

KINNECTED

keeping children in families



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KEEPING CHILDREN IN FAMILIES

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WHAT IS KINNECTED?

God puts the lonely in families
Psalm 68:6

KINNECTED CURRENTLY WORKS IN 11 COUNTRIES TO:

- **Develop family-based alternative care** such as kinship care and foster options for children who require out-of-parental care
- **Provide high quality short-term care** as a last resort and temporary option in cases where family based care is not in the best interests of certain children
- **Assist long-term residential care programs** to undergo deinstitutionalisation, which is the process of closing down long-term residential care programs and developing alternate community-based services for families and children
- **Develop reintegration and reunification programs** to assist children in residential care to reintegrate back into their communities and be reunited with their families (in cases where it is appropriate)
- **Develop child-centred community development programs** that assist whole communities to meet the needs of their own children

The United Nations estimates that up to 8 million children around the world are living in residential care institutions. 80% of these children have families, and are in residential care for reasons of poverty. With little resource being directed to help families stay together, desperate parents often have no choice but to put their children in an orphanage in order to ensure that they receive adequate food, clothing and an education.

Kinnected is an ACCI Relief run program, which seeks to preserve and strengthen families and assist children currently living in residential care to achieve their right to be raised in a family. ACCI Relief believes that the family is the best place for the holistic development and care of a child.



I am Ou. I grew up in an orphanage. I regret that I didn't get to live with a family. The orphanage wasn't bad; I had fun, went to school. But when I left I didn't understand society, how to relate to people, how to live in community, how to show respect. If I could have spoken to my donor when my mum didn't have enough money to keep me at home, I would have asked them to help me stay with my family and experience love and warmth.



WHAT ARE THE ISSUES?

1. OVERUSE OF RESIDENTIAL CARE

1A: WHO LIVES IN ORPHANAGES?

Most people believe that children in orphanages are orphans; children, who due to parental death, displacement or abandonment, have no where to live and no one to care for them. Statistics show that this is rarely the case. The reality is that most children in orphanages have living parents. The majority of true orphans don't live in orphanages but are cared for by their relatives in the community.

WHAT ARE THE ISSUES?



1B: WHY ARE CHILDREN PLACED IN ORPHANAGES?

Children are placed into residential care for numerous reasons most commonly related to poverty, family crisis, access to education and disability. In countries where there are very few community-based services designed to assist families, the presence of orphanages will create orphans.

Desperate families will place their children in an orphanage in order to ensure the child accesses food, clothing and education. In most cases these parents love their children and do not wish to be separated from them, but may have no other options. In this sense orphanages create a pull factor which encourages family separation.

Orphanages continue to receive widespread support from overseas donors and visitors, which results in vast amounts of resource directed towards residential care services disproportionate to actual need.

To meet the demands of donors, orphanage staff often actively recruit children from poor families by convincing parents that their children will have a better future by going to live in the orphanage. Such practices are unethical and fail to recognise the important role families play in children's development. Being poor does not equate to being a bad parent and parents should never be forced to choose between relinquishing their child or abject poverty.

1C: WHAT ABOUT TRUE ORPHANS?

Whilst the vast majority of children in orphanages have parents, there are some children who have no family, or cannot live with their families for reasons of safety, despite support. For these children there are other options that should be explored before they are admitted into residential care.

These options include kinship care, foster care or domestic adoption where a permanent placement is required. These are all forms of family-based care and are preferable to the long-term placement of a child in an orphanage, as they protect the child's right to grow up in a family and as a part of a community.

2. THE DETRIMENTAL IMPACTS OF ORPHANAGES

60 years of global research has shed light on the detrimental effects that residential care can have on children's development and overall wellbeing.

The most common adverse effects that children who grow up in residential care experience include:

- Developmental delays
- Behavioural problems
- Attachment disorders
- Lack of life skills
- Institutionalisation
- Difficulty forming and maintaining healthy relationships

These effects can extend well beyond childhood and have a lifelong impact on those who have lived in an institution/orphanage.

Children in orphanages also experience a heightened risk of being physically and sexually abused by either adults or other children in care.

3. WHEN ARE ORPHANAGES APPROPRIATE?

The United Nations Convention on the Rights of the Child (UNCRC) states that residential care should be a 'last resort and temporary' care option for children. This is in recognition of the harm residential care can do to children's development and their right to grow up in a family.

