The Social Service Response
Children and Youth in Abandoned, Orphaned & Vulnerable Situations
Risks to Orphaned, Abandoned and Homeless Children

- Health
- Educational failure/lack of achievement
- Mental Health & Substance Abuse
- Incarceration/Criminal Involvement
Health

- Miller and Hendrie (2000) evaluated 452 children (443 girls) adopted from Chinese institutions.

- The duration of orphanage confinement was inversely proportional to the linear height lag ($r = .9$), with a loss of 1 month of height age for every 2.86 months in the orphanage. **Seventy five percent of the children had a significant developmental delay in at least 1 domain:** gross motor in 55%, fine motor in 49%, cognitive in 32%, language in 43%, social-emotional in 28%, activities of daily living in 30%, and global delays in 44%.

- Overall, elevated lead levels were found in 14%, anemia in 35%, abnormal thyroid function tests in 10%, hepatitis B surface antigen in 6%, hepatitis B surface antibody in 22%, intestinal parasites (usually *Giardia*) in 9%, and positive skin test results for tuberculosis in 3.5%.
Case, Paxson, & Ableidinger in 2004 compared educational outcomes for children in 10 Subsahara (African) countries and found children orphaned due to HIV/AIDS are less likely to be enrolled than are nonorphans with whom they live, even when controlling for poverty.

Papageorgiou, Frangou-Garunovic, Iordanidou, Yule, Smith, & Vostanis (2000) in a sample of 95 children of 8-13 years, who had experienced war in Bosnia, were assessed with a battery of standardised measures. They children either came from refugee families (44%), meaning they had experienced homelessness, or had suffered significant family loss (a parent had been killed in 28% and the father was injured or absent in 27% of cases). Forty five children (47%) scored within the clinical range of the depression, 28 (23%) on anxiety, and 65 (28%) on a scale measuring PTSD reactions.

Imagine the mental health consequences for children without a family.

Huang, Barreda, Mendoza, Guzman and Gilbert in 2004 compared abandoned street children and formerly abandoned street children in La Paz, Bolivia.

Some findings:
- higher risk of police abuse (95% versus 38%)
- Higher engagement in robbery (26% versus 4%)

*Archives of Disease in Childhood 2004;89:821-826*
Social Service Response

- Must be collaborative
  - Medical Community and social services
  - NGO and public/government services
  - Faith-based community and secular community
Social Service Response

- There must a continuum of services, focusing on permanency, safety & well-being
- The continuum must be community and family based
- It must incorporate our knowledge of child development as well as family and community development
A Permanency Priority: Strengthen & Preserve Families

- Unless there is compelling evidence otherwise, initial efforts must focus on strengthening and preserving families
  - Abandonment Prevention for infants
  - Abandonment Prevention for children on the streets (children with families, children connected to families and children on their own)
- Kinship care is family preservation and is a very good permanency option
Strengthen & Preserve Families

- We need social workers who can assess, intervene and advocate on behalf of vulnerable and at-risk families
  - A systemic and ecological framework
  - Focus on strengths as well as problems and deficits
  - Case management
  - Crisis intervention
  - Immediate and long-term response

- Any solution or intervention has to take account the historical and cultural context of the family being served
Family Reunification

- Social worker as detectives
  - Full of ethical and value dilemmas
- Sensitivity to laws, customs, values, and culture of locating families
- Skills in approaching and evaluating families for reunification
  - A systemic and ecological framework
  - Focus on strengths as well as problems and deficits
  - Case management
  - Crisis intervention
  - Immediate and long-term response
Adoption

- Develop and promote adoption when family preservation or reunification cannot happen
  - Start with building and supporting the domestic adoption system
  - Secondarily, develop international adoption
    - Better to start smaller and grow; once it starts too big, it cannot be reduced
    - International agencies must help country of origin meet national and local needs and priorities
    - Transparency, predictability and consistency
Strengthen communities to promote permanency and child well-being

- Families can only be as strong as the communities in which they live
  - We need to understand community values, needs, and problems
  - We need to raise community consciousness about the problems being experienced by their families

- We need community workers who can promote social and economic development for vulnerable and at-risk communities
  - Micro-enterprise & job development
  - Neighborhood and housing development

- Any solution or intervention has to take account of the historical and cultural context of the community being served
Create and monitor a system of family-based care

- Close institutions
  - In the interim, services standards must be developed and monitored to assure quality of care
  - We must assure safety for children above all else
  - An institution is not a permanent plan; it is no place for a child to call home

- Develop and promote foster family care
  - Recruit, train and support foster families
Move away for linear planning models

Move towards concurrent planning for children rather than linear models of planning for children
The Social Service Response

- Needs to be both reactive and pro-active
- It is about programs but also about social policy
- It is about services but it is also about advocacy