



AN INITIATIVE OF

Acci
RELIEF

KINNECTED FAQ



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ACCI RELIEF KINNECTED PROGRAM OVERVIEW AND BACKGROUND

ACCI Relief firmly believes that the best place for children to grow, develop and thrive is in a family. We believe that this is God's design and the natural social unit charged with the care of children within every culture. We also recognise that there are many children and families who are in crisis which can leave children vulnerable, at risk and in need of support, or in some cases, in need of an alternative option to living with their biological family. These crises range from poverty related issues, abuse, disaster to conflict situations or the death of parents.

ACCI Relief recognises that programs which seek to provide assistance and support to children should always prioritise options that keep children within their family. The use of residential care should be restricted to cases where family-based options are not safe or not in the best interests of each individual child. In practical terms, this means that when the issues due to poverty or other stressors are significantly affecting the functioning of the family, family preservation services should be offered to try to keep them together, rather than removing the child. In cases where a child is not safe in their family, or there is no family that can care for the child, then an alternative care arrangement should be explored. Alternative care options should reflect the continuum of care, which prioritises family-based alternative care over residential care (institutional care). The alternative care continuum includes kinship care, foster care, national adoption, group homes, semi-independent living, child headed households and residential care. As it stands, in many countries around the world, and particularly in developing countries, family-based care options are highly underdeveloped and under resourced. In contrast, residential care is generally overused in many countries and often the only option available to a family in crisis.

ACCI Relief believes that a shift needs to take place which would see a scaling down of residential care. This would be accompanied by the development of family preservation services and family-based alternative care options both of which better protect children's right to grow up in a family. To work towards this goal, ACCI Relief developed the Kinconnected program. Kinconnected creates a strategic and sustainable way for our movement to work with children in adversity whilst recognising both their rights and the rights of their family.

Through Kinconnected, we are assisting field workers and strategic partners to develop and implement alternative care for children. We are assisting residential care facilities to develop reintegration programs. These programs will see children reintegrated into their families with appropriate support and care and ensure that the residential care facility is used only as a temporary and last resort option for children. We are also assisting projects to develop a stronger focus on family preservation and family and community strengthening, this aims to address the root causes of most family crises and the underlying reason that 80% of children are placed in residential care.

FREQUENTLY ASKED QUESTIONS

Discussing residential care, reintegration, alternative care and family preservation often raises a lot of concerns and questions from people who are involved in this area, either as project staff, facilitating organisations or supporters and donors. The following information has been developed to address the most common questions and misunderstandings that we have encountered in the course of Kinconnected's history. If the concerns or questions that you have are not adequately answered below, please feel free to contact our ACCI Relief staff on +61 3 8516 9600 to discuss your specific concerns.

#1 WHY ARE CHILDREN CURRENTLY IN RESIDENTIAL CARE?

Most children in orphanages or other forms of residential care are not in fact orphans. At least four out of five children in residential care have one or both parents alive. Poverty and social exclusion are two of the main reasons why children are unable to live at home. Families often feel that placing their children into care is the only way to ensure that they get an education, enough food and other essentials. Therefore, the appropriate first response to help such children is to support their family and community, providing relevant resources and services so that children can remain with their families.

MYTH #1

MOST CHILDREN IN ORPHANAGES HAVE NO PARENTS AND THEREFORE NO ONE TO CARE FOR THEM

Worldwide, 4 out of 5 children in residential care have one or both parents alive. They are in residential care for reasons related to poverty, education, abuse or risk. The vast majority of children who have lost their parents are being cared for by relatives or families in the community and are not living in residential care.

A smaller percentage of children are placed in residential care due to abuse at home, severe neglect, or when they have no parents or extended family to care for them (due to death or abandonment). These children may not be able to live with their biological families, but other family-based care should be considered such as kinship care or foster care. A very small number of children may legitimately require residential care regardless of what other family-based options are available. Sometimes this is due to psychological issues that may mean that a child will not cope in a family for a period of time and requires centre based care.

Due to the emotional, social and psychological impacts of institutionalisation, residential care should always be the very last resort and only a temporary option.

MYTH #2

CHILDREN WHO LIVE IN ORPHANAGES BUT HAVE LIVING PARENTS HAVE BEEN ABANDONED

Many children are placed in residential care by loving parents who want the best future for their children and believe that an orphanage can provide the child better access to education and greater opportunities than they are able to as parents. These parents place their children in residential care as an act of sacrifice for the sake of the child's future, and do not see it as abandonment. They often have no intention of completely severing their relationship with their child, rather seeing residential care as a form of 'boarding school'.