Whilst orphanages should never be used to address poverty, there are some cases where a form of residential care is necessary. This is the case when it is not possible to preserve the family unit and all attempts to find the child family-based care options have either failed, or are not in their best interest. This is what is meant by 'last resort'.

When a child is admitted into residential care, it should be considered temporary. A care plan should be developed in the best interests of the child and the aim should be to work towards reintegrating the child into the community as soon as it is possible. Ongoing care should be assessed at least every 12 months to ensure children are not placed in long-term care unnecessarily.

When placing a child in residential care as a last resort, the priority should be to find a small family-like care centre that operates to a high standard and has good child protection and safeguarding procedures in place. This will help to minimise the harmful effects of residential care. All Kinnected residential care programs are committed to being last resort and temporary and have reintegration programs to ensure that children can leave as soon as it is in their best interest (either reunified with their family or placed in family-based alternative care).





WHAT ARE THE ANSWERS?

LUMOS' 10 PRINCIPLES OF DEINSTITUTIONALISATION (WEARELUMOS.ORG)

1. SHIFTING FROM INSTITUTIONAL TO NON-INSTITUTIONAL SERVICES FOR CHILDREN

In order to reduce the current over reliance on residential care in developing contexts and better protect children's right to grow up in a family, we need to scale back institutional services, and increase the availability of non-institutional child welfare services. Implementing this transition is a complex process called 'deinstitutionalisation'.

1. RESPECTING CHILDREN'S RIGHTS AND INVOLVING THEM IN DEINSTITUTIONALISATION

Children (and their families) should be full partners in the transition process. They should be actively involved and consulted in the development, delivery and evaluation of the services they receive and provided with appropriate information in a manner which they can understand.

2. PREVENTION OF INSTITUTIONALISATION

The necessary steps should be taken to prevent the placement of individuals into institutions. Holistic policies are necessary for the support of families and other informal carers as well as for strengthening the inclusive capacities of communities.

3. CREATION OF COMMUNITY- BASED SERVICES

A range of available and affordable high-quality services in the community to replace institutional care needs to be built up. They should provide support for family and informal carers, starting with their individual needs and preferences. Their purpose is to prevent further admissions to institutional care, to provide placements for the persons currently in institutions and also to benefit those people who live in the community (with their families or otherwise), but without adequate support.

4. CLOSURE OF INSTITUTIONS

Institutions should be closed down in a way which ensures that no child is left behind in unsuitable conditions and that minimising any risk of trauma linked to a change in their living environment. Those with highest support needs should be given priority and planning should include the preparation of a plan for each child and the assessment of the training needs of staff wishing to work in the community.

5. RESTRICTION ON INVESTMENT IN EXISTING INSTITUTIONS

Processes of transition from institutional to community-based care typically take many years. Meanwhile, many children continue to live in unsuitable, harmful conditions. Therefore, some renovation of existing institutions may be required but should be limited to what is strictly necessary to look after the best interests of the child during transition.

6. DEVELOPMENT OF HUMAN RESOURCES

It is vital to ensure the availability of sufficient and well-trained staff with skills appropriate for community-based care, which is based on partnership, inclusive attitudes and an interdisciplinary approach. This may involve retraining and re-qualification of staff who previously worked within the institutional culture. By redeploying the personnel who can be trained to work in the community, resistance to the process of reform can be reduced.

7. EFFICIENT USE OF RESOURCES

A residential care facility is extremely costly. As far as is possible, and in the best interests of children, these resources should be transferred from the existing institution to new services.

Re-use of existing resources ensures that the reform process is less expensive and more sustainable. Budgets for running costs can be transferred to cover the costs of running services in the community, such as small group homes and family support centres; at times, buildings can be reused for other purposes (where they are appropriately located and in sufficiently good condition).

8. CONTROL OF QUALITY

Systems of quality control should concern both the process of transition and the resulting services, with a clear focus on user satisfaction. The involvement of children, their families and their representative organisations in the monitoring of quality is crucial.

9. HOLISTIC APPROACH

Issues concerning transition from institutional to community-based care must be addressed across all the relevant policy areas, such as employment, education, health, social policy and others. Such a holistic approach should guarantee coordination and policy consistency across different branches of government as well as continuity of care, e.g. between childhood and adulthood.

