

Integrative Project:  
Improving Holistic Orphan Care  
At Siouland Tanzania Educational Medical Ministries

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## **Introduction**

Imagine you are a single mother with four children, trying your best to raise them. You have a small farm, which allows you to put food on the table, ensure your housing is secure, and send your children to school. Then, the rain stops unexpectedly, and your crops begin to wither. You begin to ration your food, but there is barely enough for your family to eat. As you can no longer sell your crops, you have no money to send your children to school or maintain your home. As the weeks go on, your food supply begins to dwindle, and your children go to bed hungry each night. Finally, you begin to think, “We cannot go on like this. I have no money. Are my children going to starve to death?” You recently heard that a wealthy organization has built an orphanage three towns away, and they have room for children. You think, “Surely my children will be better off at this orphanage. They will be clothed, fed, and able to go to school.” You do not want to send your children away, but you see no other option. You contact the orphanage and the Department of Social Welfare to inform them of your decision and begin to cry. You are heartbroken that your children will soon be taken away from you. But you believe they will have a better life.

Now imagine that you are a young child living with your mother and siblings. You spend your days going to school and evenings helping your mother with the farm. Then one day, you come home from school and see that the crops are beginning to die. You start to notice that your meals are smaller each night. You are hungry but happy to be with your mother and siblings. Then one morning, you wake up, and your mother tells you that you will take a break from school for a few weeks. You do not mind because that means you will spend more time with your family. Time goes on, and one night you find your mother crying. As you hug her, she tells you that you will go away for some time to a fun place with lots of kids and nice teachers. The

following day a woman picks you up in a van and takes you away. One hour later, you arrive at a place that looks unfamiliar. At first, this new place is exciting. It has a playground and nice ladies who make you food each day. But over time, you begin to miss your family. The ladies are very kind to you, but they are not your mom. The kids are fun to play with, but they are not the friends you grew up with. Over time you begin to feel nervous, and you don't know why. School also seems to be harder than it used to be. Once or twice a year, you get to go home to see your mom, but only for a few days. You hate leaving your mom after each visit and often cry when you return to the orphanage. You do not understand why you ever had to leave your mom in the first place and wish you could go back to live with her.

Now imagine that you are a young, optimistic social worker who has started working at a new orphanage. You love working with the children as they look so happy while playing and laughing together. Each day you ask, "What is the best way to care for these children? What do they need most?" The orphanage you work for has supplied ample food, clothing, and shelter for the children. In addition, the children are all in school and get regular medical checkups. Yet, something seems to be missing. The children are seemingly happy, but many struggle with physical, behavioral, and psychological challenges. The staff love the children, and that is apparent. Nevertheless, you continue to see that many of the children struggle more than children you have worked with in the past. Then one day, a child breaks down in tears on the playground. As you console the child, she keeps crying and explaining that she wants to go home to be with her mom. You begin to ask yourself, "Are the children receiving everything that they need here? Could we be doing more? What would doing more look like? Is this orphanage the best place for these children to grow up?"

Many children, parents, and humanitarian workers have had these experiences and asked these questions. Working with children who need alternative care due to parental abandonment, death, or severe poverty is a challenging endeavor that requires the exploration of many questions. Is caring for the children's basic needs enough? What elements must be present in a child's upbringing to ensure proper development? Are food and shelter more important than growing up in a family? How do we protect not only the children's physical health but also their mental health? Finally, how do we prepare them for adult life? In the summer of 2021, I had the opportunity to work with an organization seeking to answer these challenging questions.

Siouxland Tanzania Educational Medical Ministries (hereafter referred to as STEMM) has been working in Tanzania for over 20 years ("Who We Are"). The Children's Village is just one of STEMM's many outstanding programs. Located in the administrative ward of Mbuguni in the Arusha Region of Tanzania, the STEMM Children's Village houses and cares for 50 children ("To Be STEMM"). STEMM strives to "nurture the children in a loving Christian Environment" ("Our Children"). STEMM has done an excellent job caring for these children and has even been rated as one of the top orphanages in Northern Tanzania ("To Be STEMM"). Nevertheless, STEMM could still be doing more to ensure the children they serve are given the best possible chance to succeed in life.

STEMM must continuously strive to improve its model of holistic orphan care. STEMM can accomplish this by using a contextualized and empowerment-focused approach to expand its services. These services must meet the expressed needs of STEMM staff and children as well as the current literature on orphan care. To effectively support the children they serve, STEMM should implement programs in three areas: child reunification with living family members; child preparation to reintegrate into Tanzanian society; and child mental health. This thesis will

provide an overview of the research I conducted with STEMM over the summer of 2021. Next, drawing on insights gathered from a case study at STEMM and the current literature on best practices for holistic orphan care, this thesis will provide justification and make suggestions for implementing programs surrounding family reunification, preparing children to reintegrate into society, and addressing children's mental health challenges. Lastly, this thesis will include a presentation to inform the STEMM board members, staff, and other orphanages on best practices for holistic orphan care. An overview of the presentation, presentation transcript, and resources for the presentation audience are also included.

## **Background**

Coming into the International Community Development program at Northwest University, I knew that I wanted to work with orphans. My goal has always been to work with the populations most in need and I had always thought that orphans perfectly fit this description. I also knew that I wanted to work in Tanzania if possible. A trip that I took to Tanzania in 2017 was one of the leading factors in my decision to pursue a degree in community development. When I heard of STEMM's work in Tanzania, I knew that this was the organization I wanted to work with.

Additionally, STEMM was in the running to be the top orphanage in Northern Tanzania, so I knew that they would be a great organization to learn from (Lidgett, 10 Feb. 2021). On top of this, STEMM was striving to improve their services, and I felt that I could both assist them in this endeavor and learn from them simultaneously.

## **Research Methodology**

When preparing of my time in Tanzania, I had to determine what form of data to collect. To answer my research questions in a contextualized manner, I could not use strictly quantitative

methods. Inslee notes that contextualization refers to “The practice of designing programs and processes with attention to the particular cultural characteristics and inherent resources of a given people, place and time” (Inslee, slide 6). It was imperative to hear the children's, community member's, and staff's experiences, stories, and opinions. I did not want to come in as an expert. I wanted to come in as someone striving to learn from those already there. Therefore, I planned to primarily collect qualitative research through interviews, observations, and personal reflections.

My primary method of collecting data was through conducting semi-structured interviews. I was able to interview multiple children living at STEMM, staff members working at STEMM, and community members in the local town of Mbuguni. I chose to use a semi-structured interview approach as it allowed me to respond to the situation at hand, the emerging worldview of the respondent, and to any new ideas on the topics discussed (Merriam and Tisdell 111). This form of research allowed me to identify issues that I had not initially been searching for. For instance, during one of the first interviews I conducted, I learned that many children at STEMM had parents and family members. As we sat on the patio at the STEMM visitors center, taking in the sunset over Mt. Kilimanjaro, Seth Borchard noted, “At Stemm, we have some kids that you can't call truly an orphan. They have moms that are alive that are capable of caring for them but don't have quote-unquote financial capacity” (Borchard, 27 July 2021). I had not intended to examine how many children at STEMM had living parents, but I decided to explore the issue further. Seth continued, “We sent about half of our kids home to family members during the month of June . . . then we had a number of kids that would come back crying because they want to stay home” (Borchard, 27 July 2021). Further interviews would show that children wanting to be reunited with their families was a pervasive issue. I had not planned to research this, but I could not ignore what the data was showing. Lynch and Walls note that to be effective,

we must plan well and adjust better (53). So, I decided to adjust and add an additional research question surrounding family reunification.

Secondary sources of data collection were participant observation and personal reflection. As I participated in daily activities at STEMM in Mbuguni, I would take mental or hand-written notes and then reflect on them, writing further notes to process what I had witnessed. I found this initial process of participant observation, where I would observe a situation and take thorough notes, to be a unique and beneficial method of collecting data. Speaking of participant observation, Bronislaw Malinowski notes, “There is a series of phenomena of great importance which cannot possibly be recorded by questioning or computing documents, but have to be observed in their full actuality” (qtd. in Holmes 32). As I carried out my field research, I found Malinowski’s words to be resoundingly true. For example, the love that the house mommas had for the children at STEMM children’s village could not be recorded or computed; it had to be witnessed. Lastly, I reviewed documents, records, and reports to collect data. Although not the primary method of data collection in qualitative research, Stringer notes, “Researchers can obtain a great deal of significant information by reviewing documents and records” (115). I found reviewing documents, records, and reports to be an effective supplement to my primary research methods.

### **Research Questions**

Before leaving for Tanzania, I had discussions with John Lidgett, STEMM Director, and Seth Borchard, STEMM Country Coordinator. These discussions helped determine the research questions I would bring to STEMM Children’s Village. First, they informed me that they would have ten children turning eighteen in the next four years, and they wanted to ensure that these

children would be prepared to integrate back into Tanzanian society (Lidgett, 10 Feb. 2021; Borchard, 15 June 2021). Additionally, they informed me that some of the children had experienced trauma in the past, and they wanted to know how to get them the help they needed (Lidgett, 15 June 2021; Borchard, 15 June 2021). Later, I would learn that many children at STEMM had living family members. With these issues in mind, I began to formulate my research questions.

My primary research questions were:

1. Would children benefit more from living at STEMM or from being reunified with their living family members?
2. How can STEMM more effectively prepare the orphans they serve to integrate back into Tanzanian Society?
3. How can STEMM more effectively address the mental health needs of the orphans in their care?

Each of these questions had multiple sub-questions used to explore the issue fully. The main sub-questions included:

- Why do parents allow their children to be given up to the care of STEMM?
- Would the children at STEMM choose to go home to their parents if given the option?
- Would the families choose to have their children come home if given the option?
- What are the primary issues experienced by Tanzanian orphans upon leaving the STEMM facility?
- What are the core aspects of Tanzanian culture?

