

# A Continuum of Care for Orphans and Vulnerable Children





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## Introduction

One of the greatest contributors to vulnerability of children around the world is separation from the love, care, and protection of their family. Loss of parental care has many causes. For the millions of children globally who have been—or are at risk of being separated from their families due to poverty, disease, disability, abuse, or any other cause, there are no simple or “one-size-fits-all” solutions. There is, however, a growing body of research and evidence-based guidance to inform the ministries and practice of those seeking to address the needs of orphans and vulnerable children.

*A Continuum of Care for Orphans and Vulnerable Children* is the third publication in a series produced by the Faith to Action Initiative to provide churches, faith-based organizations, and individuals of faith with information to help guide “best practice.” The first two publications, *Children, Orphanages and Families: A Summary of Research to Help Guide Faith-Based Action* and *Key Research on Orphanages and Family Care: An Annotated Bibliography*, provide an overview of research and findings demonstrating the positive impact of family care on children’s growth and development and the harmful effects of long-term institutional care.

*A Continuum of Care* provides an overview of a range of alternative care options for children who have been separated from parental care. In keeping with research and evidence-based guidance on the importance of family in the life of a child, the continuum places a high priority on family care while also recognizing the role that temporary residential care and small group homes can play in the spectrum of options to meet individual situations and needs.

Preventing unnecessary separation, strengthening family care, and reducing placement in orphanages requires the existence of a “continuum” of approaches and support services. Family-based alternatives range from reunification with the child’s birth family, to kinship care by a relative or member of the extended family, to foster care and adoption. The continuum of care can also include short-term transitional residential care, small group homes, and—for older youth—supervised independent living. Large-scale institutions caring for large numbers of children are not recognized as a viable option in the continuum because they do not provide a safe environment that promotes the healthy development of children.

In the following pages, through brief narrative and accompanying graphics, *A Continuum of Care* highlights:

- The importance of family strengthening to prevent separation and to help ensure successful reunification or transition into reliable alternative family care when separation has occurred.



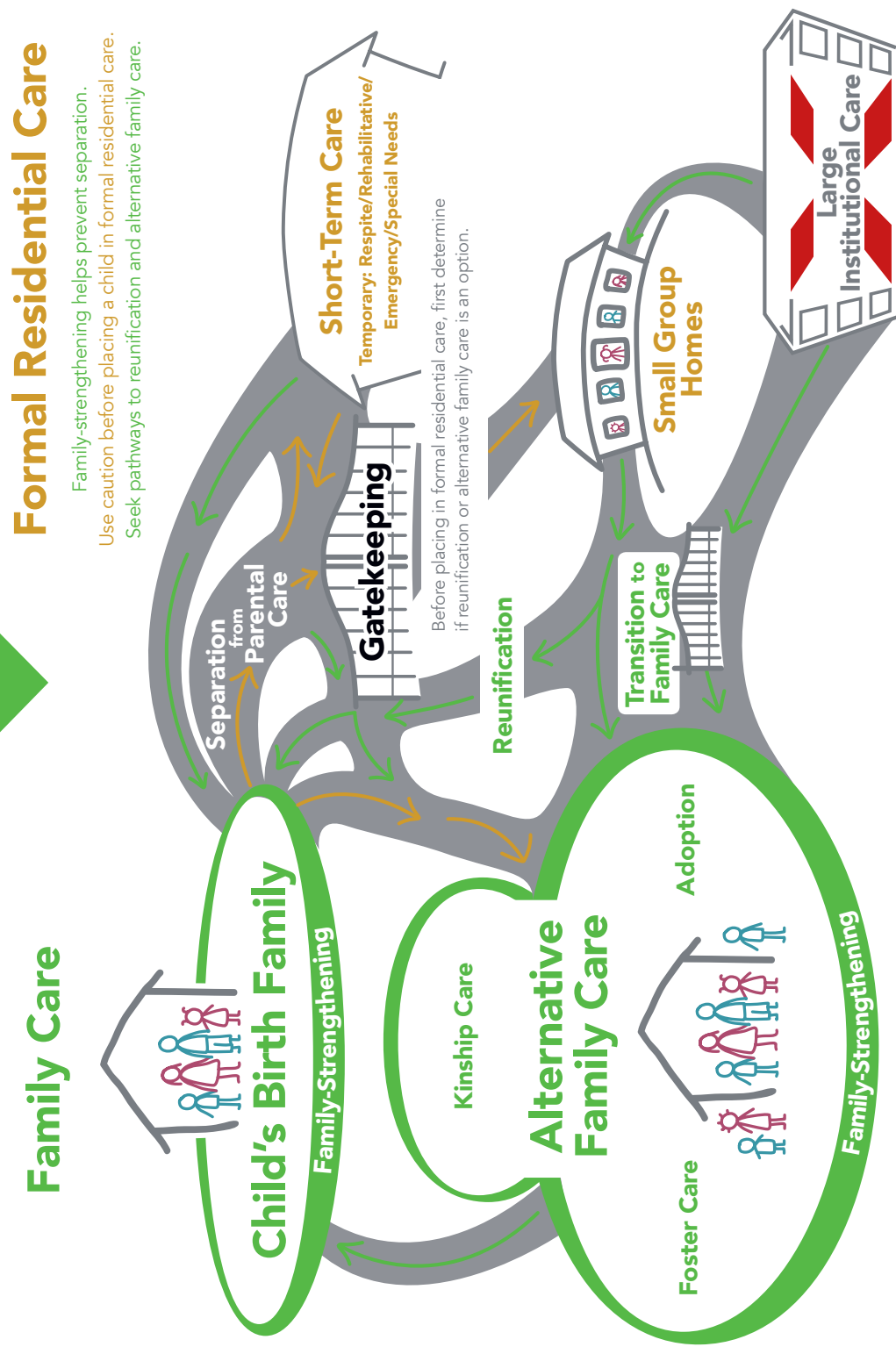
- The critical role of gatekeeping in order to assess the best care options on an individual basis and to reduce unnecessary placement in orphanages.
- The multiple pathways that, with appropriate support, can bring a child back into family care.