#2 WHY IS RESIDENTIAL CARE POTENTIALLY HARMFUL TO CHILDREN?

Why is residential care potentially harmful to children? Whilst residential care has a place and is necessary in some circumstances, removing a child from their family and community is an extreme intervention, which can have some detrimental effects on a child's development. Therefore, it should be used only as a last resort. Residential care can have a range of effects on a child, and is somewhat dependent on the age of the child, the length of time they spend in residential care and the structure, standards and environment within the residential care facility. Having said that, no matter how well-run a home is, it is generally accepted that any form of residential care will have some adverse effects on a child. For this reason, family based options are a preference. Where residential care is legitimately in the best interests of a child, then care should be in a facility that has high standards, low child to staff ratios, and replicates a family-like environment to, as much as possible, mitigate detrimental effects.

Some of the most common and concerning effects of residential care on children include:

DEVELOPMENTAL DELAYS

It is generally accepted that children under 3 should not be placed in residential care due to the damage it can have on their development. Studies have found that residential care affects the way a child's brain develops and causes cognitive and developmental delays which impact language acquisition, social development, emotional development and actually alters the structure of the brain. It may express itself as poor eating and sleeping habits, poor concentration and memory and delays in achieving developmental milestones. This is caused by a combination of factors such as a lack of primary attachments, limited stimulation and reduced physical contact and nurturing. Depending on the length of time spent in residential care, it can lead to permanent delays.

MYTH #3

IT'S NOT CALLED AN ORPHANAGE, THEREFORE THIS DOES NOT APPLY.

Residential care is encompassing of institutions, orphanages, children's homes, children's villages, compound foster care, shelters and group homes. The term residential care is overarching and therefore issues that pertain to residential care are relevant to all of these forms of care.

ATTACHMENT DISORDERS

Attachment is a child's formation of significant and stable emotional connections with the significant people in his or her life. This process begins in early infancy as the child bonds with one or more primary caregivers.

If a child is unable to establish these types of important connections before the approximate age of five they may develop an attachment disorder, which will result in the child experiencing difficulties with a wide variety of social relationships throughout their lifetime.

A particular shortcoming of residential care is that typically children do not experience the continuity of care that they need to form a lasting attachment with an adult caregiver. Ongoing and meaningful contact between a child and an individual caregiver is almost always impossible to maintain in residential care because of the high ratio of children to staff, the high frequency of staff turnover and the nature of shift work.

Indeed, those who have visited an orphanage are likely to have been approached by young children wanting to touch them or hold their hand. Although such behaviour may initially seem to be an expression of spontaneous affection, it is actually a symptom of a significant attachment problem. A young child with a secure sense of attachment is more likely to be cautious, even fearful of strangers, rather than seeking to touch them.

CHILDREN WITH AN ATTACHMENT DISORDER ARE MORE LIKELY TO SUFFER FROM:

- Low self-esteem
- A lack of self-control
- The inability to develop and maintain friendships
- Difficulty with genuine trust, intimacy and affection
- Neediness, clinginess or pseudo independence
- Behavioural and academic problems
- A negative, hopeless and pessimistic view of self, family and society

A LACK OF LIFE SKILLS

Children living in residential care are often provided opportunities to gain vocational skills through training and scholarships. However, many do not develop key life skills that can only be gained from growing up in a family environment. The World Health Organisation defines life skills as, “the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”.

Families model social skills to children, teaching them how to negotiate cultural aspects of life and providing them with experience and knowledge of income-generating activities. Within their families, children absorb the values of their culture and develop the skills they will need in adulthood.

Children who grow up in residential care may learn life skills about how to function and survive in a residential setting, yet do not gain the right skills to live in a family or community. This means that many children that grow up in residential care struggle to make successful transitions into the community. They grow up in a world of children and caregivers, and are not socialised into the broader social structures and hierarchies that exist within their society and culture.

Children in long-term care have lacked the role modeling that happens in a family and in a community. They often don't know how to appropriately relate to different figures in the community, relate to different people according to their social status and can be perceived as rude, disrespectful and inappropriate. This frequently impacts their adulthood, affecting their ability to develop meaningful relationships, gain and retain employment, and it often affects their marriages.