- What do you think STEMM can do to address the issue of children not being prepared to reintegrate into Tanzanian society?
- What mental health issues are experienced by the children living at STEMM?
- How are mental health challenges usually addressed in Mbuguni, Tanzania?
- What resources are currently available to address mental health needs?

I also made sure to ask each participant what STEMM was already doing well. I wanted to utilize an appreciative inquiry-focused approach. Appreciative inquiry focuses on what an organization is doing right, rather than focusing on what they are doing wrong (Hammond 18). STEMM was certainly doing an exceptional job of running many programs, and I wanted to take their strengths and apply those to areas of weakness. With my research questions set, it was time to take the advice of creative pioneers Kelley and Kelley, who note that we cannot get stuck between wanting to act and taking action; eventually, we must stop planning and start acting (119). With research questions prepared, bags packed, and COVID-19 tests taken, I departed for Tanzania.

### **Fieldwork Context**

My plane landed at Kilimanjaro Airport late in the evening. After my documents were reviewed and my COVID tests were passed, I was finally allowed to leave the airport. I was met with a friendly greeting from two staff members, Frank, and Denae. We loaded up into a dusty Land Cruiser and headed for the STEMM Children's Village. As we drove away from the airport and into the darkness, I experienced feelings of both anxiety and excitement for what was to come. It felt surreal to actually be in Tanzania, Africa doing the work I had wanted to do for so long. Simultaneously, I felt anxious as I was by myself in a foreign country and had no idea what the

future would bring. Would my work be effective? Would the people accept me? Was I in danger of being eaten by a lion? As I pondered these questions, we continued to drive. I could not see much out the windows, but occasionally I would catch a glimpse of half-built cement structures and small huts with roofs built of scrap metal, grass, and sticks. I wondered if these were homes. The further we drove, the bumpier the road got. Occasionally a large bump would send me airborne out of my seat, and I wondered if my head would hit the ceiling. I also noticed that clouds of dust were starting to fill the car, eventually making their way into my nose and eyes. I wondered if it was safe to breathe in this dust. I pulled my shirt over my mouth and nose just to be safe. Forty-five minutes later, we pulled up to the front gate of the Children's Village. Two security guards opened a large red gate, and we drove up to a building that was far nicer than I had expected. We walked inside and I asked Frank for a glass of water. He poured me a glass and I wondered if it was safe to drink. I quickly drank it, trying to wash all the dust out of my mouth. Exhausted, I entered my sleeping quarters and fell into bed. I closed my eyes and tried my best to sleep, but my mind was still racing. After what felt like hours, I drifted off to sleep.

The following day I woke up and familiarized myself with the STEMM facilities by taking a long walk. The first thing I noticed was that the entrance had a large red gate, bordered by a guard station and a wall with the expression "Kijiji Cha Watoto STEMM," meaning STEMM Children's Village. As I walked farther, I immediately noticed large banana trees and vibrant bushes lining the entrance road. Shortly after the gate, I found two road options. Taking the straight road, I first saw an open-air chapel with rows of wooden benches, a pulpit, and a large wooden cross protruding from the roof. Then, further down the road, I found a large modern building where the American staff and visitors of STEMM stayed. This building had a

large kitchen, conference rooms, dorm-style living quarters, and a beautiful back patio where views of Mt. Kilimanjaro and Mt. Meru could be seen on a clear day.

Next, I walked back towards the entrance and decided to take the other road option. Taking this route, I first saw a few small buildings, a playground, and a soccer field on one side of the road. On the other side of the road was a roofed open-air dining area, a small cooking facility, an outhouse, and seven small cabin structures occupied by the local STEMM staff. Continuing down the road farther, I found multiple chicken coops and a small barn sheltering a few cows. Shortly after this, I came upon dorm-style homes, each housing twelve to thirteen children and the staff who cared for them. The rest of the property was filled with crops comprised primarily of maize, beans, bananas, papayas, and sugarcane.

This is where I would spend my time in Tanzania. Many mornings began with chapel service where the children and staff would sing Swahili songs together in beautiful unison, echoing out of the chapel and into Mbuguni. After chapel, we would often walk the children down a dusty path and drop them off at school. They would return in the afternoon, grabbing stocks of sugar cane along the way to break apart and pop into their mouths. Other children would start their afternoon by scurrying up a papaya tree to drop down lush fruit to their friends. I would spend my evenings playing soccer with the older boys and chasing the younger children around the playground. When I was not playing with the children, I spent my time collecting and reviewing qualitative data and comparing it to the literature on best practice holistic orphan care.

During my time in Tanzania, I would not end up seeing that lion I was so worried would eat me. Although I did come face to face with a hippopotamus, which may have been the scariest moment of my life. While this was wildly exciting, the most rewarding experiences were those that took place at the STEMM Children's Village. I would have the opportunity to observe the

children at STEMM as they played, completed chores, ate, and participated in school activities. Additionally, I would observe the staff as they worked and interacted with the children. I would also have the chance to review the children's case files, read articles on orphan care, and create a survey for children to complete. Lastly, I had the opportunity to interview STEMM staff members, such as the executive director, country coordinator, social workers, medical workers, child caretakers, and even the cooks and grounds crew. During these interviews, we would cover topics such as family reunification, the preparedness of STEMM children to reintegrate into Tanzanian society, and mental health challenges experienced by the children at STEMM. The topic that required the most time and exploration was the prospect of family reunification.

### **Family Reunification**

A vital question orphanages like STEMM must ask is: Would children benefit more from living at our orphanage or from being reunified with their living family members? To answer this question, STEMM should first examine what the literature on holistic orphan care has to say about children's homes, institutions, and orphanages. Next, STEMM should analyze what local and international policy has to say about family reunification and the use of orphanages.

Additionally, STEMM should seek to determine how the children they care for feel about living in the Children's Village. Lastly, STEMM must take steps to implement programs and policies surrounding their findings. Taking these steps will allow STEMM to offer a more holistic model of orphan care.

***Literature.*** Multiple studies suggest that institutional care has an impact on children's cognitive, physical, and social-emotional development. It should be noted that the terms children's home, institution, and orphanage are used interchangeably within the literature. First, the literature

suggests that institutional care has a negative impact on children's cognitive development. For example, in a meta-analysis of 75 studies including over 3,800 children from 19 countries, Ijzendoorn et al. found that, on average, children in institutions scored 20 IQ points lower than children raised in foster or biological families ("IQ" 341). Additionally, research conducted by Ijzendoorn et al., Nelson et al., and Smyke et al., demonstrated that the cognitive development of children in orphanages was substantially lower than their peers who had not resided in orphanages. (Ijzendoorn et al. "IQ" 343; Nelson et al. 1937; Smyke et al. 215). Furthermore, studies suggest that children reared in institutions suffer from various neurological deficiencies. These deficiencies include suppressed neurochemical activity, lower levels of cortisol, and persistent abnormalities of the prefrontal cortex, amygdala, and hypothalamic-pituitary-adrenal systems (Nelson et al. 1937; Johnson and Gunnar 104). The aforementioned neurological deficiencies can decrease cognitive function, memory, emotional regulation, impulse control, attention, executive functioning, and social relations (Nelson et al. 1937; "The Development and Care of Institutionally Reared Children" 175). Yet, the negative impacts of institutionalization do not stop at the cognitive level.

Next, the literature suggests that institutional care harms physical development. Multiple studies, including those performed by Johnson and Gunnar and Ijzendoorn et. al demonstrated that children within institutional settings experience a high incidence of growth failure and suppression (Johnson and Gunnar 92; Ijzendoorn et al. "Plasticity of Growth" 334). In addition, meta-analysis completed by IJzendoorn et al. found that the more time children had spent in institutions, the more they lagged in growth (334). While growth catch-up of height and weight was seen after adoption, catch-up of head circumference was slower and remained incomplete

("Plasticity of Growth" 334). Again, the negative impacts of institutional care do not stop at the physical level.

Additional studies have shown that being raised in a children's home can negatively affect social-emotional development. For example, Smyke et al., as well as Melville and Lykes, found that when compared to children raised in families, children in institutions displayed less positive emotion and more negative emotion (qtd. in Ahmad et al. 204; Smyke et al. 214). Next, Ajdukovic and Ajdukovic found that children in orphanages were at a greater risk of experiencing mental health challenges than peers raised in family homes (qtd. in Ahmad et al. 204). Further studies concluded that children raised in orphanages exhibit delays in both attachment and social-emotional development (Nelson et al. 1937; IJzendoorn et al. "IQ" 343). Smyke et al. also found that children living in institutions had higher rates of anxiety, maladaptive atypical behavior, aggression, temper tantrums, hyperactivity, and difficulty with attention (210-214). Lastly, a study by Quinton et al. showed women raised in orphanages to have markedly increased rates of poor psychosocial functioning and higher rates of personality disorders (110, 113). Multiple studies affirm that institutional care negatively affects physical, socio-emotional, and cognitive development, but what might be causing these issues?

Lack of food has often been cited as the primary cause for developmental delays and deficiencies found in children reared in orphanages. This has undoubtedly played a role in the many developmental challenges, but it is not the only factor. Research has shown that when adequate food was provided, adverse effects often persisted. For example, Bakwin et al. observed that for children in orphanages, adequate calories alone did not result in normal growth (qtd. in Johnson and Gunnar 95). So, if lack of food is not the only problem, what else might be causing deficiencies? The research suggests that relationships are paramount for normal

development. These relationships may be just as important as sufficient food. The St. Petersburg-USA Orphanage Research Team concluded, “A social-emotional relationship intervention without change in nutrition within an institutional environment improved growth for infants and young children” (qtd. in Johnson and Gunnar 106-107). While orphanages try their best, the care they offer is often insufficient. After examining the care provided by multiple children’s homes, Johnson and Gunnar concluded, “Even the best caregiving observed was below the threshold needed to support normal growth” (95). Children may also struggle to form strong relational bonds due to rotating and inconsistent caregiving. Main and Hesse cite six studies that found children reared in orphanages to display insecure disorganized attachment behavior (qtd. in “The Development and Care of Institutionally Reared Children” 176). The aforementioned research shows that consistent individual relationships are essential for proper development. Furthermore, the love found in a family unit has been shown to have a profound impact on child development.