While every child needs love, safety, and nurturing care, the context for providing this care can vary greatly depending on many different factors. For this reason, *A Continuum of Care* is not linear or prescriptive but strives to illustrate options and basic principles grounded in both research and experience. It is a tool to inform understanding and as such provides a basic and helpful overview of a complex issue. For those seeking further information and greater depth, the Faith to Action website offers additional resources, including a webinar and podcast entitled *The Continuum of Care* and links to relevant publications. To access this two-part webinar visit <http://faithtoaction.org/media/webinars/>. To access the podcast visit <http://faithtoaction.org/media/podcast/>.

FIGURE 1: The Continuum of Care

# A Continuum of Care for Orphans and Vulnerable Children

FAITH<sup>to</sup> ACTION INITIATIVE



## Overview of the Continuum of Care

The continuum of care graphic depicts a range of care options while emphasizing the importance of family-based care. The graphic begins in the upper left-hand corner, with the child's birth family (parental care). "Family strengthening" encircles the family to show that supporting the family's capacity to care and provide for children helps prevent unnecessary separation. Services and strategies that address the needs of families are also important to reunification efforts and alternative family placements (kinship care, foster care, adoption).

There are many reasons why children are separated from parental care, and many factors that determine where children go once separated and whether separation is temporary or permanent. For example, parents may directly place their children with extended family members or kin (depicted here as a direct pathway) and this arrangement may be short- or long-term. Parents may also utilize short-term residential care to meet special needs or for the purpose of respite, resulting in a temporary separation that supports family preservation in the longer term.

Gatekeeping is the process of assessing whether reunification is possible and appropriate, and if not, what form of alternative care is best given an individual child's particular situation. Sometimes alternative family care arrangements are informal, such as when children are taken in by extended family members at the request of a parent. In these cases, a formal assessment process is typically not undertaken. As shown here, gatekeeping is especially critical to preventing unnecessary or inappropriate placement in formal residential care and is also used to assess the best family options once a child has entered into formal residential care. Gatekeeping can occur within the community, by local social workers, and/or through government and judicial processes. Ideally gatekeeping results in placement with safe, stable, and loving family care.<sup>2</sup> In cases where a child is legally available for adoption, several layers of gatekeeping are needed given the permanency of the placement.

Once a child has been separated from parental care, all family-based care options and pathways to family care are **green** to indicate that priority should be given to family care whenever possible. Short-term residential care and small group homes are two types of formal residential care that are **yellow** to indicate that caution should be used before placing a child outside family care. Large-scale institutional care is **red** to indicate that this is not regarded as a viable option for supporting healthy development. For children residing in this type of care, every effort should be made to transition to family care or, if this is not possible, high-quality "family-like" small group homes.

