to the establishment of social work teams are disputes about importing 'Western' models of social work and discussions about the appropriateness or otherwise of the 'transfer of anglicised child protection approaches' (ibid, p.5). Questions have been posed about whether the whole model of 'community-based' social work is perhaps too determined by 'Western' ideas and practices. Some writers have identified this as a new form of colonialisation, and called for the indigenization of social work (Bar-On, 1999; Osei-Hwedie, 1993). For example, questions arise about whether the focus of social work in the West, with its emphasis on the independence of individuals rather than the promotion of the inter-generational family home can or should be the basis for social work in Africa (Bar-On, 1999). Bilson and Westwood (2012) acknowledge the importance of this line of critique and point to the connection between this issue and the necessity of mobilising traditional resources and networks that exist in many low income communities (Bilson

& Westwood, 2012). Costello and Aung, in a paper reviewing the development of social work in Myanmar recognise and affirm such traditional resources, 'Myanmar has a long tradition of people giving and receiving help through family, neighbourhood and religious networks' (Costello & Aung, 2015, p.584). The authors then note Hugman's delineation of a 'social development' approach to social work in the region (Hugman, 2010), which includes a much wider range of typical social work activities than found in 'Western' social work, including 'community health and development, and poverty eradication through micro-finance and advocacy and radical change through social and political action' (Costello and Aung, 2015, p.586, quoting Palattiyil and Sidhva, 2012).

A further complexity exists in the nature and purpose of foster care. Fostering is distinguished from adoption because it does not involve the revocation of the child's previous family identity and its replacement, on a permanent basis, with a new name and new parents - who have complete parental rights and responsibilities. Thus in essence fostering is seen to be a 'temporary' type of care (World Vision Romania, 1999); it is a placement used by social services or other authorised officials where a child has been abandoned or removed from unsatisfactory home conditions. It is understood, certainly in 'Western'/'developed' economies, as a temporary (rather than life-long) placement, pending work of some kind to locate parents or kin or intervene in the family life to resolve the difficulties that have warranted removing the child. Fostering thus emerged as an alternative to residential care, children's villages or large-scale institutional care. Indeed as already noted its development is especially crucial to the process of ending the use of large-scale institutional care, and some countries have been successful in closing institutions and replacing them with a mixture of foster-care and small group homes, (Greenberg & Partskhaladze, 2014)). In China, there has been a successful initiative to gradually reduce the size of state 'orphanages' by transferring significant numbers of children into long-term foster families (Glover, 2006).

Fostering in fact covers many different types of care, and long-term fostering is recognised as an option in many jurisdictions that can offer a degree of stability to the child and foster parents. In some countries which have long-established foster services, there is a preference to use the term 'foster carer' rather than 'foster parent' driven by a desire to be seen to support rather than replace a child's relationship with biological parents (George, van Oudenhoven & Wazir, 2003; Scottish Government, 2013). This is associated with the intention of reuniting children with their family. However, there are contexts where family reunification is neither sustainable nor effective, and as a result, tensions arise between the professional's efforts to reunite the child with their family, with what are the best interests of the child. In these countries, a number of 'types'/variants of foster-care has developed such as respite care (planned short-break for a child, especially for those with disabilities), emergency foster-care, short-term foster care, specialist fostering, and long-term care (Clapton & Hoggan, 2012, xiii).

Despite these developments in many countries fostering (with strangers rather than kin) remains an unknown practice; where attempts are made to introduce fostering into countries where it has not been long-established, foster carers come forward often expecting that they will be offering a place to a child for life. The application of temporary foster care can create instability for foster carers who wish to keep the foster children on a long-term basis (Lee & Henry, 2009), and a disincentive to foster in the first place.

Furthermore, the problematic nature of the temporary status of foster care is revealed by the fact that in those countries which make great use of foster care, many children experience placement disruption due to children's discomfort about perceived 'conflict of loyalties' especially as experienced during adolescence (Milligan, Hunter & Kendrick, 2005; Emond, 2002). Where this is the case questions might well be posed about the extent to which such fostering does meet the 'suitability' principle of the Guidelines. Removing children from institutions or preventing them being so placed by the creation of foster-placements seems initially straightforward but it introduces multiple families into children's lives. Children may be cared for in one family but to whom do they look to for their identity and in which long-term family will they live their adult life? Resolving that question and the quest for 'permanence' or even stability for children is an issue that manifests itself in many ways when fostering becomes the dominant form of placement.