10. CONTINUOUS AWARENESS RAISING

The transformation process needs to be accompanied by efforts to ensure that key professional bodies support it in terms of the values which they transmit to their current and potential members, as well as to the society at large. Simultaneously, the awareness of non-professional decision-makers and opinion-makers and of the broader public should be raised in order to ensure the consistency of their attitudes with the desired values.

WHAT ARE THE ANSWERS?

PRACTICE ONE: BE GUIDED BY THE BEST INTERESTS DETERMINATION

Best practice in the care for vulnerable children should always be guided by the principles of the best interests of the child. Services should be designed and offered based on the needs and interests of children, not based on the mandate or vision of an organisation. Services should be designed and delivered with recognition of the broader rights of the child and not unnecessarily cause a rights regression.

2. IMPLEMENTING BEST

PRACTICE TWO: STRENGTHEN THE FAMILY, PROTECT THE CHILD.

In most cases where there is a child in need, there is a family in crisis. Many programs that seek to care for children only focus on the child, treating him or her as an isolated individual. This leads to services that completely erase the parents, families and community from the picture and often the child's life.

The truth is that every child has a context, which is their family and their community. We need to recognise and validate the important role that the family and community plays in child welfare and child protection. Where families are struggling, or communities are facing poverty, we need to seek to strengthen both the family's and community's ability to care for and protect their own children rather than removing their children from them. This approach is called family strengthening and family preservation.



PRACTICE IN THE CARE OF CHILDREN

PRACTICE THREE: PRACTICE GATE KEEPING

When a child is identified as at-risk, a thorough assessment should be conducted by trained, competent and authorised personnel. They should assess the situation of the child and their family, determine what their real needs are and determine the least invasive form of support that can be offered. Preference is given to, where possible, preserving families and avoiding separation. This is what we call gate keeping and its practice prevents residential care from being used as a first resort or as the only form of assistance given to families.

PRACTICE FOUR: RECOGNISE THE CONTINUUM OF ALTERNATIVE CARE

When a child has to be removed from their family, or they have no immediate family to care for them, and alternative care needs to be arranged, it is important that we look for placements according to the continuum of alternative care. The continuum outlines the types of alternative care in a preferential order, starting with the least disruptive option all the way through to the most disruptive option for the child.

CONTINUUM OF ALTERNATIVE CARE



WHAT ARE THE ANSWERS?

PRACTICE FIVE: SMALL FAMILY-LIKE RESIDENTIAL CARE

When all other forms of family and community-based care options on the continuum have been deemed not in the best interest of the individual child, then residential care might be the most appropriate option. Preference should be given to small family like facilities that adhere to high standards of care, are legally registered, have qualified staff, good child protection policies, and facilitate the child to continue to participate in community and cultural life outside of the residential care centre.

PRACTICE SIX: SOUND REINTEGRATION AND REUNIFICATION PROGRAMS

All forms of residential care should have a reintegration program that helps each child develop a plan to ensure they are able to be reintegrated into the community as soon as possible. This plan should be developed as soon as a child enters care and should be overseen and monitored by a competent staff member.

Each child should at minimum have an annual review to determine if they are ready to be reintegrated. If they're not ready, their reintegration plan should be updated and continually implemented.

Many residential care centres talk of reintegration as the act of leaving care at 18 years old. In fact, reintegration is not an event. It is a process and it should not exclusively be used as a way to graduate children who reach 18 out of the home. It should be the goal for every child as soon as it is in their best interest, in accordance with the accepted standard that residential care should be 'temporary'.

PRACTICE SEVEN: ONGOING MONITORING

All alternative care placements should be monitored regularly to ensure children are safe and well integrated into the family and community. Good monitoring prevents potential abuse and mistreatment as well as acts as a preventative measure against placement breakdown. This is because any issues that are causing the child or the family stress can be identified early on and addressed before placement breakdown becomes imminent. Monitoring should be undertaken by trained and competent staff members who have developed a good relationship with the child and family.



GOOD PRACTICE IN ACTION: FAMILY STRENGTHENING IN CAMBODIA



Sitha lived with her husband and three children in a rural community in Cambodia. When Sitha's husband passed away from AIDS she was unable to provide for her children and her relatives convinced her to take her children to an orphanage.