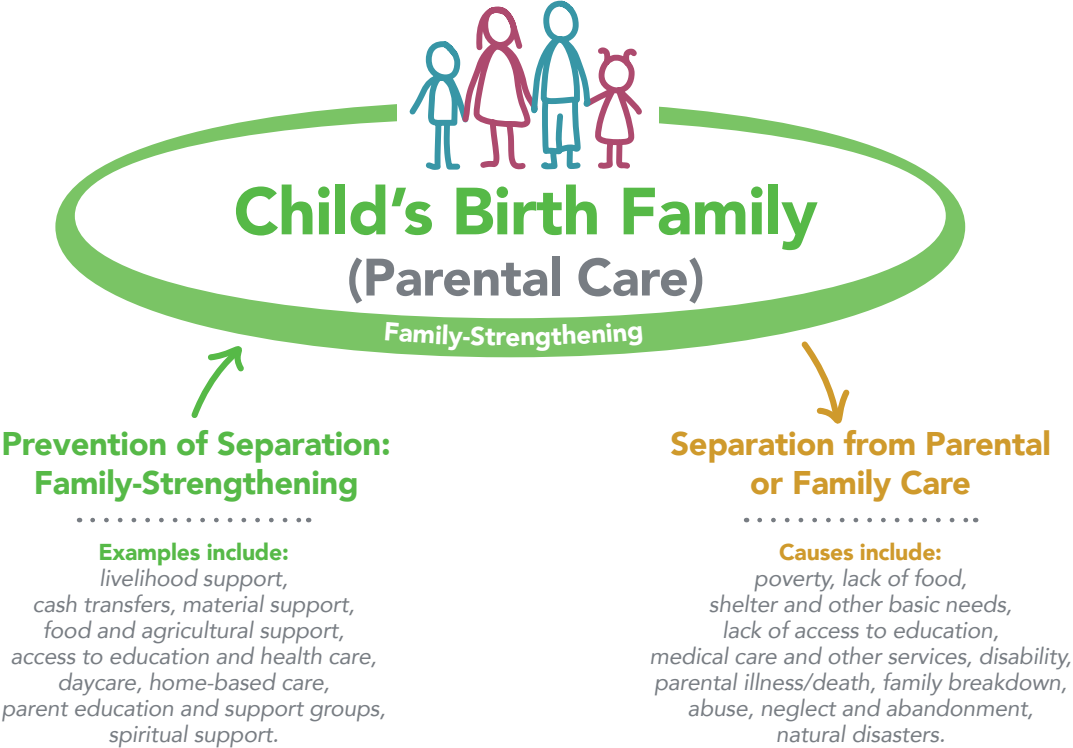
# Preventing Separation, Strengthening Families

The continuum of care begins with a child’s birth family, which is also called the family of origin or biological family. Growing up in the nurturing care of a family provides children with love, a sense of belonging, and a lifelong connection to a community of people, shared history, and culture. However, for millions of children around the world, extreme poverty, disease, and other issues put families at risk, threatening their ability to provide for and protect children’s holistic needs.

The best way to serve vulnerable children is to strengthen the capacity of families to care for them. Figure 2 illustrates how family-strengthening strategies and services address many of the root causes of separation from family care.

Globally, poverty and the inability to provide for children’s basic material needs is a primary cause of loss of parental care. For families living in poverty, orphanages can become a means for providing children with access to an education, food, and other material needs. Depending on the region, it is estimated that up to 90 percent of children living in orphanages have at least one parent, and in the majority of cases, poverty is a leading or underlying reason for the decision to place a child in residential care.<sup>3</sup>

FIGURE 2: Child’s Birth Family





Many community and faith-based groups work to address this issue through livelihood support programs such as income-generating activities, microcredit loans, and small-business training. These programs provide parents and other family members with the skills and the start-up capital to engage in livelihoods that will help feed and clothe the children in their care and pay their school fees and medical bills.<sup>4</sup> Other organizations provide agricultural supplies such as seeds, tools, and livestock to families in rural areas. Social protection programs, such as cash transfer programs, and direct material support have also been shown to help children remain in the care of their loved ones, especially when family caregivers are too ill or too old to work.

Poverty, illness, and other stress factors increase the vulnerability of families and children, while services that address these core issues reduce the risk of separation from family care. For example, in addition to the above,

- Daycare and early education programs provide parents and caregivers with time to work or attend to other responsibilities, while also supporting early childhood learning and development.
- Programs that help children living in families attend school prevent placement in orphanages as a means to access an education.
- Parent education programs and support groups reduce the risk of abuse and neglect and provide opportunities for parents and caregivers to share their challenges and learn how to better meet the emotional and developmental needs of children.
- Programs that provide access to health services—including home-based care, mental health programs, and disability services—reduce the risk of family separation due to death, disease, mental illness, or an inability to cope with the needs of the disabled.