To avoid imposing Western assumptions of temporary stability for re-unification onto the purpose of foster care, we need to consider fundamental questions about the particular range of needs of children in that cultural context and the implications of these for the role and purpose of foster care provision. The role of traditional, kinship care, and some forms of kafala as they sit alongside a range of forms of foster care must also be explored.

Focus: Financing suitable family-based care

The issue of resource allocation is fundamental in determining compliance with the 'necessity and suitability' principles contained in the *Guidelines*; this is the second key issue addressed in this paper. In order to comply, funding models need to be designed to minimise recourse to formal alternative care, for example through family support, and at the same time need to be adequate to ensure the psycho-emotional and physical well-being of children who do require such care. The *Guidelines* indicate that:

Adequate levels of financing for alternative care are needed in order to resource alternative care services for children and provide support for families. The Guidelines recognise that each State will have different economic conditions but emphasise that each State should provide finance to alternative care which is to the 'maximum extent' of the resources they can make available (Cantwell et al, 2012).

To achieve effective allocation of resources, national policy is required to ensure financial resources are available to support alternative care, to prevent the separation of families, to provide a range of care services and to require these financial resources are used appropriately.

The drive and leadership necessary to implement this national policy are additional, important features in implementing the Guidelines. The following two examples illustrate the ways in which changes to the financing of alternative care has been undertaken with efforts to reflect the principles outlined in the *Guidelines*.

Illustrations of practice

Ukraine is a country who faces major challenges in moving away from institutional care due to its financing systems being tied to these institutions. Ukraine has been particularly innovative in

developing a mechanism to finance maintenance costs for children without parental care using alternative family-based care. The basic aim of the *Money Follows the Child* policy was to provide greater funding opportunities for family-based care and family-like homes with the purpose of reducing numbers of children in institutions. As this programme was rolled out experimentally, and while the flexibility it introduced was seen as a positive first step, its limitations were important lessons. Specifically the subsidies were directed at existing care providers rather than as a means of encouraging innovative and cost-effective responses, and they concern only children who are taken into alternative care, with the result that they may not motivate efforts to keep children out of the alternative care system altogether (Bilson & Carter, 2008; Lyalina & Nordenmark Severinsson, 2009). Without these latter efforts, the system itself will not successfully ‘de-institutionalise’; this is required to ensure a sustained move away from use of institutions to deliver a wider range of care options which has no reliance on large scale institutional placements.

An example of a country facing huge challenges when moving away from institutional care towards family based care, due to the actions of foreign donors, is Cambodia. Cambodia’s government is seeking to reduce reliance on institutions for children requiring alternative care and promote family and community-based care. The financing of care remains a major barrier, with local and international donors supporting institutional forms of care on an ongoing basis. In order to develop and support a financing system that encourages the development of alternatives to institutional care, steps which aim to create a shift in public perception and understanding have begun (UNICEF, 2011). Overseas donors have been informed of the negative impacts of residential care and the benefits of family-based and community-based care. Family and community-based care has been promoted through online sources, including weblogs and sites frequented by tourists, volunteers and other key stakeholders, with advocacy against ‘orphanage tourism’. Advocacy materials have been developed for various stakeholders to explain the adverse effects of large scale institutional care and promote family-and community-based support initiatives. Social protection measures have been expanded, including social transfer programmes targeting vulnerable households, with the explicit objective of family preservation and reunification, and de-institutionalization of children. Finally, local government has been linked with community-based care programmes and school-support programmes to help make families aware of the available support options that enable them to keep their children at home.

These examples illustrate the importance of the need for a considered and informed approach to financing care reform, which in order to be successful requires system-wide change. This will include challenging the role of existing care providers to expand their family-based provision while at the same time ensuring family strengthening approaches effectively stem recourse to alternative care in the first place.

