

Christian Care for Orphans and Vulnerable Children:
An Ideological Shift in Methodologies of Care

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Abstract

Following the Biblical instruction to serve the orphaned and vulnerable, many members and congregations of the Christian Church have traditionally supported and established residential care for orphaned and vulnerable children. However, the propensity of the Christian Church to support residential care may stem from an all-consuming ideology of providing structure to perceived chaos. Based on current research, most residential care models do not provide adequate care and environments for children to develop properly (Delap, Georgalakis, & Wansbrough-Jones, 2009; Williamson, 2004; Williamson & Greenburg, 2010). Experts have endorsed a shift in care methodologies for orphaned and vulnerable children (Miles & Stephenson, 2001; Oswald & Forbes, 2009; Williamson & Greenburg, 2010) and suggested community development and capacity building, kinship and foster care programs, and family reunification as some alternative responses to orphaned and vulnerable children. The Christian Church must prayerfully consider the importance of an ideological shift from residential care towards holistic models of family and community-based care for orphaned and vulnerable children to experience the shalom of the family.

Christian Care for Orphans and Vulnerable Children: An Ideological Shift in Methodologies of Care

In the Book of James, Christians are instructed to serve the poor, the widow, and the orphan (Jas. 1:27, New International Version). Throughout the Bible many more passages instruct Christians to care for the orphaned and vulnerable (including Isa. 1:17, Dt. 24:17, Ps. 113: 7). In response to the instruction to serve orphans, the Christian Church has supported several methodologies of care. From the large institutions of George Muller to the small missionary-led children's homes in South America, Christians have sought to care for and support orphaned children. Residential models of care for orphaned and vulnerable children have been a prominent traditional response from Christian churches and missionaries. In this study, the author's intention is to explore whether traditional residential care models are the best response to the need of orphan care and protection. More importantly, are these models the best use of the Church's resources, and do they result in the type of care that God intended for orphans and vulnerable children?

Inspired at a young age by those that served orphaned children in poor and developing contexts through orphanages and residential care, I developed the desire to run an orphanage of my own. As a young adult, I studied orphan care and realized that standards of care in many orphanage facilities needed improvement, and my desire to run an orphanage shifted to a desire to assist with facility improvements, upgrades, and child development training for staff. Through further research of orphanage development, as well as sustainable funding efforts for children's homes and institutions, I began to question residential care for orphaned and vulnerable children. Is residential care the best care for children? Is residential care the type of care God intended in His instruction to serve the poor and orphaned? Is residential care a cost effective method of

caring for orphaned and vulnerable children? What are the root causes behind the placement of children within residential care? Why are many of the children living in orphanages and residential care not truly orphaned? Why has the Christian Church supported residential care? I desired to find where God was working in the context of orphan care and how He was leading or even challenging the Church on traditional approaches to orphan care.

As part of my effort to answer these questions, I visited a Christian children's home in Mexico. The children at the home were loved and their most basic needs were met; however, several children's home staff, funding church members, and I had questions and saw challenges of how to adequately provide for the children and whether the children received the optimal care and attention they needed despite the altruistic intentions of the staff. Additionally, I noticed some areas of the children's home where God had begun to refine, redefine, and challenge the current model of care employed by this particular children's home. He began to develop leadership to reach out to a local impoverished community in partnership with a local pastor. A large portion of this outreach was to families and caregivers of vulnerable children. Serving these families would enable children to remain in their homes and community instead of being relocated to a residential care facility due to poverty. God had also worked in the North American church that supported and visited the children's home several times per year. The leadership within the church realized that God wanted them to be a part of something bigger and reach more children and families in Mexico. A part of that vision was to work alongside the local Mexican church to support families to care for their children. This North American church was challenged to question their traditional approach and support toward orphan care.

A new vision for support and an initial shift in thinking about care for the children in this Mexican community is exemplary of the love God has for vulnerable children and the challenges

He has posed to His Church in relation to care for orphaned and vulnerable children. Through my experience at the children's home and research of residential versus community-based care, I concluded that the Christian Church must prayerfully reconsider their involvement with residential care for orphaned and vulnerable children. The Church must endorse an ideological shift away from the traditional practices of orphan care towards a more holistic family-structured and community-centered approach. Through this approach the Church will be better able to address the root causes of familial inability to care for their own children and restore shalom within impoverished and broken families. Authors of current literature and research on orphan care have also suggested that a shift in care for orphaned and vulnerable children is needed throughout the world (Miles & Stephenson, 2001; Oswald & Forbes, 2009; Williamson & Greenburg, 2010).

Definitions

For the purposes of this paper the term *orphan* is defined as a child without a living father and mother. The term orphan is often contested within the literature on orphan care and there has been great politicization of this term in the media especially related to HIV/AIDS orphans in Africa and related fundraising efforts. A point of contention is the definition of the term orphan which has been defined by the United Nations as "a child who has lost one or both parents" (as cited in Irwin, Adams, & Winter, 2009, p. 12). This definition can lead to conflicting reports on the number of orphans as well as the general public's understanding of the orphan crisis in Africa and other countries. According to Teresa Malila, Founder and Executive Director of Somebody Cares in Malawi, the term orphan did not exist in Malawi until recently; historically, the Malawian term for a child without parents meant a child in need of care (Cox & Mueller, 2010). Malila defined any child in need of Somebody Cares' services as vulnerable. In this paper the

term *vulnerable children* is defined as children from backgrounds of abuse, abandonment, broken homes, families facing severe poverty, and/or children that have been separated from their original family due to various causes. Throughout this paper children referenced as in need of care are often termed collectively *orphaned and vulnerable children*.