A loving family provides the support and nurturing environment children need as they grow. Orphanages can provide love, but this love is seldom equal to what can be found in a family. McKenzie explains, “Even orphanage supporters agree that orphanages ‘have never been perfect substitutes for loving families’ ” (qtd in. Ladaphongphatthana 85). McKenzie acknowledges that while orphanages can often provide better environments than what can be provided by biological families, they cannot replicate the individualized nurturing care that a loving family can provide (qtd. in Ahmad et al. 203). Today, many orphanages attempt to replicate family environments. Liu notes that despite efforts to replicate family environments, congregate care remains an institutional entity (97). Liu also contends, “In general, congregate care does not work well for youth because it does not provide a ‘family-like setting’ and fails the service and permanency needs of youth” (97). This information has no doubt impacted

international and national policy on alternative care for children. This can be clearly seen in the *United Nations Convention on the Rights of the Child (CRC)*, the *United Nations Guidelines for Alternative Care of Children*, and the Tanzania “Law of the Child 2009.”

**Policy.** The *Convention on the Rights of the Child (CRC)* was adopted in 1989 and set forth agreed-upon rights for children worldwide. The document garnered near worldwide acceptance and became the most widely ratified human rights treaty in history (“Convention on the Rights of the Child: For Every Child, Every Right”). On July 9<sup>th</sup>, 1993, Tanzania ratified the CRC and agreed to abide by its policies (*Submission of Reports by State Parties*). While the CRC is not Tanzanian Law, it has been used as an interpretive source of law in multiple cases (“Tanzania: National Laws”). Much of the policy within the CRC implores countries to do everything within their power to keep children in their family homes.

The CRC quickly establishes family as the primary means of child-rearing. The Preamble of the CRC states, “Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, it should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community” (*Convention on the Rights of the Child* 1). The preamble also notes that for full development, children should be raised in families (1). Within the CRC, many individual articles address the need for family preservation. Article 8 states that state parties, or countries, shall ensure that children preserve family relations (3). In addition, the CRC mandates the avoidance of unnecessary child separation from families. Article 9 instructs state parties not to separate children from their families unless authorities and judicial review conclude that separation is absolutely necessary (3). The document also states that family relationships must be maintained by offering families the support they need to care for their

children. Article 18 notes, “State parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing” (5). Children have the right to grow up in families; they should only be separated from their families when there are no other options. Rather than removing impoverished children from families and placing them in institutions, governments and organizations should provide support to families. Through preserving and reuniting families, governments and organizations give children the best chance of developing properly. To further guide countries in caring for children, the United Nations later developed an additional document.

On February 24, 2010, the United Nations released the *Guidelines for Alternative Care of Children*. This document sought to “ensure that, firstly, children do not find themselves in out-of-home care unnecessarily and, secondly, that the type and quality of out-of-home care provided is appropriate to the rights and specific needs of the child concerned” (“Manuals, Toolkits, and Guidance”). Like the CRC, the *Guidelines for Alternative Care of Children* advocates for family preservation. This document acknowledges that, at times, it may be necessary to separate children from their families. However, it notes that all other options must first be exhausted, and family reunification should be sought whenever possible. Article 14 states, “Removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration” (*Guidelines for Alternative Care* 4). Additionally, Article 3 notes, “Efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role” (*Guidelines for Alternative Care* 2). Furthermore, Articles 3, 14, 15, and 156 note that poverty should never be the only justification for removing a child from parental care and should

be prevented by providing assistance to families and limiting the development of residential care options (2-4, 22). If children have no living family members or are unable to be reunited with their family, article 161 advocates for other forms of care such as adoption rather than residential care (22). In the *Guidelines for Alternative Care of Children* we can again see the call for family preservation and reunification. Family preservation and reunification can be encouraged by supporting families in need, limiting the development of residential facilities, ensuring that children in residential facilities maintain contact with their families, and refuting the notion that poverty is a justifiable reason to remove children from homes. The CRC and *Guidelines for Alternative Care of Children* set international guidelines for the care of children. Additionally, separate guidelines surrounding childcare have been implemented at the national level in Tanzania.

In the late 2000s, to ensure the safety of its children, Tanzania enacted the “Law of Child 2009.” Similar to the *Guidelines for Alternative Care of Children*, the “Law of the Child 2009” states that children should not be removed from their families unless they are in imminent danger or subject to serious abuse (“Law of the Child 2009” 13-14). In instances where children are removed from their families, article 25 notes that the circumstances that lead to the child being removed should be examined, and the original family should be given assistance to ensure the child can safely return to the home (21). It is important to note that the “Law of the Child 2009” defines a residential home as “a licensed home whereby a child is given substitute temporary family care” (12). STEMM Children’s Village is categorized as a residential home by this definition. Additionally, the law states that residential homes shall be temporary substitute homes, not full-time replacements for families. When a child is placed in a residential home, the

law clarifies that it shall be the responsibility of the residential home to assist the child to be reunited with their parents, guardians, or relatives (62).

The *Convention on the Rights of the Child*, “Law of the Child 2009”, and *Guidelines for Alternative Care of Children* spend considerable time advocating for family preservation and the reunification of children with their parents or family members after separation. After reviewing these documents, one might ask: Why focus on family reunification? Do not most children in orphanages have no family? A common viewpoint is that all children in orphanages are there because they have no parents. However, this is often not the case. The “Law of the Child 2009” defines an orphan as “a child who has lost both parents or a parent through death” (12). With this definition in mind, STEMM Children’s Village can assess how many children living at their facility indeed are orphans.

***Children Living at STEMM.*** Many children at STEMM do in fact have parents and family members. Seth Borchard, STEMM Country Director, noted, “You’ll find that . . . at STEMM, we have some children that you can’t call truly an orphan. They have moms that are alive that are capable of caring for them but don’t have, quote-unquote, financial capacity” (15 June 2021). According to the children’s admission records, out of 51 children, at the time of admission: four children, or eight percent had two living parents; 28 children or 55 percent had at least one living parent; 23 children or 45 percent had no living parents. This means that many children living at STEMM are not orphans, as defined by Tanzanian law.

The numbers from STEMM reflect much of what is found in the literature. UNICEF estimates that out of 140 million orphaned children worldwide, only 10.7% have lost both parents (qtd. in Ladaphongphatthana 81). After analyzing statistics from 14 countries across four continents, Lumos contended, “Unfortunately, children are often separated from their family

unnecessarily. The majority of children living in orphanages are not double orphans. They still have parents who may be able to take care of them. Often, there are also relatives who may be willing to fulfill the parental role” (qtd. in Ladaphongphatthana 83). Similarly, Whetten et al. note that millions of children are “in need of supportive living environments because their biological parents are not able to provide food, shelter, and safety” (1). While statistics detailing children with no parents in orphanages are revealing, they do not tell the whole story. Many children living in orphanages may not have parents, but they often have capable family members.

When examining extended family members, admission reports of the STEMM children showed that out of 51 children, at time of admission: 32 children, or 62 percent, had identified extended family members; 11 children, or 21 percent, had both a parent and extended family members. Only two children, or 4 percent of the children at STEMM, had no parents and no identified extended family members. As many of the children at STEMM have parents and family members, one might ask: If the children could choose to either live at STEMM or with their families, which would they choose?

To assess each child’s preference, a survey was developed to gain the children’s perspective on living at STEMM. Within the Survey, the questions was posed, “If you had to choose to live with just one, STEMM or your family, which would you choose?” Of the twenty-one children surveyed, 17 responded that they would choose STEMM, and 12 responded that they would prefer their family. Next, the question was asked, “How did you feel when you went home to visit your family?” One child responded, “I felt better, more than STEMM because I missed my family and my relative, so I was happy.” Another child answered, “I need to stay with my family every year. I need my family every day.” Yet another child stated, “I felt very loved; I felt so good; I felt so peaceful; I felt so happy.” It must be noted that the children also had

wonderful things to say about STEMM and how they felt loved and cared for at the Children's Village. These comments show that while some children prefer to live with their families, they still feel extremely loved and cared for by the STEMM staff. This says much about the quality of care that is provided at STEMM. Regardless of this quality care, certain children still would choose to live with their families.

The children's behavior can also be analyzed to assess whether they would choose to live at STEMM or with their families. Multiple STEMM staff members were asked to comment on the children's behavior. Seth Borchard recalled, "We sent about half of our kids home to family members during June for two weeks. Then we had a number of kids that would come back crying because they want to stay at home, and that's when we're like, shoot something's off here, something is wrong" (17 July 2021). Additionally, as STEMM social worker Danny Sweke and I conversed in his office, he recalled that one child had tried to run away from STEMM to be with his family on multiple occasions. Another staff member noted, "I remember like one girl; she was so sad to be leaving her mom. I know some of them [the children] are very sad to come back here, and they're like wanting to go back [home]" (Bye). When asked if the children ever talk about missing their parents, head house momma Elizabeth Lukas noted, "They do, that they do. Yeah, they do miss their families . . . They're excited about going home and seeing their family, spending time together. I see they're happy about that" (Lukas). The staff at STEMM have observed the children crying upon leaving their families, attempting to return to their families, and getting excited to go see their families. These behaviors imply that at least a portion of the children living at STEMM long to be with their families.