"It ripped my heart out to leave them. When I took them to the orphanage in Phnom Penh, the organisation gave me \$30 and a bag of rice and I gave them my children. When I handed my baby over, I was standing there crying".

The orphanage director took Sitha's three children into the orphanage. Before Sitha had walked away the orphanage director returned and told Sitha to take her children for one more night while they found another carer. Sitha took her children home and never went back. She returned to her community with no solutions to the poverty she was facing.

Kinected partner, Children in Families (CIF) heard about Sitha's situation. By applying several of the best practice principles, staff were able to assess the family's real needs and provide appropriate support to strengthen and preserve Sitha's family. This included addressing the underlying poverty issues by digging a well which allowed her to start a small pig farm and grow vegetables. CIF also provided medication to Sitha and assisted her children to go to school.

Simple family strengthening initiatives such as these are often all it takes to prevent the needless separation and institutionalisation of children and should be the first response to families in crisis.

Poverty should never be the only justification for the removal of a child from parental care, rather a signal to provide support for the family .

(UN Guidelines on Alternative Care).

WHAT ARE THE ANSWERS?

3. ENCOURAGING ETHICAL VOLUNTEERING

HOW VOLUNTEERS AND VISITORS CAN BEST SUPPORT VULNERABLE CHILDREN

The plight of vulnerable children in the developing world is challenging and moving and stirs many good-hearted people to seek opportunities to volunteer within programs that assist children such as orphanages and shelters. Without careful consideration and awareness of the broader issues, our good intentions could contribute to the exploitation and vulnerability of the children we seek to help. For this reason Kinected calls for an end to orphanage tourism and volunteering and advocates for ethical alternatives.

1. HOW CAN VISITING AN ORPHANAGE HARM THE CHILDREN?

It is critical that children form a strong attachment with a primary caregiver for their cognitive, social and emotional development. Children in orphanages have been separated from their parents and often experience attachment disorders, which cause them to develop unnaturally close bonds with people they have just met.

When volunteers take the role of caregivers in an orphanage the children quickly form these bonds. Each time a volunteer leaves, this bond is broken and the child once again experiences rejection.



This is extremely detrimental to children and therefore only long-term staff should assume caregiver roles for children in orphanages.

2. HOW CAN VOLUNTEERING AT ORPHANAGES FUEL AN EXPLOITIVE SYSTEM?

Many orphanages rely on donations from visitors and volunteers. They often keep the children undernourished and in poor conditions to illicit donations from tourists who feel sorry for the children. There are cases of orphanages recruiting and trafficking children to fill their orphanages for fundraising purposes. This is a system that exploits children and is unfortunately perpetuated by volunteers who are genuinely trying to help.

3. WHO IS VOLUNTEERING?

When orphanages open their doors to well meaning volunteers, they also make a way for predators to gain access to the children. Predators are known for seeking opportunities to volunteer and work within orphanages to access children. Whilst good screening can reduce the risk, it is not always possible to identify a child abuser and therefore volunteering does expose children to risk.

4. DO I HAVE THE SKILLS AND TRAINING TO ASSIST TRAUMATISED CHILDREN?

Children in residential care have undergone multiple traumas, including being separated from their families. They need the assistance of trained, qualified and committed staff who are equipped to deal with their special needs. Most volunteers do not come with these skills or the local language to use these skills. They can therefore inadvertently compound the children's trauma out of a lack of awareness of how to appropriately deal with their behaviour.

5. WHAT WOULD BE APPROPRIATE IN MY OWN HOME OR COUNTRY?

In most of our own countries our government's child protection systems would not allow us to visit any kind of shelter or residential care home and most of us wouldn't consider asking. It would be considered a violation of the child's right to privacy and a risk to the children.

In developing countries, children have the same rights but often child protection laws are weak or unregulated exposing children to risk. In the absence of strong local laws we should apply the same standards we would expect for our own children to children everywhere.