The term *residential care* is defined in this paper as a care facility where children reside in the absence of parental or family care. Examples of residential care include orphanages, institutions, and children's homes. In this paper, the definition of residential care does not include boarding schools as they are not a traditional response to orphaned and vulnerable children. Familial and residential methods of care are examined through the lens of shalom throughout this paper. *Shalom* is defined by Wolterstorff as "the human being dwelling at peace in all his or her relationships: with God, with self, with fellows, with nature" (as cited in Conn & Ortiz, 2001, p. 347). Throughout this paper shalom as defined by Wolterstorff is used to describe peace and wellbeing within the context of the family and restored community.

In this paper the term *poverty* is defined by a lack of material resources as well as a lack of access to power, health care, education, and other public services (Groody, 2007). Additionally, poverty is described as deficiency in relationships (Myers, 1999). In this paper, the Christian Church is defined as encompassing all Christian denominations. Furthermore, references to the Church are synonymous with the Christian Church. The Christian Church is exhorted to reassess their involvement with care for orphaned and vulnerable children in relation to issues of poverty, deficiency, and vulnerability.

Traditional Responses to Orphaned and Vulnerable Children

Over the course of human history, people have responded in many ways to orphaned and vulnerable children. A Biblical example of orphan care is the story of Esther. As a child Esther

was taken in by her elder cousin Mordecai when her parents died and he raised her as his own (Est. 2:7). Similar scenarios of orphaned and vulnerable children taken in by extended family have been replicated by families since Biblical times and into the present day. Extended familial (or community) care is a holistic response to God's mandate to care for the orphan. Orphaned children in a new family context continue to experience the breadth of love and nurturing required to fully develop.

Sadly, throughout history and into the present day, families and entire communities have experienced physical, spiritual, and relational impoverishment. Families and communities that experience extreme poverty are unable to adequately care for their own children or additional children due to lack of resources and/or opportunities. Over the past few centuries the experience of severe poverty often influenced the removal of children from their family and placement into residential care facilities.

Historically, many organizations and individuals established residential care facilities for children from poor or broken homes, as well as orphaned children. The case study of George Muller and the Bristol Orphan Houses (Matisko, 1984) is an example of a historical Christian response to orphaned and vulnerable children. During the 19th century, many families and communities in England were deeply impoverished and children were often sent to poorhouses or prisons (Matisko, 1984). Muller's ministry to poor and vulnerable children in Bristol England began with day schools that taught basic education and Christian principles for poor boys and girls. After a few years of service in Bristol, Muller felt led by God to create Orphan Houses for some of the poor children. Muller's efforts resulted in residential care facilities that housed over 9,500 children for more than 70 years (Sims, 1939). The Orphan Houses developed by George

Muller in 19th century England is a representative model of residential care for orphaned and vulnerable children that shaped current orphan care models.

Muller was a man of great faith and his desire to serve orphaned and vulnerable children in 19th century England should be appropriately acknowledged by the Christian Church.

However, what might have occurred if Muller had the resources to support entire families and bring them out of the poorhouses? How might communities have changed? Would there have been a need for the Orphan Houses? If Muller's ministry to the poor had supported the entire family to care for their children, children might have remained within their family. If parents and caregivers were provided the opportunity to gain employment, families and communities might have moved out of material poverty and experienced hope. Christ could have been experienced more fully in a community where families received support and opportunities to care for their own children and escape poverty.

Since Muller, Christian missionaries, churches, and organizations, as well as governments and non-government organizations (NGOs), have replicated the Orphan House or residential model and produced various residential care facilities for orphaned and vulnerable children. In response to the HIV/AIDS crisis in Africa, an increasing amount of residential care facilities for orphaned and vulnerable African children have been built by governments, churches, and NGOs. The number of AIDS orphans in China has increased as well, and the Chinese government responded with residential care facilities for the orphaned children (Qun et al., 2009). In Cambodia, several NGOs have established orphanages to house children that experience severe poverty most often due to historical and current political instability (Emond, 2009). These are only a few of the countries where children face poverty, abandonment, and

parental loss. All too often the current response to the immediate needs of vulnerable or orphaned children in developing countries is residential care.

Research conducted by Foster (2004) of the responses of faith-based organizations (FBO) to orphaned and vulnerable children in six African countries indicated that many FBOs were involved in community-based care initiatives such as HIV prevention programs, day care centers, vocational training, medical care, counseling services, and basic material support for orphaned and vulnerable children; however, a high percentage of the Christian congregations and organizations interviewed continued to provide residential care as a response to orphans and vulnerable children. Williamson and Greenburg (2010) acknowledged, "In Zimbabwe...24 new orphanages were built between 1996 and 2006. Eighty per cent of these were initiated by faith based groups with 90 per cent of the funding coming from Pentecostal and non-conformist churches" (p. 9). Although Foster's (2004) report of the progressive involvement of Christian congregations and organizations in community-based support to families in Africa may be indicative of a shift in care towards orphaned and vulnerable children, the Christian Church must continue to reevaluate their involvement and support of residential care facilities. Conversely, investment of resources into families and communities will allow children to remain within the shalom of the family or family-like care.