At this point, one might wonder: If some children want to live with their families, why do their families send them to live at STEMM? While this is an extraordinarily complex question,

the staff at STEMM had a few ideas. Many staff members pointed out that STEMM offers children opportunities, such as quality education and the chance to learn English, that they otherwise might not have (Bye; Borchard 17 July 2021; House Momma #3; Lukas). Others stated that the parents were often unable to care for their children due to a lack of finances. One staff member hypothesized, “It's all about economic . . . here they get a good education. So, I think it's all about economy. Economy and education” (House Momma #3). Another staff member put herself in the shoes of parents in the community and noted, “If my child will be given a good education, will be sure to make food, breakfast, lunch, and dinner, which here I can't afford, they will have clothes. They will have everything they need. It's better they go” (Lukas). The children's admission records affirmed many of these hypotheses.

Each child at STEMM had a record detailing their placement at STEMM. In these records, poverty or lack of basic needs was the number one listed reason for placement at STEMM. The least often listed reason for placement was abandonment. Poverty or lack of necessities was documented in 38 cases. Interestingly, improved education and support to reach goals were recorded as one of the primary reasons for placement in ten cases. Abandonment, meaning the children were alone and their families were unable to be found, was only listed in two cases. These findings are consistent with the literature. A study of Tanzania conducted by Gaydos showed that parental death was the least common reason for parental absence, while poverty was the primary cause (1121, 1134). Similarly, Whetten et al. note that millions of children are “in need of supportive living environments because their biological parents are not able to provide food, shelter, and safety” (1). To assess the impact that poverty and lack of basic needs has on parents' ability to care for their children in Tanzania, one can look at the home assessments completed by STEMM social workers.

Multiple children at STEMM had the chance to go home to spend time with their families in 2021. Before going home, STEMM social workers completed an assessment to ensure that the children would be safe during their visit. These assessments measured caregiver ability, nutrition, sleeping situation, safety, house structure, emergency preparation, and environmental hygiene. Of the families assessed, 11 received passing scores in every category, while four failed every category. The leading areas passed by families were safety, caregiver ability, and emergency preparedness. The most common areas parents failed were nutrition and housing structure. These assessments indicated that families could provide safety and appropriate care for their children. Conversely, the categories that families failed were directly linked to poverty and lack of resources. Now that the challenges have been identified, orphanages like STEMM should seek to resolve them. While these strategies could be implemented throughout Tanzania, the following section will use STEMM as an example of how orphanages might respond.

**Action Steps.** STEMM should begin by completing individual assessments for each child. The purpose of these assessments should be to identify which children might feasibly return to their families. These assessments should be a collaborative multidisciplinary process, including the inputs of the Tanzania District of Social Welfare, pertinent authorities, Mbuguni community members, and STEMM social workers. In alignment with the recommendation of the *United Nations Guidelines for Alternative Care of Children*, the child, family, and alternative care staff should also be involved in any assessment, discussion, or decision making regarding the child (10). The opinions of the children must be heard and valued. Myers notes, “Children are our future, and their ambitions are often more audacious than ours” (Myers 277-278). Where adults may see barriers to family reunification, children may see solutions. To ensure that the children’s views are heard, STEMM should utilize “The Lundy Model of Child Participation.” This model

“provides a way of conceptualizing a child’s right to participation as laid down in Article 12 of the UN *Convention on the Rights of the Child*” (“Lundy Model of Child Participation” 1). After hearing the opinions of the children, STEMM can proceed to the next step.

Keeping children safe should be at the heart of every decision STEMM makes. When reunifying children with their parents, STEMM must do everything within their power to ensure that these children will not be abused or taken advantage of. To keep both STEMM children and the children in the surrounding community safe, STEMM is encouraged to assess local Child Protection Systems. Child Protection Systems exist to “protect vulnerable children within their own cultural and societal context” (“Strengthening Child Protection Systems” 8). Through examining local Child Protection Systems, STEMM can determine how to protect their children in a contextualized manner. STEMM can learn about the systems that are already in place and what their role is in participating and strengthening these systems. To aid this assessment, STEMM is encouraged to utilize Save the Children’s guidance document entitled, “Strengthening Child Protection Systems.” This document aims to support organizations and country offices to:

Better understand different components of the child protection system and how they relate to each other; Identify and discuss the strengths and gaps in child protection systems in their specific contexts; [and] Develop, implement, and monitor strategies and programs to strengthen child protection systems (“Strengthening Child Protection Systems” 8).

The guidance document is intended for “all staff and partners working across development and humanitarian sectors, to understand and determine their role in strengthening the child protection system in their context” (8). STEMM should attempt to use this document in collaboration with

the surrounding town of Mbuguni and the Tanzania Department of Social Welfare. Through utilizing this document STEMM could help to better ensure that the children they send home to their families are safe and protected.

Next, STEMM should identify resources that will support families to keep children in their homes and to be reunited with their children. The United Nations declares that “poverty should be seen as a signal for the need to provide appropriate support to the family to increase their parental capacity” (qtd. in Ladaphongphatthana 81). Therefore, programs involving income-generating projects, scholarships, parenting courses, and psychological supports should be implemented to strengthen families (81). Participatory Asset Mapping can be used to identify different community resources and assets to assist parents. It can also be used to identify gaps in services that need to be filled. Participatory Asset Mapping is, “A process where community members collectively create asset maps by identifying and providing the information about their own community’s assets on a map” (“Participatory Asset Mapping Toolkit” 6). Asset Mapping includes two main processes. First, Participatory Mapping creates “a tangible display of the people, places, and experiences that make up a community, through community members themselves identifying them on a map” (6). Second, Asset Mapping identifies and provides “information about a community’s assets, or the status, condition, behavior, knowledge, or skills that a person, group, or entity possesses, which serves as a support, resource, or source of strength to oneself and others in the community” (6). Participatory Asset Mapping and child assessments should simultaneously take place to ensure that families are aware of community resources before welcoming children back into their homes.

STEMM should also seek to collaborate with organizations that have successfully reunified children with their families and kept children in family homes. STEMM could reach

out to The Small Things, which is an orphanage in Tanzania that has a proven track record of reunifying multiple children with their families as well as keeping many children in their homes by providing parental support (“Family Preservation”). The Small Things is also part of a Tanzanian network called the Families and Futures Coalition. This Coalition believes that the key to change is found in linking organizations together in a collaborative process (“Families and Futures Coalition” slide 3). The Coalition encourages orphanages to primarily focus on family preservation and reunification. Organizations involved in the Coalition will receive access to regional hubs, network mapping, toolkits, training, specialist teams, monitoring and evaluation, mentoring, and support packages (slide 18). The Small Things should be contacted as soon as possible to initiate a successful collaboration.

While family preservation and reunification should be the primary objective, there will inevitably be children who remain in orphanages. For this reason, orphanages should seek to identify the adverse effects of institutional care and do everything within their power to alleviate them. One adverse effect of institutional care is that children raised in institutions are not always prepared for life outside of the institution.

### **Adult Reintegration**

To start, STEMM should attempt to determine if their services are preparing the children they serve to reintegrate into Tanzanian society upon adulthood. This can be accomplished by first asking the staff members if they think the children will be prepared to reintegrate into Tanzanian society. Additionally, STEMM can review the literature on holistic orphan care and identify what it has to say about preparing children to leave orphanages. If STEMM finds that their services are lacking, they will need to develop strategies to better prepare children to

reintegrate into Tanzanian society. By preparing children to reintegrate into Tanzanian society, STEMM can offer a more holistic form of orphan care to the children they serve.

***Staff Interviews.*** One of the most pervasive concerns expressed by STEMM staff during interviews was the fear that children living at STEMM would not be ready to reintegrate into Tanzanian society. Children are only able to live at STEMM until they turn eighteen. To date, STEMM has not had many children who have turned eighteen and reintegrated into Tanzanian society, but this will soon change. In the next four years, STEMM will have ten children who will turn eighteen and leave the STEMM Children's Village (Borchard, 27 July 2021). While the children receive loving care at STEMM, many individuals worry that this care is not preparing them for Tanzanian life outside of STEMM (Lidgett, 2 Feb. 2021). STEMM staff member Denae Bye noted, "It's difficult to leave a place that is caring for their every need." The children at STEMM have chores to do, but they are not given the same amount of responsibility or expected to do as much work as most children in Tanzania. Walking around the community of Mbuguni, Denae Bye noted that she sees children as young as four- or five-years-old herding cattle and independently caring for their infant siblings. This is a sharp contrast from what is expected of the children at STEMM.

As we sat on a ledge outside the children's dorm, STEMM Head House Momma Elizabeth Lukas explained that a typical child in Tanzania would be expected to care for their younger siblings, cook, clean, watch animals and perform all types of activities while their parents are away. STEMM staff members Elisante Gualta and Ally Kayanda explained that in the area of Tanzania where they grew up, the boys were expected to own and manage a portion of their family's farm, make their own money, and cook for themselves by the time they entered secondary school. At STEMM, the children do not complete these tasks because they expect the

staff to do it for them (Lukas). Borchard and Lukas both agreed that at STEMM, it is challenging to raise the children in an “African way.” STEMM could implement multiple programs to address the issue of children not being prepared to reintegrate into Tanzanian society.

**Literature.** There is a fair amount of literature analyzing the challenges presented as children raised in orphanages try to reintegrate into society. Much of the literature reflects the concerns brought up by STEMM staff members. For instance, a study conducted by Ladaphongphatthana found that many children exiting institutional care lack the skills, competence, and confidence to live on their own (83). Additionally, The Family and Children’s Services Division contends that upon leaving, children reared in institutions commonly show an inability to problem-solve and turn to others for help (qtd. in Liu 88). Due to feelings of unpreparedness, many children even request to return to the orphanage after leaving (Chin qtd. in Ladaphongphatthana 83). Relational deficiencies compound many of the challenges as children leave institutional care. Quinton et al. found that when compared to women reared in families, those raised in orphanages were more likely to be found living in poor social circumstances (120). These challenges can also impact the future families of the children raised in institutional care. Quinton et al. observed that two/fifths of women raised in institutional care became pregnant before their 19<sup>th</sup> birthday and one/fifth had placed their own children in foster care (110). Strategic programs must be implemented to mitigate the negative effects of institutional care upon children.

