



Does family reunification from residential care facilities serve children's best interest? A propensity-score matching approach in Ghana

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ABSTRACT

The U.N. Convention on the Rights of the Child declares that children are entitled to grow up in a family environment with love, happiness and understanding. Governments and international child welfare agencies have promoted the reintegration of children currently in residential care facilities with family or other caregivers. We assess whether 157 children who spent time in a Ghanaian residential care facility but who have been reunified with their families scored differently on a battery of standardized child wellbeing measures than 204 children still living in residential care facilities using propensity score matching models. Results suggest that outcomes, including overall hope (as well as hope pathways and hope agency) and access to basic resources as measured on the Child Status Index, differ between children who were and were not reunified. These results underline the importance of supporting children's physical and psychosocial developmental needs. Children who were reunified with family members or other kin may require additional support regarding access to basic resources whereas interventions designed to increase hope in the future may benefit children in residential care. We urge a redoubling of efforts to care for children under carefully designed national schemes providing resources, trained personnel, and sustained case management.

1. Introduction

In its seminal call to action, the United Nations Convention on the Rights of the Child (UNCRC) declared that every child, “for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love, and understanding” (United Nations, 1989, p. 1). Twenty years after the adoption of the CRC, the United Nations General Assembly adopted the Guidelines for the Alternative Care of Children (“the Guidelines”) (United Nations, 2010), to provide a framework for caring for children without parental care. The Guidelines reinforce children's right to family and discourages institutional settings whenever possible. These international norms are based on a body of research suggesting that family-based care is superior to care in large residential facilities in terms of children's physical, social, cognitive, and emotional outcomes (Csáky, 2009; Zeanah, Smyke, Koga, & Carlson, 2005).

While these international norms have catapulted a global shift toward family-based care, complex interplays between economics, migration patterns, parental deaths, educational challenges for children,

and others, have posed formidable barriers to realizing the vision. When adequate parental care is not available, alternative (non-parental) care options in family settings such as foster care and domestic and international adoption are difficult to realize in the current political, cultural and economic contexts, especially in developing countries (Chipungu & Bent-Goodley, 2004; Roby, Rotabi, & Bunkers, 2013; Stuckenbruck & Roby, 2017). Residential care facilities (aka ‘orphanages’) have thus proliferated rapidly, antithetical to the global policy trend (Lumos, 2017). Worldwide, an estimated two to eight million children reside in institutional care settings and this number may be far higher due to difficulties registering and accounting for residential care facilities (RCFs) (Lumos, 2017; Petrowski, Cappa, & Gross, 2017).

Most recently, reintegration, defined as “the process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life” (Inter-Agency Group on Children's Reintegration, 2016, p. 1), has emerged as a low-cost solution for children living in RCFs (Csáky, 2009). Reintegration efforts have been documented in several

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countries, and the trend is poised for rapid escalation.

But is there evidence that reintegration from RCFs in fact serves the best interest of the child? Are children merely being sent back to the very contexts that resulted in their placement in the RCF in the first place? How, specifically, does reintegration advantage or disadvantage these children over institutional care? Current evidence related to this question is sparse but informative. The Bucharest Early Intervention studies showed convincingly that very young children living in situations of extreme neglect in institutions experienced dramatically worse outcomes when compared to children sent to trained foster homes. In the current context, however, such extremes on either end (entirely neglectful institutions or highly trained foster homes) are only rarely encountered and many children currently in RCFs are older than the Romanian children. [Nsabimana \(2016\)](#), compared school-aged children in Rwanda and found institutionalization to be largely negative, especially for children with living parents, (2016, p. viii), although the study was limited solely to psychological dimensions.

In order to gain a deeper understanding of comparative child wellbeing in both settings, we assessed child wellbeing with school-aged children and youth (8–19 years of age), employing data collected from 204 RCF children and 157 reunified children from across Ghana. We utilized instruments that have been standardized and validated in Africa, such as the Child Status Index (CSI), the Strength and Difficulties Questionnaire (SDQ), the Children's Hope Scale (CHS), and a structured survey instrument to assess access to basic resources. We then employ propensity score matching, a methodological approach that permits us to mimic, although not perfectly replicate, a randomized control trial where an exact controlled trial is not feasible. Hence, this study represents one of the most systematic efforts to-date to measure multiple dimensions of child wellbeing for reunified children versus children remaining in residential care centers. Throughout this article, we use 'reunified' and 'reintegrated' somewhat interchangeably; the former denotes physical placement of the child with family where the latter denotes a longer-term process. We generally use 'reunified' for the children who have been returned home because we did not measure the level of long term reintegration for each child; however, we did not include any children who had been reunified for less than six months to reduce the impact of a possible 'honeymoon' period.