Although residential care facility staff have cared for many orphaned and vulnerable children in recent history, a different approach is required to support and care for the current number of orphaned and vulnerable children. Delap, Georgalakis, and Wansbrough-Jones (2009) acknowledged, "The figures on some categories of children without parental care that do exist suggest that there are at least 24 million children without parental care globally" (p.10). A different approach towards care for orphaned and vulnerable children must be applied to reach

the vast number of children in need of care in addition to prevention efforts that aim to keep children within their family context. Based on current research and understanding of the support needed by orphans, families, and children separated from their families, traditional residential care responses are no longer the best option for orphaned and vulnerable children. As Pastor Gino Grunberg asserted:

We [Christians] often have a tendency to think that because God worked in a particular way through one missionary, that model is the formula to rectifying a similar situation. We cannot try to plug into other individual's formulas; we must ask what God is doing today and discover who God has asked us to be in the situation. (personal communication, February 15, 2011)

Churches should reflect on Pastor Grunberg's wise words as they evaluate their current responses to orphan care and the reasoning behind the methodology and implementation of their responses. A portion of the assessment must include questions related to the outcomes and effectiveness of current and historical responses to orphaned and vulnerable children, such as: Are traditional responses such as residential care meeting all the needs of the children who live there? Are the children experiencing shalom? Are changes needed to better care for orphaned and vulnerable children?

Are Traditional Responses Working?

The common residential responses from Christian churches and organizations towards vulnerable children and orphans, such as orphanages, institutions for children, and children's homes, have provided resources and care for many children. Unfortunately, the resources and care offered through these responses have only fulfilled some of the children's needs. Relational, cognitive, and emotional needs of children are often not fully met in residential care facilities. As

churches begin to address questions related to the effectiveness of residential care, they should also consider alternative care models that enable children to be raised and cared for within the context of a family or family-like setting.

Residential Care Facilities Are Not the Best Care Model

Recent research on the effectiveness of institutional models of care has been conducted by global NGOs such as UNICEF, the WHO, World Vision International, Tearfund, and several others. The common conclusion of these organizations has been that residential models of care are not the best models and several alternatives such as family-structured care, community-centered care, and other family-based alternatives for children have been suggested. Residential models of care for orphaned and vulnerable children are more expensive than familial care (Delap et al., 2009); children in residential care often lack cognitive and emotional development opportunities (Williamson & Greenburg, 2010); children in residential care frequently experience greater stigmatization (Oswald & Forbes, 2009); and children in residential care often miss out on typical childhood activities such as sports clubs, family outings, and visiting friends. Additionally, children learn cultural customs, values, and skills within the family context (Greener, 2003; Olson, Knight, & Foster, 2008), and residential care facilities often do not provide the necessary socialization for the children within their care to become productive adults within their society or culture. According to the Faith to Action Initiative, a faith-based network that is focused on better care for orphaned children in Africa:

Orphanages, while sometimes needed as a last resort, alone are not the solution to the orphan crisis. We no longer place children in orphanages in the United States. We have long recognized the importance of family care for American children. However, many well meaning donors, churches and faith-based organizations are still funding orphanages

as a primary solution to Africa's orphan crisis. Unfortunately years of experience has demonstrated that reliance on orphanages is neither cost-effective for the donor nor does this model meet all of the needs of the children. (“Orphanages”, 2011)

As suggested by members of the Faith to Action Initiative, a different approach to orphan care is needed and the faith community has the opportunity to respond to this need both financially and prayerfully.

Cost. As stated above, the cost of residential care for children is much more expensive than the cost of raising a child within a family or kinship network (Delap et al., 2009). Bold, Henderson, and Baggaley (2006) stated, “One study shows that providing institutional care costs six times more than local fostering. Family-based care is widely viewed as better serving the interests of the child and as a much more efficient use of resources” (p. 7). If governments, churches, and NGOs allocated funds and resources directly to families or community-based care initiatives for children separated from their original families, children could remain within the familiar context of families, kinship networks, and communities. The cost of residential care must be prayerfully assessed by the faith community as we seek to support and care for orphaned and vulnerable children and simultaneously be good stewards of the resources God has provided.

Stigmatization. Children who reside in residential care often experience stigmatization. Orphaned and vulnerable children can experience communal and cultural stigmatization from statuses connected with their vulnerability such as HIV/AIDS, gender, disability, sexual exploitation, or simply living in residential care (Oswald & Forbes, 2009). Most often children in residential care continue to experience poverty even though their most basic physical needs are met. According to Boyden and Feeny (2003):

Poverty can be a source of stigma and shame for children all around the world, leading to abuse by peers, particularly in institutions such as schools, where the inability of poor children to conform physically, materially or intellectually often incites bullying. (p. 27)

Children in residential care may also experience inadvertent stigmatization from facility caregivers or staff. Biological children of the staff or caregivers may be treated slightly different and given more leniency than non-biological children living in the same facility. A difference in treatment may also aggravate typical issues of attachment in children from abused and neglected backgrounds living within residential care (Greener, 2003).