**Action Steps.** When asked what could be done to address the issue of children not being prepared to reintegrate into Tanzanian society, Ally Kayanda responded, “I think for me, it’s to stay in the village . . . maybe they can go stay at home to see how people are cooking . . . they can go together so that they can see real life.” When children spend time in the village or town away from STEMM, they will be fully immersed in the Tanzanian culture that they will one day live

in. Additionally, they will see and participate in daily tasks which they will be required to complete when they leave STEMM. Lastly, they will have a chance to form closer bonds with family members, community members, and neighbors. Developing these relationships will allow the children to build a community of support that they can utilize when they leave STEMM. Vogl notes, “When we see that others are concerned about our own welfare, we’ll invest more in building community with them, and we’ll feel more connected” (9). Ally suggested that children go to the village and stay with relatives or a trusted STEMM house momma if they do not have relatives (Kayanda). To aid the formation of community relationships, STEMM could also hold a family visit day each month where relatives come to STEMM to spend time with the children they are related to. These home visits and family visit days should be overseen and set up by STEMM social workers to ensure the children’s safety and proper care.

To prepare the children for Tanzanian society, STEMM could also hold weekly practical skills and work trainings. STEMM social workers Danny Sweke and Joan Laizer noted that if children learn skills such as cooking and cleaning, it will be much easier for them to be on their own one day (Sweke; Laizer). Additionally, if they learn a marketable skill, they can use this to obtain work when they leave STEMM. Danny Sweke recommended using the staff at STEMM to teach children skills such as cooking, cleaning, washing, auto-mechanics, electrical maintenance, and farming (Sweke). Rather than informally instructing children, house mommas could conduct a one-hour class two or three times a week to teach the children household skills. Sweke also recommended sitting down with the older children to determine what work they would like to do for work when they are grown. Once this form of work is identified, the children can be paired with a worker at STEMM or a community member that can teach them practical work skills. Sweke notes, “If they learn, it will be easy for them when they leave . . .

when they go, they can just stand and say, I have this skill, I can do it on my own and make money.” Practical skills classes, such as those suggested by Sweke and Laizer, will better prepare children for life outside of STEMM.

Lastly, to prepare children to reintegrate into Tanzanian society, STEMM can assist the children to maintain a garden and use sewing equipment to create textiles. Ally Kayanda and Elisante Gualta note that growing a garden and creating textiles will give the children something to be responsible for and proud of. Each child should be given a row of plants to care for in the garden. The farm staff and house mommas can assist the children to ensure that their plants are growing properly. A house momma should also oversee the sewing machines and teach children how to create their own textiles. When the crops have grown and the textiles have been made, STEMM staff should take the children to the Mbuguni market to sell their products. Selling items in the market will allow children to earn money, learn to budget, learn how to sell, and have additional community experiences. These programs will help to alleviate some of the challenges surrounding adult reintegration into society. Yet, a truly holistic form of orphan care cannot stop here.

## **Mental Health**

When reunification with family is not possible, orphanages like STEMM must do everything in their power to ensure that they are offering holistic forms of care. A key component of truly holistic care is addressing children’s mental health needs. To assess the need for mental health programs and services, STEMM should first examine what the literature has to say about the mental health needs of children. Next, STEMM must use the knowledge they have gained to develop action steps that will address the mental health needs of the children they serve. By

addressing mental health needs, STEMM can offer a more holistic form of orphan care to the children they serve.

*Literature.* The numbers surrounding orphanhood worldwide are staggering and many of these children suffer from unique mental health challenges. UNICEF estimates that low to middle-income countries are home to 132 million orphans (qtd. in O'Donnell et al. 664). Many of these children live in orphanages or institutional care facilities. "Importance of Family" notes that compared to a nurturing family environment, studies show that growing up in institutional care can produce negative long-term physical, intellectual, and social-emotional effects. Therefore, keeping children in a family home should always be the first priority. Yet, the reality is that today, many children remain in the care of orphanages. "UNICEF estimates that at least 2.2 million children worldwide are living in orphanages" ("Children, Orphanages, and Families" 3). For this reason, a discussion must be had, and steps must be taken to identify and address the adverse effects of institutional care. This will require a holistic approach that emphasizes mental health along with physical health to ensure children's successful development. Miles and Wright note that key components of child development include health, cognition, education, spirituality, and life skills (303). I would contend that childhood poverty and trauma can impact each of these areas. Many orphaned children in Tanzania have experienced trauma, which must be addressed within holistic orphan care models.

As children grow, both their brains and bodies are constantly developing. If children are properly nurtured and well taken care of during this time, their minds and bodies will thrive. Conversely, if they experience elevated levels of stress or are not adequately nurtured, their minds and bodies will suffer the consequences. Unfortunately, poverty often does not provide the environment needed for children to thrive and properly develop. "World Development Report

2015” notes, “Children living in poverty experience greater levels of environmental and psychosocial stressors than their higher-income counterparts and that stress and adversity in the first years of life can permanently constrict the development of physical and mental capacities throughout adulthood” (98). These effects are most easily seen in the physical impact they have on child development. Dornan notes that if families cannot provide appropriate nutrition and health care, children may experience long-term consequences such as stunted growth (4). Additionally, Tough notes that children who experience multiple adverse childhood experiences are twice as likely to be diagnosed with cancer, twice as likely to develop heart disease and liver disease and are four times more likely to suffer emphysema or chronic bronchitis (28). A less apparent but potentially more pervasive issue comes from the cognitive effects of poverty and trauma on child development.

Children who experience trauma or high levels of stress struggle to develop cognitively. “World Development Report 2015” notes, “Prolonged high exposure to stress can result in chronically heightened cortisol levels and maladaptive stress responses, even in young children” (101). Additionally, “Experiencing stress and anxiety during infancy impairs early development of learning abilities and noncognitive skills, with cascading negative consequences for later achievements” (101). Furthermore, Tough notes that chronic stress affects children's abilities to respond to disappointment and provocation (21). As children grow older, many notice their poverty and identify themselves as different. Tough notes that this realization can lead to shame, humiliation, frustration, and marginalization, which has its own host of adverse psychological and emotional effects (20). As a result of trauma and high levels of stress at a young age, many children lag behind in cognitive development. The consequences they suffer can last far into adulthood. While these developmental consequences are troubling, perhaps the most alarming

impact of stress and trauma on growing children is seen in the impact it has on the physiological structures of the brain.

Stress and trauma in early childhood have been shown to negatively alter developing brains. “National Plan of Action Tanzania” notes that the brain is most vulnerable to trauma during the first two years of life and in the teenage years (3). Trauma during these times can leave physical marks on the brain that can impact children for the rest of their lives (3). Multiple studies have shown that the development of the prefrontal cortex can be hindered due to trauma and high levels of stress. Tough notes, “High levels of stress, especially in early childhood, hinder the development of a child’s prefrontal cortex, the part of the brain that controls our subtlest and most complex intellectual functions, as well as our ability to regulate ourselves both emotionally and cognitively” (20-21). Furthermore, “World Development Report 2015” reports that stress in infancy damages neurons in the areas responsible for regulating emotions and learning (101). In addition, poor environments during childhood directly affect the sculpting and neurochemistry of the central nervous system, impairing children’s cognitive, social, and behavioral development (101). Thus, we can see that poverty and trauma negatively impact child development. Yet, how many Tanzanian orphans, such as those living at STEMM, have experienced high levels of stress and trauma?

The evidence would suggest that many orphans in Tanzania have been subjected to high levels of stress, poverty, and trauma. This poverty and trauma can be experienced before, during, or after the time the child becomes an orphan. Many Tanzanian children experience trauma in the form of violence, which may occur while they are still living with their families. “National Plan of Action Tanzania” reports, “Violence is a daily reality for large numbers of women and children in Tanzania” (2). The numbers surrounding childhood violence in Tanzania are

alarming. A reported 72% of girls and 71% of boys report experiencing physical violence, while one-quarter of boys and girls report experiencing emotional violence (2). Additionally, in 2011 Tanzania released reports which found that one in three girls and one in seven boys had experienced some form of sexual violence before the age of 18 (2). Furthermore, 7.9 million women and girls were estimated to have experienced female genital mutilation (3). While conducting my fieldwork in Mbuguni Tanzania, I was confronted with many stories of children suffering violence at the hands of their family members or individuals in the community. To make matters worse, these forms of violence against children may not be reported as individuals fear social stigmatization. In other situations, individuals may fear that people will not believe their reports of violence. Mariam Kaaya, who runs a daycare in Mbuguni, noted that children will often decide not to go to the police or teachers after being abused because they know they will not be listened to or taken seriously (Kaaya). As previously noted, forms of violence such as these can have devastating psychological and behavioral effects on children.

Many of the conditions that cause orphanhood in the first place can also be highly traumatic. For instance, O'Donnell et al. note that the death of a parent can be the most stressful event in a child's life, and psychological consequences can be exacerbated by life changes, separation from siblings, and stigma surrounding poverty (664-665). UNICEF points out that orphaned children often experience loss, suffering, and psychological trauma before the death of their parents as they witness them fight a long-term fatal illness and take on the burdens of work and caring for siblings (qtd. in Evans 54). Children may also be orphaned due to poverty which negatively impacts development further. "Population and Housing Census 2012" reports: 28.2% of the Tanzanian population lives under the poverty line; 33.3% of the rural population lives under the poverty line; and 11.3% of the population lives in extreme poverty and deprivation (qtd

in “National Plan of Action Tanzania” 2). When families are extremely impoverished, children are often removed from family homes and placed in orphanages. Children may often not understand why they must leave their families and plead to stay with them. Therefore, this experience of being forcefully separated from their family can be extremely traumatic.