INSTITUTIONALISED BEHAVIORS

Institutionalised behavior is essentially a deficit in social and life skills. It develops when an individual lives apart from normal society and is deprived of responsibility, independence and decision-making opportunities.

MYTH #4

I KNOW A PERSON RAISED IN AN ORPHANAGE THAT HAS GONE ON TO BECOME HIGHLY SUCCESSFUL, SO THIS CAN'T BE TRUE.

There are many instances of care leavers who have reintegrated into community life after residential care and have gone on to be very successful. Whilst we are not making a blanket statement that all children will be irreversibly harmed, there is enough evidence of serious detriment to warrant scaling down residential care in preference for family-based care and family preservation.

We have interviewed many care leavers in the course of our work, some who hold successful jobs and have families, yet even they describe both the extreme challenges they faced when leaving care as well as the ongoing struggles. Some care leaver's spouses also describe the ongoing effects of residential care on their husbands or wives and how it affects child-rearing and family and social relationships.

When children do not grow up in a natural family environment, they are not involved in normal family situations where they would develop these life and social skills. As a result many become institutionalised.

The nature of managing numerous children in one facility leads to the development of schedules and routines which can be very rigid and inflexible. Children are 'shepherded' from one activity to another and are given little opportunity to exercise choice or develop decision-making skills. This is in contrast to growing up in a family where children have more involvement, freedom and flexibility and also learn to negotiate decisions in the context of a family and community. As such, when children leave residential care, they are often unable to make decisions, lack initiative and independence, are irresponsible, struggle to hold down jobs and move from program to program where they can live within a rigid structure which is what they are best able to cope with.

Some children with institutionalised behaviors present with 'quasi autistic' behaviours such as self-stimulation, rocking and head-banging. They may also engage in attention seeking behaviours, especially those that experience a lack of attention from staff. Children with institutionalised behaviours are often inept at social interactions and are perceived as acting odd, awkwardly, or inappropriately in social settings. This impacts their life once they leave the facility, making it more difficult for them to develop relationships and long-term support networks.

A LACK OF LIFE LONG RELATIONSHIPS AND NETWORKS

People were designed to live in relationship with others and our primary relationships of family, close friends and community are designed to be life-long. These relationships are not only instrumental in childhood but also in adulthood.

In most cultures, family and extended networks play an important role in major life events such as marriage, childbirth and child rearing. They are also instrumental in finding jobs, providing living arrangements and social safety nets. In many cultures, identity is often tied to your family line and the way to legitimise someone is to discover which family they are from. This is in direct opposition to western society, where our identity is closely linked to our profession and education.

When a young person leaves residential care at 18yrs old (give or take) they lack these life-long relationships and support networks. They have no family to legitimise them and they are often stigmatised as a result. This can be very isolating and frightening for care leavers and many have expressed extreme fear and anxiety at the thought of leaving. Although children may retain some contact with the residential care staff once they leave, it is unrealistic to expect that staff can assume these roles of the family and social support network for each care leaver on an ongoing basis.

HIGH RISK OF ABUSE

Children are generally placed in residential care to keep them safe and provided for. Unfortunately, statistics show high rates of abuse in residential care, often unbeknownst to orphanage founders and directors.

It is important to consider that not all abuse is at the hands of adults, it is also common for children to abuse each other. Having non-related children of varying ages and both genders, who come from troubled backgrounds and are all living together exacerbates this. Orphanages are often positioned away from community and therefore out of site. This provides little protection for children as abuse can go unreported and unseen. People naturally think children are safe in orphanages; therefore they don't scrutinise practices within orphanage. All of these factors in combination place children in residential care at risk of being abused.

Some of the factors that make children particularly vulnerable to abuse in orphanages include:

- Many orphanages are unregistered and are therefore not being monitored or regulated.
- Adults who seek to abuse children can prey on orphanages, seeking opportunities to work with these children as either staff or volunteers. Orphanages that rely on volunteers and visitors for funds and staff are particularly vulnerable to being targeted by abusers.
- Many orphanages do not have child protection policies or good staff and volunteer screening procedures

MYTH #5

THE ORPHANAGE IS RUN LIKE A FAMILY, THEREFORE THERE ARE NO NEGATIVE EFFECTS.

Some orphanages try to ensure they provide 'family-like' care by either caring for small numbers of children, or clustering children into 'family groups' where they are assigned a caregiver and housed in smaller homes within a compound. Whilst this is much better than institutional settings, it is not what we refer to in this document as 'family-based' because it still does not replace a family in a true sense.