Lack of cognitive and emotional development. In a study of a Cambodian orphanage, Edmond (2009) noted that the children at the orphanage viewed being away from their families and the love and warmth biological parents provide as the negative aspect of the orphanage. Although the children who were placed in the home due to familial poverty were grateful for the basic needs that were provided to them, they missed their families. This particular orphanage in Cambodia took in many children due to familial poverty; most of the children were not technically orphans and could have received loving care from their parents if their parents had more resources (Edmond, 2009). Similarly, a study conducted at a residential care facility for boys in Zimbabwe found that the boys prioritized what they needed most as love, family-like environment, education, and a focus on their future (Dee, 2004). The boys at this home longed for more spiritual and emotional support such as attention, recognition, and spiritual guidance in addition to having their basic needs met. Children in residential care long for more emotional attention as there are often not enough adults to give each child the individual attention they need. Williamson and Greenburg (2010) declared, “A particular shortcoming of institutional care is that young children typically do not experience the continuity of care that they need to form

lasting attachment with an adult caregiver” (p. 5). Williamson and Greenburg (2010) also discussed the difficulty of adult staff to children ratios in institutional care facilities and the lack of individual attention children receive as a result. Unfortunately, the common challenge of staffing residential care facilities with long-term adult caregivers limits the love and support received by children that live at the care facility.

The amount of care and investment a parent or permanent guardian can provide to a child is much more than residential care staff can or do provide. According to authors of an EveryChild report, “Children without parental care often experience mental health problems, owing to the trauma of separation and/or the poor quality care and protection received” (Delap et al., 2009, p. 18). Orphaned children and children who have been removed from their parents due to poverty or abuse continue to experience trauma even within residential care. The act of separation and the lack of individual attention from residential care staff can add to the trauma a child may experience from being removed from their family and home or losing their parents. Mooli Lahad researched children who experienced traumatic events and provided insight into a child’s need for individual time with adults. White and Wright (2003) stated, “Lahad found that the greatest thing that children needed was a *witness* – someone who walked with them in their worlds, believing them, being with them, quietly, noisily, reliably, honouring them with their time, their love, their all” (p. 119). Children who have experienced the death of one or both parents, the trauma of war, natural disasters, abuse, and removal from abusive homes need an adult to invest in them and be present. The presence and interest of adults is crucial to a child’s development whether in a family or in family-like care. White (2003) asserted, “The overriding need of every child is to be loved by, and to love, one or more significant adults” (p. 123).

When outsiders visit a residential care facility, the children there often happily engage with them, hug them, hold their hands, or want to be close to them. This behavior is often viewed as endearing and indicative of happy, friendly children; however, affectionate and trusting behavior towards strangers indicates potential problems with attachment. Williamson and Greenburg argued, “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” (2010, p. 6). Children within residential care often lack a sense of security and reach out to develop bonds with many adults they come in contact with.

Many children in residential care arrive after experiencing abuse and neglect. Greener (2003) affirmed, “Abused and neglected children are very likely to experience developmental delays in all domains of functioning: cognitive, physical, social and emotional” (p. 133). If residential care facility staff members are unable to adequately care for and love children from abused and neglected backgrounds, those children may continue to experience developmental deficiencies throughout their life. Christian residential care facilities aim to love the children in their care as God has requested (Jas. 1:27, Isa. 1:17); however, it is imperative that Christian organizations reflect on whether they are able to fully provide the love and care children need in a residential care setting.

Based upon the assertions of the authors above related to the lack of emotional attention children in residential care receive, a shift in current perspective and models of care for orphaned and vulnerable children is needed. Christian churches must reevaluate their ministries to orphaned and vulnerable children and their involvement with residential care facilities and ask God where He might have them adapt or integrate new responses. An important part of the

reevaluation process will involve a looking inward and an assessment of the motivation behind decisions to be involved in traditional responses to orphaned and vulnerable children.

Is an Institutional Response Ideological?

As members of the Christian Church reflect upon their motivation for service to orphaned and vulnerable children, they must also reflect upon the concepts of ideology. They should ask what ideology is driving their perspectives on methodologies of care for orphaned and vulnerable children. Is their ideology of care for orphaned and vulnerable children driven by concepts of order, ethnocentrism, or an unwillingness to change or incorporate alternative perspectives? Christians must be careful not to fall prey to negative and all-consuming ideology that can lead to idolatry (Goudzwaard, Vander Vennen, & Van Heemst, 2007). Goudzwaard, Vander Vennen, and Van Heemst (2007) described negative ideology that is driven by an obsession towards meeting our goals “regardless of the cost” (p. 27). Goudzwaard et al. asserted, “The means to our ends function as idols or gods; we enthrone them as the developmental powers that will deliver us the promised end” (2007, p. 27). Has the Christian Church enthroned residential care as the answer to caring for the needs of orphaned and vulnerable children even at the cost of developmental deficiency and stigmatization of orphaned and vulnerable children? The intention of the Christian Church has been to care for orphaned and vulnerable children and share the love of Christ with them in word and deed; however, the order and structure embodied by a residential model of care seems to have become the overriding goal. Caring for orphans and vulnerable children without parents or caregivers is a wonderful and necessary goal. However, the Christian Church must ensure that their goals do not become ideological obsessions by questioning the reasoning and motives behind their service to orphaned and vulnerable children and the level of care the children receive.