Faith-based organizations and churches play an important role in the provision and support of these and other vital family-strengthening services. Addressing root causes of separation helps families stay together and can prevent the trauma of separation and a possible lifetime of disconnection from family.

## Reunification with Birth Family

If a child is separated from parental care, reunification is considered the best option if it is deemed safe and appropriate for the child.<sup>5</sup> Reunification is the process of transitioning a child back to his or her family of origin. The process is made up of many different steps, and it is not a one-time event.<sup>6</sup> Assessing the root causes for the separation and determining how best to address these is one step in the process. Preparation of the child and the family, facilitating access to appropriate services and support, and ongoing monitoring are important elements of any reunification process.

Reunification is not always possible or appropriate. When reuniting a child with his or her birth family is determined to be unsafe or not in the best interest of a child, then alternative forms of care—and preferably family care—should be considered. Alternative care can serve a short-term function while issues with the child’s birth family are being addressed. Whenever possible, children should be active participants in decisions that effect them and siblings should be placed together so these important family ties are not broken.<sup>7</sup>

## Alternative Family Care

A robust body of evidence shows that nurturing family environments support healthy child development. For children outside parental care, good practice dictates that whenever possible, children should be provided with alternative family care such as kinship care, foster care, and adoption (Figure 3).

### Kinship Care

The vast majority of children living outside parental care live with their relatives and extended family members. Population-based surveys in highly affected countries suggest that the vast majority (90 percent) of orphans live within extended families, whereas 10 percent live with unrelated caregivers.<sup>8</sup> In most countries, relative care or “kinship” care is the most long-standing and culturally acceptable form of alternative family care.

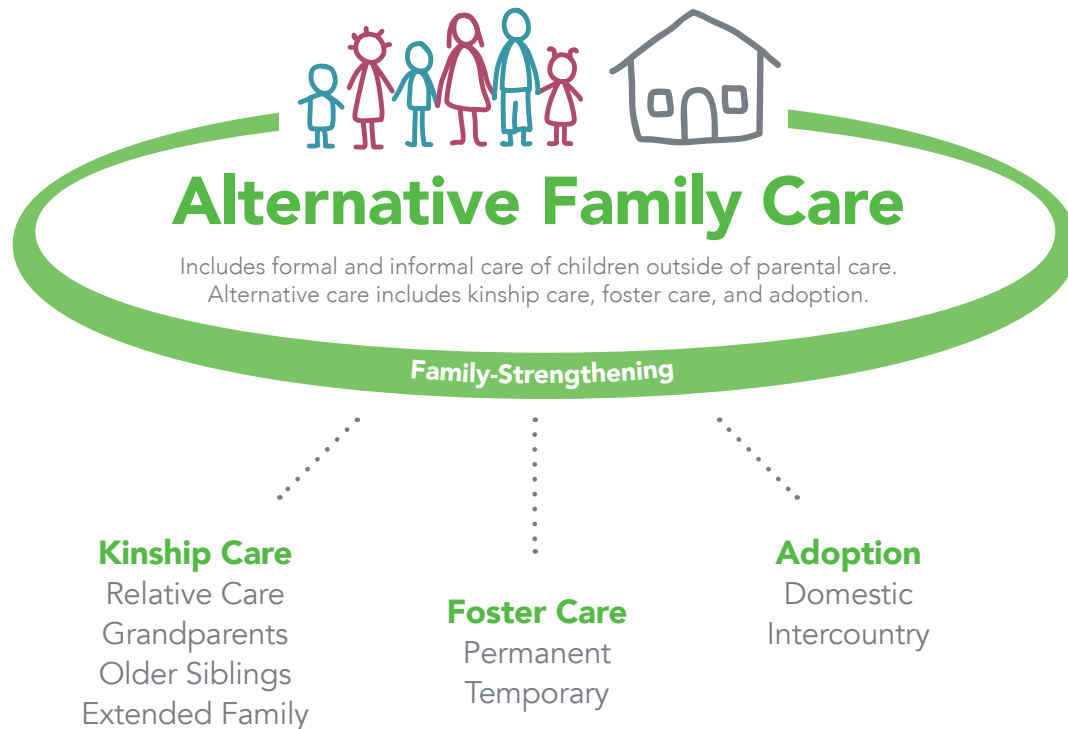
Kinship care includes care by aunts, uncles, grandparents, older siblings, and other extended family members. This form of care can be temporary or permanent. Although it can be formally arranged through judicial authority or social services, it is more commonly informal in nature—often a matter of parents reaching out to relatives and relatives stepping up to care for their loved ones.