Even small family-like orphanages experience staff turnover and more rigid structures and schedules than a family.

Orphanages that structure themselves as small homes in a compound still create their own community rather than immerse a child in a real community and the broader society. This means that the child will still grow up in a context that is not reflective of natural community or society, which will impact them when they leave the facility.

Orphanages, due to the number of children that are in their care over the years, cannot be parents to all of those children through every stage of their life. Whilst children and caregivers may maintain a relationship it is unrealistic to assume that this relationship can replace the role of life-long parents in the true sense.

Negative effects of institutionalisation can be minimised, but not necessarily completely mitigated through family-like environments. Therefore, whilst family-like environments are preferable over large institutional care, if care in a family or community is available it is still a priority to assess the suitability of these options for the child before deciding to place them in residential care of any kind.

- Placing non-related children who may have come from abusive backgrounds in the same home can lead to children abusing one another
- Orphanages are often isolated and out of the sight of the broader community giving little opportunity for outsiders to notice children who are being abused
- People often assume that children are safe in orphanages and are therefore not really looking for abuse.
- Many children are unaware of their rights and don't know how to report abuse when it happens.

Whilst abuse can also happen in family-based care, because many of the above-mentioned risk factors associated with residential care don't occur in a family-based context, the rate of abuse has found to be significantly lower.

#3 WHY ARE A CHILD'S VULNERABILITIES EXACERBATED IN RESIDENTIAL CARE?

Children that are placed in residential care often come from situations of poverty and vulnerability. Being placed in an orphanage does not eliminate but can in fact exacerbate their vulnerabilities, both during and after their time living in residential care.

The psychological, emotional and physical impacts of living in residential care, combined with the lack of protection and support of a family, means that these children are vulnerable to abuse, discrimination and exploitation. The impact that institutionalisation has on a child can result in them less able to find work or to develop social relationships. This makes them hyper-vulnerable and at high risk of trafficking, drug abuse, criminal activity, prostitution and other social issues. They are also especially vulnerable to exploitation and abuse as they are less aware of their rights and accustomed to following instructions without question.

MYTH #6

CHILDREN ARE BETTER PROTECTED FROM ABUSE IN ORPHANAGES THAN IN FAMILIES

Research suggests that children are safer in families than in residential care.

UNICEF considers children living in residential care 'at risk' regardless of the reasons for their admission. This is because the rates of abuse in residential care are significantly higher than in the community or in family-based care.

Abuse can happen at the hands of both staff and other children. Whilst orphanages can put procedures and practices in place that minimise the risk of abuse, it has been found to exist even in well-run orphanages.

#4 WHAT IS GATEKEEPING?

Gate-keeping is the process of preventing the unnecessary institutionalisation of children through stringent pre-admission screening and assessments. When a child is identified as in need of assistance, gate keeping ensures that their real needs are identified and that appropriate services are found and offered to the child with as little disruption to their life and family as possible.

Therefore, gate-keeping prevents residential care from being used as a solution to poverty and education issues. It ensures that only children who legitimately cannot live in family or communities are admitted into residential care.

#5 WHAT IS FAMILY STRENGTHENING AND PRESERVATION?

Family strengthening seeks to support families to ensure that they are able to meet the needs of their children within their community and prevent family breakdown and separation. Family strengthening programs may assist families with accessing schooling, medical care and provide services for children with special needs. Family strengthening may also seek to ensure families have adequate income, food security and access to childcare where necessary.

Family strengthening seeks to prevent crises from developing which could result in family breakdown and the placement of children into residential care.

Family preservation services are short-term intensive support services for families in crisis who are at risk of imminent breakdown. The aim of family preservation is to de-escalate the crisis, find solutions to underlying problems and connect the family with ongoing family strengthening services to prevent family breakdown.

#6 WHEN IS RESIDENTIAL CARE APPROPRIATE?

Residential care is accepted as a necessary part of the alternative care continuum; however it is considered a last resort and temporary option for children for whom family or community-based care is not appropriate. When residential care is necessary, small facilities that try to provide family-like environments are preferred over large institutions.

Residential care should always be appropriately registered with the government, meet the minimum standards of the country, have a reintegration process and policy, have good case management systems in place and should encourage children to, as much as possible, participate in normal community life.

#7 WHAT IS THE ALTERNATIVE CARE CONTINUUM?

The alternative care continuum outlines the different types of out-of-parental-care options for children who cannot stay with their biological families regardless of support offered.