Examining the complexities of financing care

Successful implementation of sustainable care reform financing is complex, with in-built pressures and global influences at play (Davidson, 2010). In countries where there are significant resource constraints around the development of family-focussed services the continued funding of children’s ‘institutions’—whether by the State or international NGOs—comes into sharp focus. Significant levels of State finance have supported, and in some cases continue to support, large-scale institutions such as in Eastern Europe and the former Soviet Union territories. As part of de-

institutionalisation strategies in specific countries, UNICEF and international NGOs have proposed that governments should fund the development of new services by using the money that currently pays for institutions (Bilson & Carter, 2008). While simple and attractive in outline, such a strategy is difficult to implement, not least because transitional costs will be needed while institutions close over time. It is also likely that the directors of institutions, sometimes relatively powerful actors within the systems, may resist such change, and staff may (rightly) fear unemployment. 'Taking staff with you' at a time of major upheaval may also be a necessary strategy as senior level and basic-grade staff, trained and untrained, will likely be the essential personnel resources in any new system - whether as day care staff or potential foster carers, or as support social workers (Anghel, 2011). Establishing an infrastructure to support family placement involves reforming the entire system of social protection and requires huge financial investment, although this can ultimately lead to savings through a significant reduction in spending on institutional care and improved outcomes for care leavers (Andreeva, 2009).

Focus: Supporting the suitability of kinship care

The third key complexity in upholding the 'suitability principle' is the manner and degree to which the State involves itself formally in the provision and support for kinship care. The *Guidelines* specify two major sub-types of kinship care: informal kinship care, and formal kinship care where it is seen as a 'placement option' alongside fostering or residential care. Kinship care is "family-based care within the child's extended family or with close friends known to the child, whether formal or informal in nature" (UNGA, 2009, para 29). Informal care is defined in the *Guidelines* as "any private arrangement provided in a family environment, whereby the child is looked after on a continuous or indefinite basis by relative or friends" (ibid, para 29). Thus informal care often takes the form of kinship care. As 'gatekeeping' systems develop, kinship care is found on either side of the 'gate': some children are kept out of the 'in care' system, while others are admitted into the system and then placed (by court or professional decision) with kin.

Moving Forward outlines the following policy orientations needed to best respond to a child's rights and needs in informal care arrangements in accordance with the *Guidelines*. These include:

...develop[ing] an integrated approach to formal and informal care provision (§ 69)... ensuring that the person or entity responsible for the child is clearly designated at all stages... [and promoting] cooperation between public and private entities so that information-sharing and contacts can be maximised to provide the best protection and most appropriate alternative care for each child (§ 70) (Cantwell et al, 2012, p.79).

Illustrations of practice

Efforts to engage kinship carers in decision-making, and to address their financial needs to ensure children's rights are upheld when they are not in the care of a parent, are illustrated in the examples below.

The practice of family group conferencing (FGC) for kinship networks has been applied in several countries as an intervention to increase extended families' involvement and care for children. FGC invites the family group members to make decisions about the care of their young relatives, and the

deliberations are flexibly shaped to their traditions and encourage cultural practices for solutions (Rotabi et al, 2012). The Republic of the Marshall Islands is a good context in which to explore the use of FGC due to its fit with indigenous views of the value of the extended family having a key role in the care of a child. The Islands' government promoted FGC in recognition that the extended family must be part of the decision-making process for a child's stability. As a result, the country's adoption code mandates the Central Authority to meet with the extended family to explore solutions for the child. The Islands' child welfare services have integrated FGC to empower the extended family to have a voice in the placement of their young relatives. Early signs of this practice are encouraging. Extended families have generally been willing to participate in the process and according to Central Authority staff, inter-country adoption placement has been prevented in about 70-80% of the cases through extended family involvement (Rotabi et al, 2012).

Within Australia many states have been keen to explore the potential of kinship carers as a basis for alternative care and have identified policy interventions to support this process. In New South Wales, Australia, kinship carers are provided with allowances at the same level as those of foster carers in order to support them in their role of looking children within the extended family. The payment regime for kinship carers includes provisions for enhanced rates for children with high and complex needs, as well as additional financial support for goods and services, for example medical needs, counselling, and assistance in supporting contact by the child with their birth family. In her analysis of the programme, McHugh (2009) indicates that this change was of benefit to grandparent carers in particular. Along the same vein, in recent years Scotland has also sought to recognise in legislation both formal and informal kinship care, and offer a range of supports including the provision of some allowances (Scottish Government, 2007; 2008; 2014).

These illustrations have been selected to reflect the range of ways that States have actively supported the role of kinship carers in children's lives.