Kinship care offers the benefits of a family environment and prevents a child from losing his or her culture, and, most importantly, a sense of belonging and family ties.<sup>9</sup> For these reasons, kinship care is often preferred by children over all other types of alternative care.

As widespread as kinship care is, it is also one of the least adequately supported forms of alternative care.<sup>10</sup> Children are often placed in orphanages for long periods of time without any effort to determine if they have extended family members who might be willing and able to care for them.

For families at risk of separation, efforts to identify kinship care options ahead of time can help ensure that family ties and care are sustained and protected. For example, social workers in a church-related program working in Nairobi’s slums with HIV-positive

FIGURE 3: Alternative Family Care



single mothers routinely asked who could care for their children if they became too ill to do so. Of 200 mothers, half denied having any extended family members who could possibly provide care. However, after developing a relationship with these women, in almost every case, the social worker was able to identify an extended family member willing to provide care when needed.<sup>11</sup> This type of outreach, relationship building, and preparation for kinship care can help prevent children’s being placed in orphanages unnecessarily.

Because caring for a child can put additional strain on relatives and aging grandparents already impacted by poverty or other issues, family members and caregivers providing kinship care can benefit from support. Grandparents, for example, may need cash stipends or material assistance to adequately feed and clothe a grandchild. Where kinship care is formalized, usually by local court order or judicial authority, monitoring and ongoing follow-up support are necessary to prevent family breakdown and more instability for the child. Strengthening and family preservation in kinship care looks much the same as it does in the family of origin and is just as important.

For some children and young adults, kinship care is an option within the context of a youth-headed household. This form of family care generally forms when siblings have lost their parents and choose to remain together in a household, usually under the

care of an older brother or sister, and preferably with additional support from the local community, church, or nearby relatives. While not ideal, this arrangement often enables the retaining of family assets such as the family home and land, as well as keeping siblings together who might otherwise be split up among relatives or foster families or placed in residential care.

Youth-headed households can be particularly vulnerable to exploitation and often need support in areas such as education, food, health care, and child protection. World Vision, a child-focused faith-based organization, reports that one supportive arrangement is to have a separate structure built next to a relative's home. While not living directly in the home of relatives, the youth-headed household receives a high level of care and supervision by the extended family, often times on the same property.<sup>12</sup>

### Foster Care

In situations where family members cannot be identified or are not able to care for children, full-time foster care with a nonrelative is another form of alternative family care. Foster care varies widely throughout the world. In some places it is a growing, positive alternative to placement in an orphanage. In other places, foster care is rare or formal foster care is a concept that has not yet been introduced.

Formal foster care is typically authorized and arranged by an administrative or judicial authority, which also provides oversight of the family on a regular basis to make sure that the child's needs are being met. Caregivers often receive some form of support and access to services, including, for example, a small stipend or assistance with food and a child's education.

Proper screening of foster parents is crucial to providing a safe, stable, and nurturing environment for a child. Once the screening process has been completed, foster parents can benefit from specific training, for example, in children's developmental needs or caring for children who have experienced trauma. After a child is placed with a foster family, ongoing monitoring by a social worker can ensure that a child is adjusting, the foster family is supported, and a child is well cared for and not mistreated. The local church can also play a role in helping raise up foster families, even partnering with judicial authority in screening and assisting in proper monitoring.

Informal fostering is common in many regions of the world. This often occurs when a child is placed in the care of a trusted neighbor or community member. Informal foster care arrangements hold many of same benefits and risks of informal kinship care and can similarly benefit from family-strengthening services and support.

Both informal and formal foster care can be short-term or long-term, or in some cases permanent.<sup>13</sup> Foster care may be used temporarily for a child who has been removed from a dangerous situation while alternative family care or reunification efforts are made. In some cases it may serve as a pre-adoption placement, often called foster-to-adopt. In some cultures and countries, especially where adoption is not currently legally recognized, foster care can serve as a permanent family placement.

## Adoption

For children who have no possibility of remaining with or returning to their parents or relatives, adoption can provide a pathway to a permanent family. Adoption may become an option at the request of a child's birth family or when a foster family wishes for legal permanency, or for many children, may be considered after a child spends time in an orphanage.

Given its permanency, adoption requires transparency and must be conducted ethically. It is essential that there be more than one level of gatekeeping involved before it is determined that a child is available for adoption. For example, this determination should not be made at the sole discretion of orphanage staff, but should also include the active engagement of social workers external to the orphanage and judicial authorities. This is to ensure that children and their families are not being coerced and that the possibility of reunification or placement within reliable kinship care has not been overlooked.