2. Conceptual framework

Our conceptual framework is anchored on notions of children's rights and the concomitant international norms. We take as our starting point that children have rights to basic needs such as health, safety, education, nutrition and care for their survival and development ([United Nations, 1989](#), Art. 3, 6, 18, 23, 24). These needs can most ideally be met in a family environment for children's optimum development, making growing up in such an environment another key right ([United Nations, 1989](#) Art. 20). However, poverty and accompanying issues around resources, delivery infrastructure, and political priorities, along with the AIDS epidemic, can divert attention away from fragile families in nations without a social safety net ([Better Care Network, and UNICEF, 2015](#)), resulting in the lack of adequate nutrition, shelter, health care, and education. Residential care provides a 'default' care system ([Meintjes, Moses, Berry, & Mampane, 2007](#)) rather than an emergency measure. Consequently, millions of children are in institutions ([Csáky, 2009](#)) although 80–90% of them have a family member with whom they could reunite ([Williamson & Greenberg, 2010](#)).

While children's access to basic needs must be met, experts have argued that family-based care is also an essential aspect of wellbeing and development. This right to safe and nurturing family-based care is built largely on theories of attachment. At its core, attachment theory advocates for the primacy of interpersonal relationships in child

development ([Ainsworth & Bell, 1970](#); [Bowlby, 1982](#); [Bretherton, 1992](#)). The relational attachments children develop with their primary caregivers (often the mother) are thought to enable or hinder a child's social, cultural, cognitive, and educational development. This theory is well supported by a long line of research across disciplines such as medicine, neuroscience, molecular biology, epigenetics, and the social and behavioral sciences, now firmly establishing the persistent impact of attachment on the positive development of children ([Dykas & Cassidy, 2011](#); [National Scientific Council on the Developing Child, 2012](#); [Sroufe, 2005](#)). Perhaps the best known, the Bucharest Early Intervention study found that nearly all children living with their families experienced fully developed attachments, compared to just 3% of children in RCFs ([Nelson, Furtado, Fox, & Zeanah, 2009](#)). Attesting to the power of attachment, for every three months spent in a RCF, a child is believed to lose an estimated one month of development ([van IJzendoorn, Luijk, & Juffer, 2008](#)). We note, however, that this compares the two extremes in placement settings: trained foster homes and large institutions with low staff to child ratios.

Given these two bundles of rights and intertwined developmental needs, the question is whether reunification from residential care is in the best interest of children, taking into account multiple dimensions of wellbeing. To date, reintegration studies have focused mostly on children transitioning back from being recruited as child soldiers ([Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010](#); [Eleke, 2006](#)), having lived on the streets ([Harris, Johnson, Young, & Edwards, 2011](#); [Smith & Wakia, 2012](#)) or juvenile detention ([Wernham, 2004](#)) and/or having been exploited in the sex market ([Asquith & Turner, 2008](#); [Reimer, Langelier, Sophea, & Montha, 2007](#)). In fact, a comprehensive review ([Wedge, 2013](#)) of reintegration efforts in low and lower-middle income countries concluded that no studies focused on children returning from residential care settings had been found. Since then, a doctoral dissertation ([Nsabimana, 2016](#); $n = 177$) has focused on the psychological impact of institutionalization and deinstitutionalization (reunification), against never institutionalized reference group in Rwanda where the government has pursued an aggressive course of deinstitutionalization ([Weiss, 2015](#)). Our study is an effort to better understand the wide-ranging advantages and limitations of both settings, in hopes of contributing to improving policy, programming and research.

3. The momentum behind reintegration

3.1. Research evidence

As suggested earlier, the current literature is dichotomized along the question of whether children fare better in family-based care or in residential care facilities, rather than focusing on reunification vs. remaining in RCFs. A well-established strain of research, mostly based on samples from developed countries, in the social and behavioral sciences holds that care given by an intact family will, on average, produce the most optimal outcomes for children ([Amato, 2010](#); [McLanahan & Sanderfur, 1994](#); [McLanahan, Tach, & Schneider, 2013](#)). Many studies have shown that children living in families fare better on a range of outcomes than children living in an orphanage or similar living situations ([Johnson, Browne, & Hamilton-Giachritsis, 2006](#); [Kang'ethe & Makuyana, 2014](#); [Merz, McCall, & Groza, 2013](#)). Early psychosocial neglect may alter children's brain patterns ([Stamoulis, Vanderwert, Zeanah, Fox, & Nelson, 2015](#)), compromise memory and recall abilities ([Bos, Fox, Zeanah, Nelson III, & Nelson, 2009](#)), and produce elevated risk of psychological and emotional problems ([National Scientific Council on the Developing Child, 2012](#)).

Other research has suggested that children in RCFs may not be at such a disadvantage compared to their non-institutionalized

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