Examining the complexities of kinship care

Kinship care is culturally the norm in many parts of the world with extended family networks automatically taking care of a child whose parents have died or are no longer able to care for them (Roby, 2011). Kinship care is increasingly recognised and valued as a preferred option for children out of parental care where feasible and suitable (UNICEF-ISS, 2004); indeed, kinship care is now often seen as almost automatically meeting the 'suitability' principle given the opportunity it affords to provide a family-based placement, and to maintain the child's family or kin identity. In countries with well-established social services, social workers may be more willing to look to the extended family rather than immediately taking a child at risk into care. The challenge for social services however is finding mechanisms and resources to support kin – who are often grandparents, with socio-economic circumstances similar to the child's parents – while keeping children safe from the threats that initially led to social work involvement, from further neglect or even exploitation. While there has been little research into outcomes it has been shown formal kinship care can provide more stability than foster care, and that children experience significantly better social integration upon leaving care compared to peers in residential care (del Valle et al., 2011). It is argued the increased focus on kinship care is not driven by an evidence-base but rather by a philosophical and policy position of the value of maintaining connections between children and families (Aldgate & McIntosh, 2006).

Notwithstanding the strong affirmation of kinship care as an option within a rights-based child welfare perspective, the challenges have also been acknowledged - not least the impact of poverty (Nandy and Selwyn, 2013). Proponents of increased reliance on kinship care therefore also advocate for the development of support services for the carers, including pensions and other benefits that allow their children to access education and health services. There is recognition that in some circumstances children looked after by extended kin may be vulnerable to a degree of neglect or even exploitation (Delap, 2012, Save the Children 2007); the evidence in relation to the benefits of (informal) kinship care are mixed, being very dependent on the quality care received (Roby, 2011). In low income countries the allocation of scarce resources within a family who have taken in 'extra' children may have an impact on the quality of care received by the new members (Delap, 2012). Risks to children in kinship care settings include increased poverty, health and nutrition disadvantage, lower rates of school attendance, and high levels of emotional and psychological stress among predominantly older kinship caregivers emerges from high and low income countries (Roby, 2011). A recent study of informal kinship care (Farmer, Selwyn and Meekings, 2013) included an in-depth study of the lives of 80 children living with a kinship carer. This found that most of the children were well attached to their carers and 'felt they belonged in their kin families and that they would remain there as long as they wanted.' (ibid. p. 31) However the study also found that, 'the children experienced living with kin as stigmatising', and they were carrying 'worries about their carers' poor health and about their own future' (ibid. p.32). Despite informal kinship care offering an important form of alternative care for many children, this care option has not been closely studied and as such, not yet well understood (Nandy and Selwyn, 2013).

Meanwhile although there are policy drivers pushing professionals to recognise and utilise the extended family, in many low-income contexts where there have been traditional extended kin networks of support, pressure on these from migration and urbanisation, and the impact of HIV and AIDS, means that more and more children are becoming (partially or completely) disconnected from parental or kin care and driving up the numbers recognised, especially in urban environments, as 'street children'. In this context, as advocates of kinship care acknowledge, other options such as foster or residential care are necessary for some children while structural poverty-relieving strategies are developed.

One of the key challenges is the inter-face between formal and informal kinship care, where although in theory are recognised on equal footing, we see tensions arise. For example, in Scotland while the State recognises two types of kinship carer, the carers themselves see only their similarities in terms of the task they are undertaking. Problems have emerged under the new system because some formal kinship carers receive cash allowances, while the informal ones do not, resulting in discontent and campaigning (Scottish Kinship Care Alliance, 2015). As kinship care has become more recognised, the issue of how to value informal and traditional forms of care, while at the same time affording protection to vulnerable children become a key issue. There has been recognition of the value of 'traditional' forms of care provided by Aboriginal and First Nations peoples, driven by the desire to reverse the mistreatment of children in past decades when they were removed in significant numbers from their parents. Recognising the mistakes of the past and seeking instead to value traditional cultures is present in the *Guidelines*, and *Moving Forward* provides examples of 'promising practice' to define what the needs of the children are and then how these can be met within their own kin networks, communities and traditions.

Discussion

Complexities in focus

There are challenges facing children without parental care in all parts of the world. The *Guidelines* aspire to unite policy makers and practitioners around meeting these challenges by articulating the principles that are foundational to realising children's rights in alternative care. The complexities in applying these 'necessity' and 'suitability' principles abound, particularly in light of the differences in culture and tradition around the globe. Here we discuss these complexities.