For a child who is without family care and is legally available for adoption, adoption is a path to a permanent family. Research has demonstrated that an adoptive family environment can support improved developmental outcomes for children, especially for young children transitioning from care within orphanages.<sup>14</sup>

Domestic adoption enables children to remain connected to their cultural ties. However, domestic adoption has not yet been legally recognized or made available as an option in certain parts of the world. Some countries are seeing a surge in domestic adoption through local promotion from government leaders and church leaders, and financial legal costs are being removed. An example from Uganda provides an excellent illustration of grassroots and government collaboration to promote domestic adoption and offer low-cost legal services. When domestic adoption is not possible, intercountry adoption provides children with the opportunity to have a permanent family.<sup>15</sup>

## Permanency

For all children, permanency planning is an important part of assessing family care options. UNICEF defines permanency planning as a process to ensure stability, continuity, and a sense of belonging to a family. Permanency planning is critical to prevent the separation of children from their families, to reconnect children in care with their original family, or to place children within a permanent family through a relative who obtains custody, guardianship, or adoption. Short-term alternative care options are used only as a step in the process toward permanency.<sup>16</sup>



# Formal Residential Care

In keeping with global and evidence-based guidance, as well as biblical examples, the continuum of care places a strong emphasis on the importance of family care. When a child is separated from parental care, the possibility of reunification or alternative family care should be the first consideration.

This does not mean that high-quality residential care doesn't have a place on the continuum of care. For some children, depending on their unique circumstances, formal residential care may be the best available option. Ideally, placement in residential care is temporary and transitional, ultimately leading to family care rather than becoming a long-term or permanent situation. Gatekeeping is a critical component when placing children in residential care to prevent unnecessary long-term placement.

Formal residential care varies in type and quality and encompasses institutional care such as orphanages, places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities including group homes. Its basic characteristic is care provided by paid staff and/or volunteers to a group of children

FIGURE 4: Formal Residential Care



## Formal Residential Care

### Gatekeeping:

The process of assessing what form of alternative care is best for an individual child's particular situation. This is particularly crucial before placing in formal residential care. First determine if reliable family care is an option.

### Short-Term Care

- Temporary:
- Respite
- Rehabilitative
- Emergency
- Special Needs

### Small Group Homes

- Small numbers of children
- Consistent caregivers
- Connected to community

### Large Institutions

- Large numbers of children
- Inconsistent caregiving
- Separated from family/community

Strive to transition child to stable family care ASAP

in a nonfamily-based setting. We have used the word formal to distinguish these types of settings from when children are cared for within families.

It's important to make a distinction between orphanages that are large-scale institutions, for example, housing more than 15 or even hundreds of children, and the more individualized setting of small group or "family style" residential care homes. Large-scale institutional care is not regarded as an option that should be considered as appropriate and it is not included on the continuum of care.

### Short-Term Care

When separation from parents has occurred or is at risk of occurring, temporary residential care can provide services that evaluate and help address the immediate needs of the child and family. Short-term care can vary widely from basic respite care to more targeted therapeutic or rehabilitative services for children and families in crisis. Short-term care can also provide physical, psychosocial, and other holistic support for children with special needs, children living on the streets, children involved in armed conflict or sex trafficking, or children and families in emergency contexts, such as natural disasters.

All too often in emergency contexts, children are separated from their families. Family tracing and reunification and alternative family care are much more effective responses than placement of children in orphanages. Short-term care can play a key role in assessing the needs of a child, providing a framework for permanency planning through the possibility of reunification, or when this is not possible, supporting a child's transition into alternative family care.

### Small Group Homes

A small group home is another option within formal residential care. Children in small group homes are cared for in smaller groups, usually under the care of consistent live-in caregivers. This provides children with more stability than when many different caregivers rotate on the basis of shifts as in larger institutions. A small group home typically serves between 5 and 14 children who may be of similar age and gender, may focus on care for particular special needs, or include a wide range of boys and girls of different ages to model a more "family-like" environment.

It's important for small group homes to be located in the community. When small group homes are engaged with the community, children are more likely to retain language and culture. Ideally, children in small group homes are attending local schools and participating in community life.

Small group homes or family-style homes are considered a best practice within residential alternative care. However, similar to short-term care, small group homes are not considered to be the best long-term option. Permanency planning is important in helping children reunite with their birth family or transitioning children to stable and safe alternative family care as soon as possible.