ETHICAL ALTERNATIVES

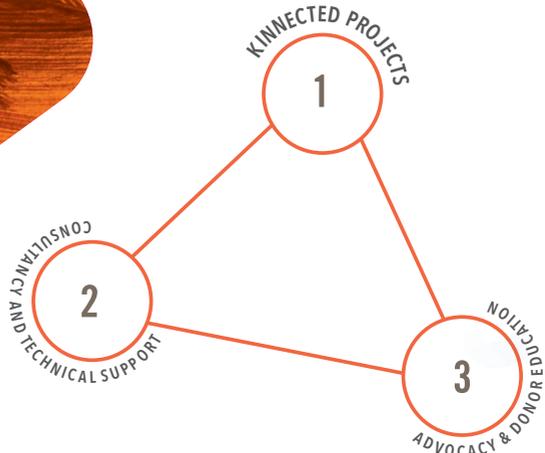
SUPPORT FAMILIES, STRENGTHEN COMMUNITIES.

1. Volunteer in a program that seeks to preserve families and prevent family separation. Volunteers could work with whole families or parents to strengthen their capacity to look after their own children.
2. Volunteer within family reunification programs. Help a family prepare for their child's return by helping them renovate their house, get access to a water source or set up a small business or a veggie patch.
3. Volunteer in programs run in the community that everyone can access. Examples might be English programs, sports programs, creative workshops or educational support programs.
4. Use your skills to build the capacity of staff working with children. This might be in areas of promotions, websites, English, management, accounting or games and activities.
5. Focus on learning so that you are better equipped to advocate for a project or the needs of children when you return to your own country.

WE ENCOURAGE VOLUNTEERS TO



WHAT IS KINNECTED DOING?



ACCI Relief's Kinnected program employs a three-pronged approach towards the goal of reducing the use of residential care and upholding children's right to grow up in a family.

1. KINNECTED PROJECTS

Kinnected has projects operating in 11 different countries, which fall under the following categories:

A. FAMILY PRESERVATION AND ABANDONMENT PREVENTION PROJECTS

These are services that seek to identify families at risk of imminent breakdown and provide intense support services to prevent separation and/or child abandonment.

B. FAMILY BASED CARE PROJECTS

Kinnected's family-based alternative care services provide children who legitimately require emergency, short-term or longer-term alternative care with family based options such as kinship care and foster care.

C. COMMUNITY AND FAMILY STRENGTHENING PROGRAMS

These initiatives strengthen both the family and community's ability to care for, protect and provide for their own children. They include services such as day care, early childhood education, disability support programs, family counselling and case management, child-centered community development, bridging education, livelihood assistance and children and women's clubs.

D. REINTEGRATION AND REUNIFICATION PROJECTS

Kinnected works with numerous residential care centres to assist them undergo the process of deinstitutionalisation. This includes developing reintegration, family reconnection and reunification programs to ensure children have the opportunity to be reunified with their family or transition into family-based care where possible. Kinnected also runs a street children's reintegration program whereby children living on the streets are reunified with their families and access supportive services in their communities.

2. CONSULTANCY AND TECHNICAL SUPPORT

Kinnected's consultancy program seeks to come along side organisations running long term residential care and assist them to undergo deinstitutionalisation. Kinnected staff and consultants work with organisations to develop strategic plans and provide the necessary technical support, training, tools and guidance to ensure organisations are able to transition their programs in a safe and effective manner.

3. ADVOCACY & DONOR EDUCATION

Kinnected's advocacy arm seeks to raise awareness amongst donors, policy makers, not for profit organisations and the general public regarding the issues surrounding residential care and child rights. This includes conducting research, developing tools, resources and campaigns and engaging with key networks to promote good practice and change.



WHAT IS KINNECTED DOING?

CHILD ABANDONMENT PREVENTION AND CRISIS PREGNANCY SUPPORT SERVICES



MOTHER'S HEART CAMBODIA

OVERVIEW

Mother's Heart was established in response to the absence of crisis pregnancy services in Cambodia, which resulted in women who faced a crisis pregnancy and who are without support networks with limited options other than unsafe abortion or abandoning their newborn babies.

Women in Cambodia face crisis pregnancies for many different reasons including abandonment, rape, incest and trafficking. Whatever the circumstances, unplanned pregnancies are often a source of shame not only for women but also for their families.

This shame often results in rejection by immediate and extended family and leaves women isolated, unable to return home, and without financial and emotional support during their pregnancy.