In a study of urban community development, Conn and Ortiz discussed misperceptions toward the poor and declared, “Middle- and upper-class observers assume the good life is defined by order and the choices that wealth make possible” (2001, p. 171). Poor families are often perceived to lack order, items, and options; however, outsiders can miss community defined assets such as community relationships and the beauty of living life together by making an “ideological judgment” (Conn & Ortiz, 2001, p.171). What an outsider may view as chaos, a poor community or family may view as beauty, organization, structure, and friendship within their community. This perspective on definitions of order and chaos is related to the historical tendency for Westerners to create residential care facilities as an attempt at order and structure instead of providing support to keep children within their own families and kinship networks, or attempting to support community-based care options that already exist within the culture or country. A response made with the purpose of ordering and structuring perceived chaos and poverty is an ideological response lead by ethnocentric or egocentric ideals.

The Christian Church must not allow an ideology of residential care to hinder movement and change towards alternative models of care for orphaned and vulnerable children such as family and community-based care models. The Christian Church must shift from any negative or all-consuming ideologies to an ideology of love, peace, service and care towards orphaned and vulnerable children. Many members of the Christian Church seek to serve orphaned and vulnerable children in response to James 1:27 – “Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress” (NIV). If the motive behind care for orphaned and vulnerable children is Biblical teaching of living out right relationship with others to lift the poor out of poverty and care for the vulnerable, the consequent acts of service will represent a shift in methodologies of care. Maintaining focus on “loving

service” and Christ’s call to right relationship with others will enable escape from ideological constructs. An important question the Church must address, assess, and evaluate as they seek to serve orphaned and vulnerable children is whether they have gotten caught up in an ideology of residential care. The Church must be the global example of living out truth and not living out ideology.

How do we, as individuals and a Christian community, embody and live out Biblical principles of love and communion with others, especially toward orphaned and vulnerable children? Groody declared, “For the church to be a credible, prophetic voice in a world of injustice, it must first embody that which it hopes to realize in a global society” (2007, p. 119). Groody argued that to live out a life of communion with God and others, “reality must include the lives of the poor and, indeed, must start from there” (2007, p. 25). By focusing on the individual lives of children experiencing issues of poverty and brokenness within their families, the Church can begin to move from ideology-based service to compassionate service. Instead of responding to orphans and vulnerable children with residential care facilities that only address the surface of a child’s needs, the Church can respond by looking at the cause of orphan hood, abandonment, or vulnerability. Moving from an ideology of residential care will allow the Church to see the individual souls of the children God created and desires relationship with, instead of viewing the children as merely “poor” or “orphaned.”

How can the Church remain focused on relational responses and avoid the traps of all-consuming ideology of residential care? Groody’s (2007) description of the Greek word perichoresis provides insight on living out service and building relationships within community. The meaning of perichoresis is “to exchange places” or “to dance around” and is used to describe the relationship of the Trinity (Groody, 2007, p. 62). Groody stated, “Perichoresis ... is a way of

understanding God's invitation to humanity to join the dance of intimacy with the Trinity, to move outward toward others in love and realize our fundamental interconnectedness with one another" (2007, p. 62). As individuals within the Christian Church serving orphans and vulnerable children we must join in "the dance of intimacy" with Christ and allow Him to work within ourselves. Orphaned and vulnerable children will experience the love of the Trinity flowing outward from the service of Christians in communion with God. Only when hearts are in communion with Christ, can the love of Christ flow outward to orphaned and vulnerable children through loving service and right relationship. If a goal of the Church is to care for orphans and vulnerable children and pursue social justice in the world, we need to live out the peace and relationship we desire, not the ideological achievements of these goals.

Alternative Responses for Orphaned and Vulnerable Children

Christian ministries to orphaned and vulnerable children must shift from an ideology of structured and residential care toward family and community-based care. Those involved in Christian ministry to orphaned and vulnerable children have the opportunity to respond to new approaches of care and change their ideological responses to impoverished communities and vulnerable children within them. White (2006) asserted, "When we think of discipleship – that is, the process of growth associated with being an apprentice to Christ – we understand that a series of shifts must take place" (p. 50). A shift in Christian responses to orphaned and vulnerable children should occur as Christians in ministry to orphaned and vulnerable children grow in relationship and service to Christ.

Holistic ministries and interventions that address the root causes of poverty are better approaches to alleviate the struggle of poverty, orphan hood, and familial breakdown than residential care. Within urban and rural contexts, families can face poverty, job loss, substance

addictions, and marginalization. The opportunity to respond to these areas of need and brokenness is also an opportunity to rebuild and restore families. In a discussion of urban centers Conn and Ortiz declared, “Urban ministry aims not for order but resolution into harmony” (2001, p. 172). Similarly, Christian residential care for children can provide some order but it cannot provide resolution and harmony for children and their families. Additionally, although family care is the best for children, not all families are able to provide the best care. Thus, strengthening families and other forms of community-based care for children separated from their original families is an opportunity for the Christian Church to come alongside families and communities to care for their children.