Developing family-based care in the process of de-institutionalising a care system contains inherent and multiple tensions and complexities. In this article we discuss the tensions that emerge in this reform context, including the assumptions about the potentially problematic nature of the temporary status of foster care, the challenges of children managing the loyalties across multiple families, as well as the shift in vision needed for the development of community-based social work teams when moving from institutional-based settings. The transitional costs of this shift toward increasingly preventative community-based services, and the potential resistance of those leaders in this reform who inherently hold a conflict of interest, play powerful influencing roles within reform efforts. Notions of formal kinship care can be particularly complex, as social services seek to find mechanisms and resources to support kin to care for their children and keep them safe. The complexities of caring for more children and the impact on the quality of care for children already in the home are amongst the factors that must be weighed against the value of staying with known family. Traditional and informal family-based care and the inherent tensions between this and formal kinship care are tricky ones, as these are at times differentiated not by task but by what can be an arbitrary process of formalising and monitoring relationships.

These complexities reflect a push and pull of conflicting, interrelated priorities which include the State's responsibility to meet a child's unique needs, and the capacity, willingness and motivation of communities to progress toward sustained change to prevent and provide for these needs. How these priorities are weighed up is uniquely informed by the particular cultural norms, values and understanding about childhood, rights and the flexible nature of family and community boundaries.

Cross-cultural considerations

The *Guidelines* were consulted on globally and welcomed unanimously by all member states of the United Nations. Nevertheless, "each State develops policy according to its own social, political, cultural and economic context" (Authors, 2012, p. 15); these are principle-based guidelines, and not a blueprint for service delivery. As such, the implementation of the *Guidelines* requires a reflective interchange between these principles and the interrelated priorities noted above--the needs of the child, capacity of the community and cultural values.

This reflection process is an essential feature of system reform, as without it there are serious risks of imposing Western assumptions about what is 'suitable' at the cost of indigenous ways of coping for children without parental care. For example, we note above the risks of uncritically promoting care services that champion the independence of individuals rather than valuing the inter-generational family, and of applying assumptions about the suitability of the temporary nature of foster care despite what can be a culturally unfamiliar concept of introducing multiple families.

...low and middle income countries should not simply import Western models. Instead, they should learn from both good practice and wrong paths taken in Western countries, and also build on models from elsewhere. ... foster care should build on and strengthen, rather than threaten, existing ways of supporting children and families. (Keshavarzian, 2015, p 14)

In its consideration of how best to support appropriate traditional care responses in particular, *Moving Forward* (Authors, 2012) note the risk of Western influences promoting more formalised approaches to alternative care arrangements, driven by the perception that only formal arrangements provide the needed accountability to safeguard children. It is recognised however that this comes at a cost:

It is somewhat dismissive of (and underrates) the benefits of care arrangements that are based more on custom and oral commitments. In doing so, it actually discourages support for informal systems and carers. (Authors, 2012, p.82)

The culturally sensitive implementation of the *Guidelines* requires that a reflective interchange to establish 'suitable' care practice must be undertaken through a broad participatory process (Authors, 2012, p.121) with a view to two important conditions in the *Guidelines*: that practices should be aligned with children's rights (UNGA, 2009, para 75) and that States should be particularly attentive to "practices that involve carers who are not previously known to the child and/or who are far from the child's habitual residence" (UNGA, 2009, para 79).

Conclusion

Located within a new global policy framework, the *Guidelines*, this paper has considered in particular the complex challenges that arise in the application of the *Guidelines*' 'suitability' principle. Drawing on the literature and illustrated by international practice examples, we have explored key tensions in States' efforts toward effective deinstitutionalisation in their development of family-based and kinship care, and considered the financial complications in the development and sustaining of the global trend away from institutional care. The potentially problematic nature of both the temporary status of foster care, and of notions of kinship care, point to the complexities in applying the *Guidelines* 'suitability' principle, and cross-cultural tensions in relation to the purpose of this provision have been examined.

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Supplementary materials

For clarity in terminology, it is recommended that the reader refers to *Moving Forward* (Authors, 2012, p.32-34).

Underlying research materials related to this paper can be accessed at:
www.alternativecareguidelines.org

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