Mother's Heart was the first crisis pregnancy program established in Cambodia to help empower these women with choices and to prevent child abandonment and the resulting institutionalisation of infants. The women that access Mother's Heart services do not have the support of a partner or family and often have faced instances of exploitation, sexual assault, gender-based violence or mental illness.

MOTHERS HEART PROVIDES

- Counselling
- Emergency temporary accommodation
- Access to general health care
- Antenatal and post natal medical support
- Parenting training
- Referrals to appropriate vocational training and job options
- Child care services for clients
- Formula for babies once their mothers return to work

Mothers Heart advocates for family-based care for every child. If a mother cannot take care of the child then Mother's Heart facilitates kinship care or foster care through Kinconnected's family-based care project Children in Families.



Case Study: Konika

Like many young rural women, Konika arrived in Phnom Penh at the age of thirteen to work as a domestic servant in the home of a distant relative. Like many Cambodian girls from poor families, Konika was expected to help with the family income so that her siblings could have a chance at education. Whilst in Phnom Penh however, Konika was sexually assaulted by a relative.

For Konika this was equivalent to personal failure. Unmarried and now deemed 'impure' she felt that she had lost her social status and value. This scenario is a common entry point into the sex industry.

Konika ran away and began work in Phnom Penh's red light area. Fellow sex workers helped her out by getting her started on yama, a euphoric methamphetamine that makes you more productive and helps you cope with unpleasant clients and long hours. It is also chronically addictive, suppresses appetite and withdrawal induces severe depression.

Konika's life became a pursuit of money to feed her habit and support her boyfriend.

In and out of NGOs, different work places, and women's shelters, Konika could cling to nothing strong enough to help her fight addiction and all that goes with life in sex work.

It was when she found out she was four months pregnant that she began to seriously consider change as now she had someone to live for. Konika found a shelter, returned to work, and connected with Mother's Heart where she received counselling and support services.

As soon as Konika saw her baby, she was changed. A tiny, utterly dependent baby provided the way for Konika to trust, accept love and open up to Mother's Heart staff. She came to see how others had tried to help her and that she was receiving true unconditional support.

Drug use had impaired Konika's memory and comprehension. Mother's Heart found an NGO who graciously offered a trial period of vocational training in the hope that Konika could understand instructions and complete tasks. She was successful. She passed her trial period and is now in full time training.

Konika has been transformed. So sullen and unresponsive to begin with she is now an engaging young woman who gets along well with others, cares for herself and diligently cares for the baby who allowed her to discover the power of hope.



WHAT IS KINNECTED DOING?

FAMILY BASED ALTERNATIVE CARE

CHILDREN IN FAMILIES



THE ISSUE

There are tens of thousands of children in Cambodia living in orphanages however 77% of these children are not orphans but are placed into institutions for reasons of poverty. With little resource being directed to preserve vulnerable families, desperate parents often have no choice but to put their children in an orphanage in order to ensure that they receive adequate food, clothing and an education. This is in stark contrast to the Cambodian Government's policy, which states that children should grow up in families where possible and residential care should be a last resort and a temporary option for children in recognition of the detrimental impacts residential care can have on children's development.

OVERVIEW

Children In Families (CIF) was established in 2006, by individuals concerned about the overuse of institutions in caring for the needs of Cambodia's children at risk. Children In Families recognise the rights of a child to grow up in a family and the responsibility for governments and service providers to ensure there are adequate family-based services for children who legitimately need alternative care. CIF recognises that the love, nurturing and the security of a permanent family unit is fundamental to children holistic wellbeing and long-term outcomes.

KINSHIP & FOSTER CARE PROGRAM

CIF's desire is to find permanent Cambodian families for children who cannot live with their biological parents, either temporarily or permanently, through kinship care, emergency foster care and long-term foster care programs. When a child is referred to CIF they work to determine if reintegration or family preservation with the child's family is possible and support the family when it is. Where this is not possible then CIF finds either an extended family member or a foster care family for the child. Kinship and foster care families are supported by CIF with regards to children's education, nutrition, medical care and other services where required.

ABLE PROGRAM

Children with disabilities are at a much greater risk of being relinquished to institutional care and are much more vulnerable to the potential dangers and negative effects of institutional care. CIF's ABLE program helps biological and foster families caring for children with disabilities gain access to both the resources and encouragement they need to continue to care for the child at home. ABLE staff are trained to provide therapeutic services to address challenges children may have in all areas of development and to help their families know how to help them as well. Through ABLE, children in CIF's Kinship Care & Foster Care programs have access to special education, medical services and specialised equipment and support aids.

