



CASE

MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES



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%.

Educational Failure

- 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.

Mental Health

- 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. The 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.

Incarceration/Criminal Involvement

- 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%)

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 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