The continuum represents a preferential ordering of care options beginning with the least invasive and disruptive measures to the most extreme. The continuum of care options is:

- **KINSHIP CARE** - When a child is cared for by their relatives or 'kin'.
- **FOSTER CARE** - When a child is cared for by a family that is not part of their extended family. It is always the preference for a foster family to be from the child's own community and if not, as similar as possible.
- **EMERGENCY FOSTER CARE** - When a child needs to be urgently placed in care for reasons of safety they may be placed in emergency foster care whilst a social worker prepares a care plan.
- **GROUP HOME** - A typical house in the community which provides residential care for a small group of children (under 10) staffed by paid caregivers.

- **SMALL RESIDENTIAL CARE FACILITY** - Residential care that provides a family-like environment with low staff-to-child ratios and high standards of care.

- **INSTITUTIONAL CARE** - Large residential care facilities.

All of the above options are generally considered temporary care. The exception is foster and kinship care which in some countries can be permanent where the expectation of the families and child is that it will be a life-long relationship equal to legal adoption.

The goal with any child who enters alternative care is to achieve a permanent solution for them as soon as possible with preference given to national solutions, to avoid disruption to the child's life and relationships. Permanent, national solutions would be local adoption or reunification with their biological family. Whilst international adoption is a permanent, non-national solution.

#8 WHY IS RESIDENTIAL CARE NOT AN APPROPRIATE FIRST RESPONSE?

Although an orphanage may meet a child's physical needs, there is overwhelming evidence that it consistently fails to meet a child's social and emotional needs. For the past 60 years child development specialist and researchers have concluded that residential care cannot properly meet children's emotional or social needs.

Despite this, residential care remains the first, or often only, option given to children in adversity in many developing countries.

#9 WHAT IS THE UN CONVENTION ON THE RIGHTS OF THE CHILD?

The United Nations Convention on the Rights of the Child (UNCRC) is a legally binding international rights treaty that outlines the comprehensive rights of children. It was adopted by the UN General Assembly in 1989 and has been ratified by all but two countries worldwide. When a country ratifies the UNCRC it commits to progressively implement the articles of the CRC by changing legislation and developing policies and frameworks for implementation. Countries periodically report their progress to the CRC committee and receive feedback and recommendations.

The UNCRC outlines the basic rights of children including the right to life, to an identity, to be raised in their family and culture, to express opinions, and to be protected from abuse and exploitation. The UNCRC also recognises the importance of the family for the 'full and harmonious growth and development of the child' and obliges states to support parents in their role as primary care givers.

For children who cannot reside with their parents, or where it is not in the best interests of the child, the UN developed the Alternative Care Guidelines to give specific guidance pertaining to children who are in out-of-parental care whilst still protecting their broader rights.

Ratifying the UNCRC is one of the catalysts for governments around the world overhauling their child welfare and child protection systems, particularly where an overreliance on institutional services is causing family separation and denying children the right to live with their families or grow up in a family and cultural group.

As governments implement child protection and child welfare reforms, NGOs will be required to shift their programming to align with new frameworks and policies that prioritise family-based care and non-institutional services that preserve families.

#10 WHAT IS DEINSTITUTIONALISATION?

In the context of residential care, deinstitutionalisation is the process of reforming child welfare systems and moving away from institutional-based services towards family and community based services. This usually means developing services to replace residential care,

such as kinship care, foster care and family preservation services as well as reintegrating children who are currently in residential care back into families and communities.

#11 WHAT IS REINTEGRATION AND REUNIFICATION?

Reunification is the process of reuniting children with their original families. It is not simply the act of returning a child home, it is a broader process that includes child and family consultation, assessments, developing care plans and rebuilding bonds through home visits etc. It is outworked by trained social workers and the timeframe for reintegration is dependent on the individual situation of each child and family.

Reintegration is the process of preparing a child to return to life in the community/family, not necessarily their family of origin.

Reintegration preparation should begin as soon as a child enters residential care. It is a process of identifying the obstacles that need to be overcome for the child to leave residential care and then actively working towards these goals, ensuring that the child has the necessary skills to function in society and community and achieve full social integration.

#12 HOW DO YOU ENSURE THAT CHILDREN ARE SAFE IN THE COMMUNITY OR IN FOSTER CARE?