IMPACT

Children in Families programs:

- Decrease the overuse of institutional care and increase the availability of family-based care services for vulnerable children
- Support and strengthen families and communities and prevent family separation
- Equip families to meet the needs of children with disabilities, and promote inclusion and participation in the community
- Raise awareness and provide education and training about family-based care and family preservation.

Case Study: Sam

Sam was received by Children In Families and placed into a foster family at the age of four. He had been rescued from a situation of abuse and severe neglect. When Children In Families stepped in to help, Sam was withdrawn and extremely isolated. He used no words to communicate, was very afraid of people, and was not yet toilet trained. He did not know how to engage in any kind of meaningful play, entertaining himself by sitting alone and running his hands through the dirt. The neighbours thought he was crazy and asked the CIF staff and Sam's foster family how they thought they could help such a boy. They did not believe he was capable of learning and could not understand why this family would take him in.

Thankfully, Sam's foster family believed in him, and their acceptance of Sam was the first step in his transformation. Their love and care began to break through Sam's defensiveness and distrust of people. He began to trust and engage with his family members, though he still was very reserved with strangers and would often run to hide when other people were around.

Sam had been with his foster family for over a year before the ABLE program began providing services in February 2013. Sam was one of the first children to be evaluated and provided with regular visits. ABLE's physiotherapist and Community Rehabilitation Team staff member provided instruction and resources to the family to help Sam work on his communication and play skills, and their regular visits helped Sam to become more comfortable with interacting with people outside his family as well.

Now Sam is excited and comes running to participate when he sees the ABLE staff arriving at his home for a visit. He is engaging much more with his foster family and with neighbours. He is continually learning new words and enjoys playing with toys along with other children. Sam is now six years old and, thanks to the love of his foster family and the intervention of the ABLE program, he is able to go to school. Even his foster family had hardly dared to hope that he would be ready for this significant step.

Media link: <https://vimeo.com/42182195>



WHAT IS KINNECTED DOING?

FAMILY PRESERVATION

HELPKIDS

THE ISSUE

Whilst Sri Lanka has made significant economic gains since the end of the civil war, the country and its people still face significant challenges including poverty, poor quality education and inequality. Children from disadvantaged families often struggle with mainstream educational system because of their 'class' difference, no birth certificate, behavioural problems or lack of parental interest. These children are at particular risk of being separated from their families and placed into residential care.

OVERVIEW

HelpKids aims to uphold the rights of vulnerable children in Sri Lanka by keeping children in families and providing them access to education.

The HelpKids centre provides early education and tuition classes to children from vulnerable families. Their mission is to focus on the whole child by providing a secure, nurturing, and educational environment for children.

HelpKids provide early education at their Montessori (preschool) for disadvantaged children aged 2-5 years. The Past Pupils Program aims to encourage the children to complete their schooling until grade 12. They support them to achieve this by providing additional tuition classes and maintaining good relationships with their whole family. Each child in the HelpKids program receives assistance with their education, nutritious food, and medical care when necessary.

HelpKids also works to strengthen and preserve the families of these children as they believe that it is by working with the family and making the family unit function as a whole that will most benefit the children long term. HelpKids staff build strong relationships with parents and support, educate and encourage families as they face the challenges of poverty. Children need a loving, caring and secure home, it is HelpKids aim not to provide it, but to ensure and facilitate it.



IMPACT

HelpKids aims to:

- Decrease the risk of family separation and the institutionalisation of children
- Strengthen and preserve families by providing family case management and community based services
- Improve the educational outcomes of vulnerable children by providing access to early education and tuition classes
- Strengthen community based child protection mechanisms through womens and childrens clubs and training for community leaders



Case Study: Hesanya

Hesanya is 5 years old. She came to The HelpKids Centre a little over a year and a half ago with her mother who is a single mum. Hesanya was enrolled into the Nursery Class in the Montessori School and into the day care program which allowed her mother to work five days a week. Hesanya loved playing and learning. She was like a little sponge absorbing everything around her not wanting to miss out on any little details.