Additional trauma and stress can be experienced after the children become orphans. Evans notes, “children orphaned by AIDS are subject to rejection and exploitation by the extended family after the death of their parents” (51). Abuse at the hands of family members can be exceptionally damaging as children lose trust in those they thought would protect them. Furthermore, once orphaned, many children are forced to live on the streets, where the risk of trauma is extremely high. Evans reports that the emotional vulnerability and financial desperation caused by being homeless makes children particularly vulnerable to sexual exploitation, abuse, and survival sex (56). Evans interviewed multiple Tanzanian orphans living in the streets and heard countless stories of HIV infection, sexual exploitation and abuse, survival sex for minimal payment or security, and harassment (59). Children may feel that they have no other choice than to participate in these acts. Nevertheless, they may carry shame regarding what they had to do to survive. This shame has the potential to compound the trauma they have already experienced as they may blame themselves. These forms of trauma will require exceptionally sensitive treatment.

The conditions surrounding orphanhood in Tanzania lead to an extreme likelihood that orphans will experience some form of trauma. Atwine et al. note, “Studies with African youth have found that those orphaned have higher rates of maladaptive grief, posttraumatic stress, depression, suicidal thoughts, anxiety, behavior problems and negative outlooks on their lives relative to those not orphaned” (qtd. in O’Donnell et al. 664). Therefore, there is a high chance

that orphans entering care facilities, such as STEMM, will have a plethora of mental health needs. John Lidgett notes that the orphans living at the STEMM facility all came to the facility because their parents had passed away or were so impoverished that they could not care for them. Each of these instances is likely to have caused trauma, yet Lidgett notes that he is unaware of any services at the STEMM facility that address trauma or mental health concerns. This raises the question: How should orphanages, such as STEMM, address the trauma and mental health needs of the orphans residing in their facilities?

**Action Steps.** STEMM must first attempt to identify which children have experienced trauma. “National Plan of Action Tanzania” notes that in Tanzania, there is a culture of silence surrounding reporting violence (5). Children in orphanages may not be inclined to report violence and other forms of trauma; therefore, we must assist them. We should first seek assistance from professionals, such as counselors, psychotherapists, medical practitioners, and social workers. These professionals should be Tanzanian or preferably have a strong understanding of Tanzanian culture and the local context. Next, we can use tested materials such as the ACE quiz, which identifies past abuse, neglect, and household dysfunction (“The ACE Quiz”). Additionally, to identify trauma, child psychologists recommend looking for visible signs of stress such as nightmares, recurring thoughts of stressful events, distraction, withdrawal, or re-enactments of trauma during play (“The ACE Quiz”). After identifying which children have experienced trauma, we must identify appropriate treatment.

When possible, we should utilize professionals with a cultural understanding of Tanzania and a background in mental health and trauma. Lidgett notes that this is a challenge for children at the STEMM facility as there are no mental health services available in Mbuguni. Additionally, Kieling et al. note, “Orphaned children in Low to Middle-Income Countries have high rates of

unmet psychological needs and limited access to mental health care” (qtd. in O’Donnell et al. 664). As there are no professional mental health resources in Mbuguni, Tanzania, where STEMM is located, STEMM should request assistance to identify qualified professionals. To locate these professionals, STEMM could seek guidance from the Tanzania Department of Social Welfare. Identified professionals could use trauma-informed practices to assist children. Additionally, these professionals could train STEMM social workers and staff to identify and combat trauma and psychological dysfunction.

If professionals are not available, recent studies suggest that individuals with no specific mental health experience may be able to help after being trained in trauma-informed practices (O’Donnell et al. 665). A study conducted by O’Donnell et al. sought to use Trauma-Focused Cognitive Behavioral Therapy to treat maladaptive grief and post-traumatic stress symptoms in orphaned children in Tanzania (665). One goal of this study was to show that lay counselors could be trained to deliver effective interventions (665). After the Trauma-Informed Cognitive Behavioral Therapy concluded, children showed reduced symptoms of both grief and PTS with improvements sustained at three and twelve months (668). This study was successful in training lay counselors to administer effective Trauma-Informed Cognitive Behavioral Therapy. Thus, an action step for Tanzanian orphanages, such as STEMM, could be to replicate this training and therapy in their specific setting. STEMM could also collaborate with an organization such as Courage Worldwide, which has been restoring mental, emotional, and spiritual health to girls in Tanzania since 2011 (“Courage Worldwide”). Courage Worldwide is located close to STEMM, is aware of STEMM’s work, and has offered to assist STEMM in the past (Borchard, 27 July 2021). By collaborating and training their staff in trauma-informed care, STEMM could take a large step towards addressing the mental health needs of the children they serve.

Another approach STEMM could utilize to address mental health concerns would be to increase the number of developmental assets the orphans have at their disposal. Benson notes that developmental assets are the building blocks that children need in their lives to grow successfully (59). Studies show that as developmental assets increase, young people's rates of positive behaviors rise, and rates of negative behaviors fall substantially (72). If orphans were raised in traumatic environments that lacked developmental assets, their ability to develop successfully may have been hindered. This may then be compounded if they have lived in an orphanage where they did not receive the number of developmental assets they require. STEMM should seek to counteract this by ensuring that the children living in orphanages receive an adequate amount of developmental assets. These assets fall into eight categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity ("The Asset Approach" 2). The categories include assets such as the young person receiving support from three or more non-parent adults, the young person spending one or more hours per week in a religious institution, and the young person having positive adult role models (2). Young people need assets to develop successfully, and orphanage staff can make a tremendous impact by increasing the number of assets available to them. By developing programs, such as the ones listed above, to address mental health needs, STEMM can offer a more holistic form of orphan care to the children they serve.

## **The Project**

The information above has been formatted into a presentation which includes PowerPoint slides, a transcript, resource packet, contact list, and overview of the presentation. The purpose of this presentation is to encourage STEMM staff and the Board of Directors to implement programs

that would allow them to offer a more holistic form of orphan care to the children they serve. To do this, the presentation implores STEMM to focus on family reunification, prepare the children to reintegrate into Tanzanian society, and address the mental health needs of the children living in their facilities. To encourage STEMM to see these steps as necessary, the presentation details the literature on each of the aforementioned categories. Additionally, the presentation highlights information collected via child surveys, staff interviews, and child admission records. Next, the presentation puts forth programs and steps that STEMM can implement to address each of the three issues mentioned. To further aid STEMM, a resource packet is included. This packet includes detailed instructions on how to implement various programs as well as further literature on topics discussed. Lastly, a page with the contact information for organizations that STEMM is encouraged to collaborate with is included.

The presentation can also be used by other organizations and orphanages to encourage them to implement programs that would allow their care model to be more holistic. To encourage the sharing of this presentation, and to prepare any presenter, an overview of the PowerPoint slides is included as well as a comprehensive transcript to be used during the presentation. Additionally, the resource packet has been formatted to make it applicable to both STEMM and other organizations wishing to utilize the information. Lastly, the contact list includes the names and contact information for relevant parties, as well as information on where the presentation slides can be found.

## **Conclusion**

Imagine again the three individuals from the beginning of this thesis. First, imagine the mother who had to give up her children because she could not provide for them. This time, when the

mother calls the orphanage, they inform her of the benefits of children growing up with their families. They then work with the mother to create a plan that will allow her to provide for her children in their home. Next, imagine the boy who was placed in the orphanage. This time, when the boy arrives at the orphanage, he receives counseling and is told that he will only stay at the orphanage for a brief period until his family can provide for him again. After a few short months, he is able to return home to a family that is financially stable. Lastly, imagine the young social worker working at the orphanage. This time, the social worker finds confidence in her work knowing that the only children staying at the orphanage are those with no living family members or those who were at serious risk of harm or abuse in their homes. She is also confident that the services in place to prepare children to reintegrate into Tanzanian society and to address mental health needs are truly impactful.

STEMM provides a wonderful and loving environment for the children they serve. Yet, STEMM must continuously strive to improve its model of holistic orphan care. STEMM can accomplish this through implementing programs in the areas of child reunification with living family members; child preparation to reintegrate into Tanzanian society upon adulthood; and child mental health. In their work, STEMM must always seek a contextualized approach through utilizing the wisdom of its children, staff, and local community members. Additionally, STEMM must strive to empower those they are working with and allow these same individuals to empower STEMM. This thesis has advocated change through analyzing staff interviews, STEMM child admissions files and interviews, and literature on best practice orphan care. Through incorporating child reunification with family members, preparing children to reintegrate into Tanzanian society upon adulthood, and addressing mental health concerns, STEMM can offer a superior form of holistic care to the children they serve.

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## **Appendix Integrative Project: Introduction**

What do we do when children need alternative care due to parental abandonment, death, or severe poverty? Is caring for their basic needs enough? What elements need to be present in these children's lives to ensure they develop properly? Is the provision of food, shelter, and security more important than growing up in a family? In the summer of 2021, I had the opportunity to work with an organization that is attempting to answer these questions. Siouland Tanzania Educational Medical Ministries (hereafter referred to as STEMM) has been working in Tanzania since 1997 ("Who We Are"). In 2007, STEMM felt called to address the needs of orphaned children and opened an orphanage that now cares for 50 children ("To Be STEMM"). Since the opening of its orphanage, STEMM has sought to "nurture the children in a loving Christian environment" ("Our Children"). STEMM has done a fantastic job of caring for these children and has even been rated as the second-best orphanage in Northern Tanzania ("To Be STEMM"). Nevertheless, STEMM could still be doing more to ensure the children they serve are given the best possible chance to succeed in life. This presentation will explore areas of need and propose projects that STEMM can implement to enhance their version of holistic orphan care.