Shalom of the Family

In response to an ideological shift of orphan care, the Church must also reflect upon the shalom of the family. God created the family to love, care, and support children as they grow and learn. Long (2000) contended, “We fully experience shalom only within the context of a family” (p. 15). Children experience shalom, earlier defined as peace and wellbeing, within the context of a healthy, loving family. Wolterstorff declared, “To dwell in shalom is to *enjoy* living before God, to *enjoy* living in one’s physical surroundings, to *enjoy* living with one’s fellows, to *enjoy* life with oneself” (as cited in Conn & Ortiz, 2001, p. 347). Christian ministries to orphaned and vulnerable children can encourage healthy, loving families by providing resources and building relationships with families. The shalom of Christ is brought about in the context of relationship. The concept of shalom implies “that individual well-being is impossible outside the context of community and divine relationships” (Harris, 1970, as cited in Long, 2000, p. 13). When the Church is engaged in relationship with local families and responding to the needs of the entire family, the opportunity for the restoration of shalom within impoverished families will increase.

Holistic ministries to the entire family or community will create physical surroundings and relationships where orphaned and vulnerable children can enjoy living.

Residential models of care do not provide the shalom found within the family and often residential care facilities can lead to a breakdown of family shalom. According to Bold, Henderson, and Baggaley (2006), “Where an institution is available, it may actually undermine the community’s motivation and willingness to develop family-based solutions. It also diverts resources away from initiatives that seek to keep children in the community” (p. 7). Similarly, Williamson and Greenburg (2010) contended that resources used for residential care would be used more effectively if distributed to families. When resources are diverted away from residential care facilities and into families or community-based care, the need for better physical care for children would no longer be present in the community and a residential care option would no longer be available. Poverty is often a primary reason families place children in residential care. Williamson and Greenburg stated, “Impoverished families use orphanages as a mechanism for coping with their economic situation; it is a way for families to secure access to services or better material conditions for their own children and others in their care” (2010, p. 8). When physical and economic resources and opportunities are provided to families and family-like care contexts, children will be able to remain within their families and within the context of shalom.

Residential models of care often supported by the Church have caused an increase in the number of children living away from their parents. By establishing the option of residential care instead of channeling resources into families, many ministries have inadvertently divided families. God created families for children to grow within the continuity of care that only parents and extended family can provide. By providing a residential care option, many parents released

their children to a type of care most often lacking in shalom. Barth (2005) argued, “Until we more eagerly embrace the disappointing evidence of the value of residential treatment and generate significant alternatives, many children and families will not move on to a better life as a result of involvement with residential care...” (p. 161). The focus of any child care and community development effort must be to restore shalom to the child, their entire family, and their community.

The Church must initiate pragmatic changes to holistically care for orphaned and vulnerable children and promote the shalom of the family. Alternatives to residential care such as community development efforts, programs that strengthen and build the capacity of parents, kinship-care programs, partnerships with local churches and leadership, family reunification, and foster care programs must be assessed by the local and outside church, as well as Christian NGOs, within each community context. The Church must consider and employ alternatives to care for orphaned and vulnerable children to truly answer God’s call to serve the orphaned and vulnerable and to restore shalom to impoverished families and communities.

Several alternative care models for orphaned and vulnerable children have been employed and endorsed by large faith based NGOs including World Vision International and Tearfund. These organizations are greatly experienced in child and family development and care. According to Miles and Stephenson (2001), “Tearfund ... wishes to contribute towards the process of raising awareness about reform, promoting alternative approaches to residential care and setting out guidelines for ‘good enough’ practice in residential care where there is no immediate alternative” as an alternative to funding residential care (p. 12). The approaches to alternative care described below should be vetted against cultural and community relevance by churches and organizations before implementation; however, when implemented appropriately,

these alternatives to care will increase the shalom of the family and the level of care received by orphaned and vulnerable children within original or alternative family contexts.

Community Development and Capacity Building

According to Williamson and Greenburg, “Strengthening families should be the first priority, always and everywhere” (2010, p. 15). Several authors and organizations including Williamson (2004), the Better Care Network, and EveryChild have argued that focusing on family care for vulnerable children is needed instead of residential care. Williamson and Greenburg (2010) contended, “...families have better potential to enable children to establish the attachments and other opportunities for individual development and social connectedness than does any form of group residential care” (p. 20). God structured the family to contain all the components that a child would need to fully develop. Creating and extending support and capacity building programs for families and communities experiencing poverty and struggling to raise their children would address root causes that lead parents or caregivers to place children in residential care. Many families release their children to social services agencies, residential care facilities, and churches due to poverty and inability to care for their children. Capacity building programs could enhance the ability of parents, extended family and/or caregivers to care for their own children financially and emotionally. Additionally, strengthening support for community-based and alternative family models of care for children separated from their original families will enable caregivers to provide for the children in their care. The authors of the JLICA report “Home Truths: Facing the Facts on Children, AIDS, and Poverty” stated, “Building up the resources of families and communities that are already providing for children, rather than creating artificial structures to replace families, is the logical direction for a more efficient, effective, and sustainable response” (Irwin et al., 2009, p. 13).