This year in December she will graduate from the HelpKids Kindergarten class into grade 1. Her mother commented about how at her interview in a local public school for grade 1, the principal commented on how cheerful, bright and clever Hesanya was compared to the other children being enrolled. She said that she has seen Hesanya bloom into a loving and caring child and has seen how happy and content she is even though she doesn't have everything that others her age may have.

Being a single mother, her responsibility to be provider and carer has been met with many challenges and struggles. But the HelpKids centre has been able to come along side her and offer her support in providing quality early education, and a safe environment for Hesanya so that her mother is able to work. The emotional support the centre has offered her has helped her to talk about her daily struggles and see that there is hope for a better future for her and her children.

Media link: <https://vimeo.com/119406424>

WHAT IS KINNECTED DOING?

REINTEGRATION AND REUNIFICATION

PROGRAM SNAPSHOT: CARE4KIDS, UGANDA

ACCI partner Care4Kids works with vulnerable and orphaned children; many who have been displaced by war. Care4Kids aims to provide children with the support and assistance they need to break the cycle of poverty and rebuild their lives.

While originally founded as an orphanage, in 2013 Care4Kids – with the support of Kinnected – began the process of transitioning to family-based care. Its efforts are now focused on reuniting children with their families and running community strengthening and family preservation programs.

One of Care4Kids' most powerful stories of reunification was Sam*, a boy who longed for the mother he only knew as a toddler ...

Sam's last memories of his mother were as a three-year-old boy. He remembers seeing her wave to him and his siblings as she walked off into the distance. Sam's mum, like so many other mothers in Uganda, struggled to provide for her children after the death of her husband and couldn't bear to watch her children suffer before her eyes. With all her heart, she believed her children would be better off without her, and she hoped and prayed someone would step in and help her children.

Not long after being abandoned, Sam and his siblings were discovered by the Ugandan Child Protection Services and brought to the Care4kids Children's Home. Sam grew up at Care4kids and was a happy, settled young boy but inwardly he longed for his mum and prayed and hoped that one day they would be reunited.



In 2013, Care4kids social workers started to trace the families of the children in their care, with the hope of resettling them back into families. They facilitated community and family meetings to locate families and engage community members in the process. During this time, Sam, now 14 years old, quietly waited and longed for the day his mother would be found. He watched as other children were resettled and began to despair as after three years of family tracing, there was still no sign of his mum.

Social workers at Care4kids had located Sam's uncle and talked with Sam about settling with his uncle's family but Sam was devastated that he would not be reunited with his mum. Staff at Care4kids counselled and worked with Sam but he remained depressed and despondent. The staff earnestly prayed that Sam's mum would be found ...

In October 2015, through people in her local village, Sam's mum heard that Care4Kids had been searching for her and that she had the opportunity to re-establish relationships with her children without being judged for abandoning them. After hearing this, she embarked on a three-day journey on foot to finally arrive at the gates of Care4kids.

When Sam saw his mum for the first time in 11 years he was overjoyed and instantly forgave her. After spending time rebuilding and restoring their relationship, with counselling and support from social workers, Care4kids was delighted to see Sam permanently return to live with his mum and family in April 2016.

*Name has been changed for privacy reasons.

A photograph of a man and a young girl looking out from a wooden structure. The man, on the left, has dark hair and is wearing a blue polo shirt. He is looking off to the right with a thoughtful expression. The girl, on the right, has dark hair in a ponytail and is wearing an orange and white striped shirt. She is also looking to the right. They are leaning on a wooden ledge. The background is dark, and there are wooden beams and a piece of teal fabric visible.

*God sets
the lonely
in families*

Psalms 68:6



ACCI RELIEF

Kinected is a program of ACCI Relief. ACCI Relief's mission is to transform communities and nations, one life at a time, by developing holistic sustainable solutions to combat injustice, poverty and reinstate the value of life. We aim to promote equal access to the rights and services that protect life and human dignity.

ACCOUNTABILITY

ACCI Relief is a signatory to the ACFID Code of Conduct, which provides standards on management, public communication and disbursement of funds.

CONTACT US

Operations Centre: 5/2-4 Sarton Rd,
Clayton VIC 3168
Email: info@accir.org.au
Phone: 1300 997 510 or +613 8516 9600



www.kinnected.org.au