STEMM must continuously strive to provide a superior form of holistic orphan care. STEMM can accomplish this by using a contextualized approach to expand its services. These services must meet the expressed needs of STEMM staff and children as well as the current literature on orphan care. STEMM should implement programs in three areas: child reunification with living family members; family support to keep children in family homes; and programs to mitigate the adverse effects of institutionalization. Drawing on insights gathered from a case study at STEMM, this presentation will examine the challenges faced by the children living at STEMM. Additionally, this presentation will analyze findings from literature on orphan care and

interviews with STEMM children and staff. Next, this presentation will suggest programs to reunify children with families, support families to keep children in their homes and mitigate the adverse effects of institutional care. This presentation can be given to the STEMM Board of Directors, staff, or other orphanages that may be interested in learning. For those individuals interested in utilizing this presentation, an overview of the presentation, a presentation transcript, a list of contacts, and a resource packet will be included. Through addressing the expressed needs of STEMM staff and children, as well as the literature on orphan care, STEMM can offer a more holistic form of care to the children they serve.

## **Appendix Integrative Project: Overview of Holistic Orphan Care Presentation**

*Context:* The presentation, “How to Improve Holistic Orphan Care: A Case Study of STEMM Children’s Village,” has multiple purposes. First, it can be used as a training and advocacy tool for the STEMM Children’s Village Board of Directors and staff. Secondly, it can be used as a case study or training tool to those who are conducting alternative care of orphaned children. This brief review will highlight the main points of the presentation to inform those interested in using the presentation for educational purposes. This presentation draws on qualitative research, collected during the summer of 2021, and carried out at the STEMM Children’s Village in Mbuguni, Tanzania. Interviews were conducted with STEMM staff, children living in the STEMM Children’s Village, and community members from Mbuguni. Furthermore, information from the children’s files on record at STEMM was reviewed and collected. Lastly, information was collected from research papers, studies, laws, and policies on alternative care of children. The overview, presentation, and transcript have been formatted to allow anyone to conduct the presentation.

*Slides 1-10:* The document begins by noting the positive aspects of STEMM Children’s Village, as there are many. Specifically, these slides point to the exceptional security, medical care, provision of basic needs, and education that STEMM children receive. Slides four through eight re-emphasize the exceptional quality of STEMM by quoting staff members such as Elisante Gualta, who noted, “Thanks to God for this organization.” Additionally, these slides present positive pictures that children drew of when they returned to STEMM from family visits. Next, these slides present children’s statements such as, “I was so happy to be back; Thanks to God to be back at STEMM” (Child #1). Slides nine and ten conclude this section and offers a transition into examining how STEMM could offer a more holistic form of orphan care through

incorporating programs that offer family reunification, family support, and mitigation of the adverse effects of institutional care.

*Slides 10-16:* Slides 10 through 16 offer an overview of the literature surrounding the institutional care of children. First, these slides examine the negative cognitive, physical, and social-emotional impacts shown to be more prevalent in children receiving institutional care. Next, these slides examine the challenges that face institutionalized children when they attempt to reintegrate into society as adults. This section concludes by assessing the lack of a nurturing environment in institutions which may lead to many of these negative impacts.

*Slides 17-27:* Slides 17 through 27 examine The United Nations Convention on the Rights of the Child, The United Nations Guidelines for Alternative Care of Children, and The Law of the Child 2009. The slides state what each document is and highlight specific articles related to the institutional care of children. The presentation next transitions to overall suggestions of the authors and policymakers.

*Slides 28-30:* Slides 28 through 30 examine the cost of institutions versus the cost of family care. For example, the authors conclude that family-based care is substantially cheaper than running an orphanage (Ladaphongphatthana 88; Liu 104). The presentation next transitions to look at results of child surveys and findings from children's STEMM files.

*Slides 31-56:* Slides 31 through 56 examine staff interviews, child views, and children's STEMM files. First, slides 31 through 39 examine how many children had parents at the time of admission, how many had extended family at the time of admission, and how many were abandoned with no identified family. Next, slides 40 through 45 detail surveys which were filled out by the children living at STEMM. Slides 46 through 55 then detail findings from the

children's files that show why children were admitted to STEMM and if children would successfully be able to return home. The results show that basic needs and poverty were the leading cause for admission to STEMM. Conversely, the least often identified reason for admission to STEMM was abandonment. Slide 56 offers the presentation audience a 30-minute break or gives the option to continue at a further time. The remaining slides in the presentation offer project proposals to address family reunification, family support and mitigate the adverse effects of institutional care on children.

*Slides 57-65:* Slides 57 through 65 propose how STEMM might implement family reunification and family support programs. These slides encourage STEMM to identify supports that would allow families to keep children in their homes. The suggested method to identify these supports is through asset mapping. Additionally, these slides encourage STEMM to collaborate with The Small Things and the Families and Futures Coalition. These organizations have successfully reunified children with families and provided support to keep children in homes. They would serve as a valuable resource and mentor organization to counsel STEMM.

*Slides 66-87:* The remainder of the presentation slides 66 through 87, focus on improving orphan care for the children who remain at the STEMM Children's Village or who are temporarily placed there. Slides 66 through 74 make recommendations to mitigate institutional care's negative physical, cognitive, and social-emotional aspects. Specifically, the slides suggest additional training for childcare staff, additional staff to care for children, professional counseling for children, asset mapping to identify community mental health resources, and trauma-informed training for STEMM social workers and house mommas. Slides 75 through 82 suggest programs to better prepare children to reintegrate into Tanzanian society. Specifically, these slides suggest additional home visits for children, additional family visit days for parents,

practical skills training, skills exploration, a community garden for children to utilize, sewing classes, and social work check-ins for adults who have graduated from STEMM. The presentation concludes in slides 83 through 87 by making suggestions for periodic program evaluations and assessments.

*Slides 88-89:* Slide 88 offers the audience the opportunity to ask questions. Slides 89 concludes the presentation.

## Appendix Integrative Project: Presentation Slides

# How to Improve Holistic Orphan Care: A Case Study of STEMM Children's Village

Created By: Chase Gibson



## Context

- In July and August 2021, a graduate student spent time observing the child-care taking place at STEMM Children's Village (SVC).
- The questions were posed,
  - Is STEMM the best place to live for children who have parents or family members?
  - If STEMM is the best place, how can it's holistic orphan care model be improved?



## What is STEMM Children's Village Doing Well?

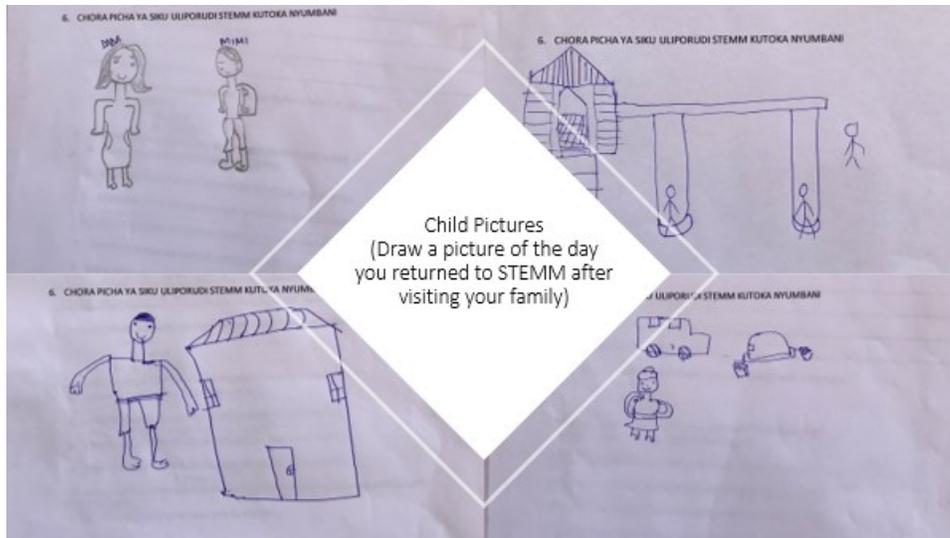
STEMM excels in providing:

- Basic needs such as food, clothing, and everyday requirements
- A loving environment
- Superior education and tutoring
- Spiritual Education
- Comprehensive medical care



Children's Pictures:  
(Children were asked to draw a picture of the day they returned to STEMM after visiting their family)





## Observations

- STEMM is doing a fantastic job, but could offer a more holistic form of orphan care by establishing programs in a few key areas.
  - This presentation proposes that STEMM incorporate programs centered around:
    - Family reunification
    - Family support
    - Mitigating the negative effects of institutional care
- This presentation will:
  - Detail why each of these areas needs to be explored
  - Propose programs that address these needs



## Negative Cognitive Impacts

Multiple studies have shown that institutional care leads to:

- Lower average IQ
  - Meta-analysis found that on average, children raised in children's homes scored 20 IQ points lower than children raised in biological families (Izendoorn, et al. "IQ" 341).
- Lower Cognitive Development
  - Cognitive development is found to be significantly lower in institutionally reared children (Nelson III et al. 1937; Izendoorn et al. "IQ" 343; Smyke 215).
- Neurobiological Issues
  - A variety of neurological sequelae (Nelson III et al. 1937).
  - Abnormal cortisol levels (Carlson and Earls qtd. in Johnson and Gunnar 104).
  - Abnormalities of the hypothalamic-pituitary-adrenal system (Johnson and Gunnar 115).
  - Executive functioning deficiencies ("Development and Care of Institutionally Reared Children" 175).
  - Less metabolic, physiological, and neurochemical activity (175)
  - Abnormal prefrontal cortex and amygdala development (175).