In some instances, some youth and young adults may prefer living in residential care, particularly in small group homes, to living with relatives or foster or adoptive families. This may be the case especially for youth who have experienced abuse in family or foster placements, who have lived with their peers on the street, or who have participated in armed conflict. In these situations, youth live in a group home and are provided with support and guidance from adult supervisors or mentors who may live either on site or nearby in the local community. In this setting, youth can receive independent living skills training, education and vocational training, mentoring, and apprenticeship opportunities in the community. Local churches can also play a key role in this process through offering spiritual support and a sense of community and through opportunities to build lasting, caring relationships with adults who have youths' best interests at heart.

### Large Institutional Care

Large institutional care is not included on the continuum of care and is not considered a long-term viable option for any child. This type of institutional care generally provides care for large numbers of children with caregivers working in shifts. Too often, this type of care is separated from the community and usually lacks appropriate therapeutic treatment for children. Large institutional care can damage a child's ability to form stable relationships, puts them at risk for abuse, and negatively impacts the ease with which they can reintegrate into the community at a later age. Global policy in many countries restricts its use, especially for children ages zero to three.<sup>17</sup>

### Transitioning from Institutional Care

For youth who have lived in larger-scale orphanages and even smaller group homes, especially for long periods of time, the issue of "graduating" from residential care in a supervised group setting to independent life as an adult in the community can be a huge challenge. As research has shown, this transition puts youth at higher risk of depression, suicide, and drug abuse.<sup>18</sup>

Small group homes—specifically focused on cultivating life skills and supporting appropriate transitional care through mentorship and apprenticeship programs—help provide stepping stones to productive life in the community. Permanency planning and transition into family care at earlier stages of a child's life cycle, when possible and appropriate, can ultimately prevent a traumatic transition for youth.

Part of the growing movement to deinstitutionalize children—in addition to first and foremost supporting reunification and strengthening family care alternatives—is support for transitioning from large-scale orphanages to smaller group homes or community centers, and even more importantly, to family care. This requires shifting the business model, as well as ensuring that careful transitional planning, time, and expertise are well managed on multiple levels.

Reunification and transitioning toward family care are vital priorities at every fork in the road on the continuum of care. Gatekeeping is crucial to determining safe and appropriate options as well as the best interests of each child. A child's participation is also an important element in the decision-making process.

## Conclusion

Recent internationally endorsed guidance suggests that a range of alternative care options, primarily family based, must exist in order to respond to children's individual needs and circumstances. *A Continuum of Care for Orphans and Vulnerable Children* provides a framework for better understanding a spectrum of care options, essential to child protection and care.

According to international guidance and best practice, children and youth should be allowed to meaningfully participate in the decisions regarding their care according to their age, capacities, and level of maturity. Adults should ask, listen to, and take children's opinions into account as part of the decision-making process.<sup>19</sup>

The process of increasing family care options, decreasing reliance on orphanages, and ensuring quality of care requires significant investment of human and financial resources and public support. Churches, faith-based organizations, and people of faith play an important role in supporting the needs of the orphaned and the vulnerable across the continuum of care. While orphanages have been a primary focus of support for many decades, there is a vital and growing need for greater understanding and support of family-based approaches.

To learn more about the Faith to Action Initiative, resources for and examples of family-based care, and churches supporting a range of care options, as well as information on transitioning from institutional care to family-based care, please visit our website: <http://faithtoaction.org>.