There are many options and methods to increase parental or caregiver capacity and to increase social and economic development in impoverished communities. Some examples of community development efforts include job skills training, micro-lending, education improvements, agricultural development and/or community farming, clean water projects, protein source development, and community center development or creation of community groups for social and spiritual development. Churches can partner with local leadership in impoverished communities to create and establish one or more of the efforts listed. Support in these areas could boost the social and economic needs of a community. When economic resources and basic needs are available to parents and caregivers through community development efforts, many will not need to place their children into residential care.

Some communities may need specific programs for struggling parents or caregivers such as substance abuse and/or HIV prevention programs (Williamson & Greenburg, 2010). Churches in vulnerable communities should focus on prevention methods as some parents, caregivers, and community members may already be affected by substance abuse or HIV. Miles and Stephenson (2001) suggested several methods to strengthen the capacity of families including the following: family spacing programs, integrated development programs that “strengthen the capacity of the community to absorb children,” day care centers for working parents, respite care for children and parents, parenting education, tracing programs, and the “development of informal village schools and literacy programmes to enable children to be educated ‘at home’ rather than needing to live in hostels in the cities” (2001, p. 14-15). Funneling resources into capacity building and strengthening programs such as those listed above will improve more families, community care programs, and individuals than a residential care facility. Additionally, such programs and

resources would provide parents and caregivers with the option to keep their children in their home and community.

Somebody Cares in Malawi is an example of a Christian organization joining with local and outside churches to support and strengthen families and communities experiencing the severity of the AIDS crisis in Africa. The focus of Somebody Cares is:

On empowering and building the capacity of communities and local churches to care for widows and orphans through community healthcare, early childhood and youth development, spiritual development through pastoral and leadership training, community-based mitigation of the impact of HIV and AIDS and humanitarian response. (“Home”, 2007)

According to Somebody Cares Executive Director, Teresa Malila, the cost of capacity building and community development programs is far more effective than building a residential care facility (Cox & Mueller, 2010). By strengthening extended family and the community to care for children from families suffering from AIDS, children are able to remain in loving homes and experience shalom. Malila stated, “The greatest need is to build the ability and to build the capacity of the parents to take care of that [orphaned or vulnerable] child and any other children in the surrounding area” (as recorded in Cox & Mueller, 2010).

As the number of AIDS orphans and vulnerable children continues to rise in Africa, traditional African models of care should be supported instead of residential care. Foster (2004) affirmed:

It has traditionally been said that there is no such thing as an orphan in Africa. Children who lose their parents are normally incorporated into a relative's family. For the most part, relatives treat orphans they care for in the same way as their own biological

children. Many go to considerable lengths to keep orphans in school, including borrowing money through informal networks and selling their own assets. But with increased numbers of orphans, reduced numbers of caregivers, and weakened families, the extended family is no longer the safety net that it once was, though it remains the predominant source of care for orphans in Africa. (p. 3)

The Christian Church has the opportunity to support community-based and traditional methods of care for orphaned and vulnerable children in Africa by strengthening families and communities through programs like those utilized by Somebody Cares. According to Foster (2005), “Strengthening community-level responses must be the cornerstone of any support strategy for orphans in Africa” (p. 177). Every effort to support health, education, and family counseling should be made to restore African families and communities affected by AIDS and poverty to the shalom-producing model of African extended family care. Efforts made to strengthen African families and communities will provide orphaned and vulnerable children with a context of shalom unavailable in residential care.

Kinship care, foster care, and community capacity building are options which can sometimes be utilized to strengthen families in cases of abuse. An outreach focused on domestic abuse prevention in Serbia is an example of community efforts to prevent removal of children from homes. Mobile outreach teams comprised of “social workers, psychiatrists, and medical and educational experts who are well known in their local communities” visit families where domestic abuse has been reported by a local authority (Bold, Henderson, & Baggaley, 2006, p. 38). These mobile teams reach into the lives of families and counsel them through difficulty producing long term effects not only for each family, but the entire community. According to Bold, Henderson, and Baggaley (2006), this project “has inspired local communities to develop

their own methods of preventing and responding to domestic violence, abuse and neglect against children” (p. 38). Increasing the capacity of the community to address their needs is one method for strengthening families and ushering in a spirit of shalom within families and communities. However, in some cases of domestic abuse and violence, it may be necessary to remove children from the home temporarily or permanently.