Often people are concerned that children in foster care will be abused or treated as second-class citizens and domestic servants. Whilst there may be a risk of this happening in foster care, the way to minimise that risk is by having good screening, foster family training and ongoing monitoring of foster care placements.

Foster families are screened and selected according to strict criteria. This criteria and screening process helps to ensure that families who are seeking foster children for financial payments, for domestic labor or other similar reasons, are rejected. Foster families that are selected are then trained in child rights, child development, behaviour management and other relevant areas. This training is provided on an ongoing basis.

Foster placements are considered temporary, and as such, must be regularly monitored. Social workers visit the children and foster families and also speak with school teachers and local community representatives to monitor the placement.

Children are also able to select a safe family in the community who they can go to if they experience a problem in their foster family. Children are taught protective behaviours and how to raise concerns of mistreatment should it happen. Overall, the rates of abuse in foster care are significantly lower than in residential care and with good screening and monitoring these risks are further minimised.

#13 WHY HAVE I NOT HEARD OF THIS BEFORE?

Whilst research and information on the potential harm of residential care and the actual situation of residential care worldwide has been around for many years, information has been slow to reach the average person. It is important for us to share these messages and encourage others to think about these issues. As this information becomes mainstream knowledge, it will shape practices, donor habits and choices.

In return it will impact the care options and standards of care available to children in difficult situations around the world.

You can become an advocate for families and share your knowledge with others.

#14 SHOULD PEOPLE VOLUNTEER IN ORPHANAGES?

Generally, volunteering in orphanages should be discouraged. What has been labeled 'orphanage tourism' is a child protection risk, it encourages the proliferation of residential care, compounds the myth regarding the number of children who are orphaned and in need of adoption and feeds the unscrupulous orphanage business, which separates children from their families to generate funds from donors and tourists. Children are often expected to perform for guests, beg in the streets or hold 'orphan events' to raise funds for their own care. This is highly unethical and exploitive and tourists and volunteers unwittingly create a market for such practices through their visiting and volunteering.

Children in residential care should be supported and cared for by permanent, national staff that share the same language and culture as the child and are able to provide stability of care. People who have no ongoing connection to an orphanage as a long-term donor, partner organisation or supporting organisation should not expect to visit orphanages.

Orphanages are the private homes of the children living there and their privacy should be protected and respected.

When someone is a long-term partner of an orphanage, visiting and volunteering should be in accordance with strict child protection policies and codes of conduct.

Volunteers should never assume caregiver roles in children's lives as this can exacerbate attachment disorders. Volunteers should never be alone with children or enter their private spaces. Volunteers should never take children offsite unaccompanied by staff. Volunteers should be screened, including police checks and working with children's cards prior to approval.

Overall, volunteering in the community is preferable to volunteering in an orphanage.

#15 SHOULD I SUPPORT AN ORPHANAGE FINANCIALLY?

Before commencing support for an orphanage, or committing to ongoing support, donors should do 'due diligence' checks to ensure the orphanage they are supporting is abiding by relevant laws, standards and utilises ethical practices. If your due diligence checks confirm that the project you are supporting is ethical, legal, of high standard and is functioning as a last resort and temporary care facility, then it is a worthwhile project to support. If, however, due diligence checks raise concerns or problems, you should attempt to talk to the orphanage directors and encourage them to explore and implement changes in practice.

If they are unwilling to embrace changes to meet standards, laws and align with the alternative care continuum, then you need to re-evaluate your support.

We recommend that if you decide to stop supporting a project, you give them due notice to ensure the children are not placed at greater risk of neglect or exploitation. ACCI Relief has an orphanage check list that can guide you through a due diligence check. This is available at www.kinnected.org.au/resources.

#16 WHAT HAPPENS TO THE ASSETS IF THE CHILDREN'S HOME CLOSES DOWN?

In the event that a residential care facility reintegrates all the children who were residing there and subsequently closes down, the buildings can be used for a whole range of other programs and initiatives aimed at keeping children in families. They can be used as a base for staff to establish and monitor kinship and foster care networks or provide services to strengthen families and communities.

For example, they can be used as community-learning centre's and provide services such as:

- Pre-School Program/ Education Programs
- Youth Club
- Kids Club
- MED courses and Vocational Training
- Parenting Classes
- Health Classes
- Community Projects (e.g. Community Gardens)

Buildings need to be assessed for suitability and proximity to the community. These factors are the most important when deciding what the building can best be used for post-transition.

FOR MORE INFORMATION PLEASE VISIT www.kinnected.org.au