- <sup>1</sup> *Children, Orphanages and Families: A Summary of Research to Help Guide Faith-Based Action*. Retrieved June 24, 2015, from <http://faithtoaction.org/resources/childrenorphanagesandfamilies>
- <sup>2</sup> *Ibid.*
- <sup>3</sup> *Ibid.*
- <sup>4</sup> *Livelihood & Material Support*. Retrieved May 12, 2015, from <http://faithtoaction.org/start-here/livelihood-material-support>
- <sup>5</sup> United Nations Convention on the Rights of the Child, Resolution 44/25, November 20, 1989, United Nations, New York. Retrieved May 14, 2015, from <http://www.un.org/documents/ga/res/44/a44r025.htm>
- <sup>6</sup> *Ibid.*
- <sup>7</sup> Cantwell, N., Davidson, J., Elsley, S., Milligan, I., Quinn, N. (2012). *Moving Forward: Implementing the Guidelines for the Alternative Care of Children*. UK: Centre for Excellence for Looked After Children in Scotland. Retrieved June 8, 2015 from [www.alternativecareguidelines.org](http://www.alternativecareguidelines.org)
- <sup>8</sup> Sherr, L., Cluver, L.D., Betancourt, T.S., Kellerman, S.E., Richter, L.M., Desmond, C. (2014). *Evidence of impact: health, psychological and social effects of adult HIV on children*. Retrieved July 5, 2015, from [http://journals.lww.com/aidsonline/Fulltext/2014/07001/Evidence\\_of\\_impact\\_\\_health,\\_psychological\\_and.5.aspx](http://journals.lww.com/aidsonline/Fulltext/2014/07001/Evidence_of_impact__health,_psychological_and.5.aspx)
- <sup>9</sup> Williamson, J., & Greenberg, A. (2010). *Families not orphanages* (Better Care Network, working paper). Retrieved on May 12, 2015, from <http://www.crin.org/docs/Families%20Not%20Orphanages.pdf>
- <sup>10</sup> *Family First: Prioritising support to kinship carers, especially older carers* (EveryChild and HelpAge International, working paper). Retrieved May 15, 2015, from <http://www.everychild.org.uk/sites/default/files/docs/Familyfirst%20-%20kinshipcarepaper.pdf>
- <sup>11</sup> Donahue, J., Hunter, S., Sussman, L., Williamson, J. (1999). Children Affected by HIV/AIDS in Kenya: An overview of issues and action to strengthen community care and support. *Displaced Children and Orphans Fund/USAID and UNICEF*, p. 9.
- <sup>12</sup> Phillips, C. (2011). Child-headed households: A feasible way forward, or an infringement of children's right to alternative care? Retrieved on July 17, 2015, from <http://www.charlottephillips.org/eBook%20Child-headed%20Households.pdf>
- <sup>13</sup> *Children, Orphanages and Families: A Summary of Research to Help Guide Faith-Based Action*. Retrieved June 24, 2015, from <http://faithtoaction.org/resources/childrenorphanagesandfamilies>
- <sup>14</sup> Johnson, D.E. (2002). Adoption and the effect on children's development. *Early Human Development*, 68, pp. 39-54; Van IJzendoorn, M.H., & Juffer, F. (2006). The Emanel Miller Memorial Lecture 2006: Adoption as intervention. Meta-analytic evidence for massive catch-up and plasticity in physical, socio-emotional, and cognitive development. *Journal of Child Psychology and Psychiatry*, 47(12), 1228-1245.
- <sup>15</sup> *Children, Orphanages and Families: A Summary of Research to Help Guide Faith-Based Action*. Retrieved June 24, 2015, from <http://faithtoaction.org/resources/childrenorphanagesandfamilies>
- <sup>16</sup> *Alternative Care for Children Without Primary Care Givers in Tsunami-Affected Countries: Indonesia, Malaysia, Myanmar and Thailand* (2006). Retrieved May 13, 2015, from [http://www.unicef.org/eapro/Alternative\\_care\\_for\\_children.pdf](http://www.unicef.org/eapro/Alternative_care_for_children.pdf)
- <sup>17</sup> National Scientific Council on the Developing Child. (2012). *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain* Working Paper 12. Retrieved May 28, 2015, from [http://developingchild.harvard.edu/resources/briefs/inbrief\\_series/inbrief\\_neglect](http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_neglect); Groark, C., McCall, R., Fish, L. (2011). Characteristics of Environment, Caregivers, and Children in Three Central American Orphanages. *Infant Mental Health Journal*, 32(2), pp. 232-250. DOI: 10.1002/imhj.20292.
- <sup>18</sup> *Children, Orphanages and Families: A Summary of Research to Help Guide Faith-Based Action*. Retrieved July 14, 2015, from <http://faithtoaction.org/resources/childrenorphanagesandfamilies>
- <sup>19</sup> Cantwell, N., Davidson, J., Elsley, S., Milligan, I., Quinn, N. (2012). *Op cit.*; Groza, V., Bunkers, K., & Gamer, G. (2011). Ideal components and current characteristics of alternative care options for children outside of parental care. In R. B. McCall, M. H. van IJzendoorn, F. Juffer, C. J. Groark, and V. K. Groza (Eds.), *Children without permanent parents: Research, practice, and policy*. *Monographs of the Society for Research in Child Development*, 76(4), pp. 163-189. Abstract Retrieved May 12, 2015, from <http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc>







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**COVER PHOTO:** Gary W. Dowd/World Vision

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The Faith to Action Initiative serves as a resource for Christian groups, churches, and individuals seeking to respond to the needs of orphans and vulnerable children. Through our publications, website, and workshops, we offer practical tools and resources and up-to-date information on key strategies and research to help guide action.

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