Kinship and Foster Care

In many societies and cultures when children are orphaned, abandoned, or unable to receive care from their parents for other reasons, extended family or community members take the child into their home. Miles and Stephenson (2001) stated, “Historically and geographically, even in extremely difficult circumstances, most ‘orphaned’ children are absorbed into their extended families, . . . , and also into other families in their communities without the involvement of any outside agent” (p. 8). This model of care keeps children within their family, community, and cultural context. Williamson and Greenburg (2010) affirmed, “Kinship care is common in most societies...” (p. 16). Referring to research conducted in African countries facing the HIV/AIDS crisis, Foster (2004) acknowledged:

Extraordinarily, all the evidence suggests that the traditional fostering systems in Africa, backed up by community programs, will continue to meet most of these children's basic needs, provided that coping mechanisms are not undermined. [...] communities need to be strengthened because institutional responses to the crisis, such as orphanages, will never be able to address the scale of the problem, run counter to local traditions and fail to meet children's social, cultural and psychological needs. (p. 4)

Kinship care and foster care approaches keep children within a family or family-like environment where they can receive the love and individual attention they need to develop

appropriately. These approaches invite children into the shalom of the family that residential care cannot provide. Christian ministries must encourage traditional and cultural practices of kinship care instead of creating residential care facilities.

Little Folks, a Cambodian organization focused on placing children in the homes of extended family or foster families, has found homes for over 400 orphaned or abandoned Cambodian children. This organization “aims to keep siblings together within a strong extended family wherever possible. If there are no extended family members willing or able (even with assistance) to care for the children, project staff look for foster parents” (Bold, Henderson, & Baggaley, 2006, p. 36). Little Folks emphasized keeping families together whenever appropriate and looked for loving families to place children into instead of creating a residential care facility.

In Burundi, members of the Burundi Trinity Church International focused on placing children with extended family or within foster families instead of creating a residential care facility. According to leaders of the Burundi Trinity Church, “In our experience, foster families do happen when there is no alternative such as residential homes. But if homes exist, then people will gravitate to the easier solution, which is to just place them in a ready-made facility somewhere” (as cited in Miles & Stephenson, 2001, p. 40). The insight of this local church should be commended and a partnership with local leadership such as this would be a partnership in increasing the shalom of the family. Decreasing the option for residential care will increase the natural historical response of taking orphaned and vulnerable children into a family environment to receive all that God intended.

Unfortunately, not all kinship or foster care situations exemplify healthy models of care. Issues of abuse, family conflict, stigmatization, exploitation, lack of foster or kinship family resources or parenting skills, and identity confusion for the child can result from kinship or foster

care arrangements (Oswald & Forbes, 2009). Therefore, it is necessary to put supports and safeguards in place for kinship and foster care programs. Oswald and Forbes (2009) suggested formalization of kinship care and relative screening, individual care plans for each child, community support for kinship programs, direct material support for families that absorb child relatives, and monitoring that includes regular reviews of the care provided to children in kinship care. Similar suggestions were made by Oswald and Forbes (2009) for foster care programs and included recruitment of “caring local families,” training and support for foster caregivers, and a focus on original family reunification or full integration into the foster family. With proper support and monitoring, kinship and foster care models can be the best care for children orphaned, removed, or separated from their parents.

Family Reunification

In cases such as civil war and natural disasters when children are displaced from their parents and families, efforts to reunify families should be made when stability is restored to the community or country. Often temporary residential care for large numbers of displaced children is developed to care for vulnerable children in such circumstances. Christian churches and organizations serving orphaned and abandoned children in residential care within similar contexts should work to restore children to the shalom of their family whenever possible. Some organizations may be tempted to keep children within residential care instead investing in the exhausting work of family reunification; however, Christian organizations must prioritize the shalom of the family God intended for children. Speaking of children displaced during civil war in Sierra Leone and Liberia, including demobilized child soldiers, Williamson and Greenburg contended:

The potential for family reunification is evidenced by the fact that institutions were not required to provide ongoing care for these children, even in the face of poverty and social disruption exacerbated by war, in addition to the initial reluctance of communities to take back many of the former fighters. (p. 10)

The reunification and restoration of families must be the priority of Christian ministry to orphaned and vulnerable children whenever possible.

Conclusion

Christian churches that currently support residential care facilities hold the opportunity and financial viability to question current models of care and encourage alternative models. Members of the Christian Church should prayerfully consider how God may be calling them to support and advocate for orphaned and vulnerable children and reconsider involvement with residential care responses. Christians are called by God to grow and change as they develop a relationship with Him. God also calls Christians to grow and change in relationship with those they serve. Members of the Christian Church are obliged to rethink and research alternatives to residential care and listen to new directions the Spirit of God may call their orphan care ministry to serve orphaned and vulnerable children. As Christians seek out where God is working and challenging traditional models of residential care and join Him, more orphaned and vulnerable children will receive the continuity of care they need.

The Christian Church must challenge and change historical and existing models of residential care. As leaders of Christian ministries to orphaned and vulnerable children reflect on the concept of the shalom of the family and the love and care God intended for children within the family, they must also reflect upon the opportunities for family and community development in the communities they are serving. Christian ministries to orphaned and vulnerable children

must engage with families in the community served to identify needs and provide capacity building programs. Increasing familial ability to care for their own children follows the Biblical and cultural responses of care for orphaned and vulnerable children. Increasing support for families and community-based care models that care for children separated from their original families must also be a priority in Christian ministry to orphaned and vulnerable children. The Church must incorporate an ideological shift away from residential care towards models of family and community-based care for orphaned and vulnerable children. Recognition of the lack of shalom within residential care is a first step towards holistic service to orphaned and vulnerable children.

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