## Negative Physical Impacts

- Studies have shown that institutional care can lead to:
  - Suppressed Growth
    - High incidence of growth failure and suppression (Johnson and Gunnar 92; Izendoorn et al. "Plasticity of Growth" 334).
    - Below average levels of physical growth ("Development and Care of Institutionally Reared Children" 175; Smyke et al. 214).
  - Reduced Head Circumference
    - More time children spent in institutions leads to delayed growth, including head circumference (Izendoorn et al. "Plasticity of Growth" 334).
    - Catch-up in height and weight was seen after adoption, but catch-up of head circumference was slower and remained incomplete (334).

## Negative Social-Emotional Impacts

Institutions care has been shown to lead to:

### Mental Health Challenges

- Greater mental health risks than peers housed in families (qtd in Ahmad et al. 204).
- Lower expectations for the future, less positive affect and more negative affect (Melville & Lykes qtd. in Ahmad et al. 204; Smyke 214).

### Socio-Emotional Delays and Psychosocial Dysfunction

- Delays in attachment, social engagement, and social-emotional development, as well as a variety of internalizing and externalizing behavior problems (Nelson et al. 1937; "Development and Care of Institutionally Reared Children" 175).
- Poorer behavioral and psychosocial function on institutionalized children (Liu 98).

### Challenging Behavior

- Higher rates of atypical behavior, aggression, temper tantrums, hyperactivity, difficulty with attention, and anxiety problems (Smyke et al. 210, 211, 214).
- Quinton et al. found post institution reared women to have a markedly increased rate of poor psychosocial functioning and 25% to be rated as showing a personality disorder (110, 113).
- Pringle and Bossio as well as Wolking found a high prevalence of emotional and behavioral problems among institutionalized children (qtd in Quinton et al. 110).

## Societal Reintegration

Institutional care often leads to challenges in adulthood such as:

- Lacking the skills, competence, and confidence to live independently (Ladaphongphatthana 83).
- Requesting to return to orphanages after graduating (Chin qtd. in Ladaphongphatthana 83).
- Inability to bond, effectively problem solve, and ask for help (Family and Children's Services Division qtd. in Liu 88).
- Women reared in institutions are more likely to be found living in poor social circumstances (Quinton et al. 120).
- Increased rates of severe parenting difficulties, becoming pregnant before age 19, and giving up children to foster care (Quinton et al. 107, 110).



What Might Be  
Causing These  
Issues?

## Nurture

Multiple authors contend that:

- Families cannot be replicated
  - Orphanages have never been perfect substitutes for loving families (Ladaphongphatthana 84).
  - Johnson and Gunnar observed orphan care and noted "even the best caregiving observed was below the threshold needed to support normal growth" (95).
  - Orphanages often provide better environments than the circumstances of the biological family, but they cannot replicate a loving family (McKenzie qtd. in Ahmad et al. 204).
  - Liu notes, "Despite attempts to restructure congregate care facilities and make them more 'family-like,' congregate care remains an institutional entity" (97).
- Children need more than food and shelter
  - Adequate calories alone are insufficient for normal growth (Johnson and Gunnar 95).
  - Social-Emotional relationships, rather than nutrition, improve growth (Johnson and Gunnar 106-107).

## What do National Communities and Tanzanian Laws Say about Institutional Care?

### United Nations Convention on the Rights of the Child (CRC)

- Adopted in 1989
- International legal framework which put forth agreed upon rights for children worldwide.
- Garnered near worldwide acceptance
- The most widely ratified human rights treaty in history ("For Every Child, Every Right").
- Ratified by Tanzania on July 9th, 1993 (*Submission Of Reports*).
- Cited as interpretive sources of law ("Tanzania: National Laws")
- Advocates for family preservation and keeping children in homes.

### Preamble of the CRC

#### Preamble

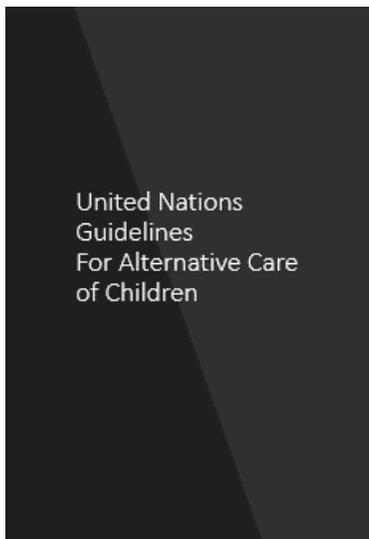
- "The family, as the fundamental group of society and the natural environment for the growth and well-being . . . should be afforded the necessary protection and assistance so that it can fully assume its responsibilities" (*Convention on the Rights* 1).
- "The child . . . should grow up in a family environment, in an atmosphere of happiness, love and understanding" (1).



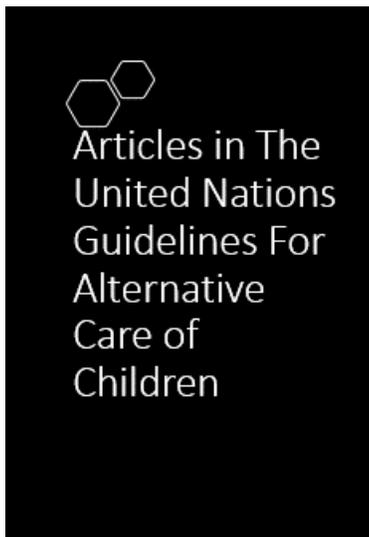
## Articles of the CRC

Children shall have the right to:

Maintain family relationship	State Parties Shall: *Article 8: "Respect the right of the child to preserve his or her identity, including ... family relations" (Cooperate on the Rights 3). *Article 9: "Respect the right of the child ... to maintain personal relations and direct contact with both parents" (14).
Avoid separation from family	Article 9: A child shall not be separated from his or her parents against their will unless it is in the best interest of the child (3). Article 18: "State parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing" (5).



- Developed by the United Nations on February 24, 2010.
- Intended to enhance the implementation of the CRC ("Manuals, Toolkits and Guidance").
- Seeks to ensure that:
  - "Firstly, children do not find themselves in out-of-home care unnecessarily" ("Manuals, Toolkits and Guidance").
  - "Secondly, that the type and quality of out-of-home care provided is appropriate to the rights and specific needs of the child concerned" ("Manuals, Toolkits and Guidance").



Guidelines encourage keeping children in homes by strengthening families and reunite children with families if they have been removed.

- Articles: 2, 3, 9, 11, 15, 32, 33, 51, 123, 155, 156
- Article 3: Enable the child to remain in or return to the care of parents (*Guidelines for Alternative Care* 2).
- Article 11: Consider keeping children as close to home as possible to "facilitate contact and potential reintegration with family" (3).
- Article 123: Provide temporary care and contribute actively to the child's family reintegration (18).
- Article 155: Prevent the separation of children from their parents and ensure that actions do not inadvertently encourage family separation (22).

## Articles in The United Nations Guidelines For Alternative Care of Children

- Encourages State Parties To:
  - Use Institutions as a measure of Last Resort: Articles 14, 21
    - Article 14
      - Removal of a child from the care of the family should:
        - Be seen as a measure of last resort and should
        - Be temporary and for the shortest possible duration
        - Be regularly reviewed and the child's return to parental care, should be in the best interests of the child (*Guidelines for Alternative Care* 4).
    - Article 21
      - The use of residential care should:
        - Be limited to cases where such a setting is specifically appropriate, necessary and constructive (5).



## Articles in The United Nations Guidelines For Alternative Care of Children

### Refrain from using poverty as justification for removal of children from homes.

- Article 15
  - "Financial and material poverty . . . should never be the only justification for the removal of a child from parental care . . . or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family" (*Guidelines for Alternative Care* 4).

### Ensure that children maintain relationships with family

- Article 81
  - "When a child is placed in alternative care, contact with his/her family, as well as with other persons close to him . . . should be encouraged and facilitated" (13).

## Articles in The United Nations Guidelines For Alternative Care of Children

Support	Support both immediate families and extended families:
Article	<p><b>Article 156</b></p> <ul style="list-style-type: none"> <li>• Separation initiated by the child's parents or other primary caregivers should be prevented by:</li> </ul>
Article	<p><b>Article 161</b></p> <ul style="list-style-type: none"> <li>• Should family reintegration prove impossible . . . solutions, such as adoption or kafala of Islamic law, should be envisaged (22).</li> </ul>

# The Law of the Child 2009 (Tanzania)

- Developed by Tanzania
- Signed into effect on November 20th, 2009.
- Developed to ensure child rights and protection.
- Stated definitions:
  - Approved residential home: a licensed home whereby a child is given a substitute *temporary* family care (*Guidelines for Alternative Care* 10).
  - Orphan: a child who has lost both parents or a parent through death (12).

## The Law of the Child 2009 (Tanzania)

Article	Article	Article	Article
<p><b>Article 7</b></p> <ul style="list-style-type: none"> <li>• A child shall be entitled to live with his parents or guardians (Law of the Child 13-14).</li> </ul>	<p><b>Article 18 and 19</b></p> <ul style="list-style-type: none"> <li>• A court may issue a care order or supervision order on an application by a social welfare officer for the benefit of a child (18).</li> </ul>	<p><b>Article 25</b></p> <ul style="list-style-type: none"> <li>• The purpose of a care order or supervision order is to:</li> </ul>	<p><b>Article 137</b></p> <ul style="list-style-type: none"> <li>• "It shall be the responsibility of the staff of an approved residential home or institution, and the social welfare officer to assist the child to become reunited with his parents, guardians or relatives" (62).</li> </ul>

Can We Afford to Support Families in the Community to Keep Their Children in Homes?

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## Cost

Multiple studies suggest that family based care is more cost efficient than residential care.	Desmond and Gow:	Family-based care is at least ten times cheaper than residential care" (qtd. in Ladaphongphatthana 88).
	Ahmad et al.:	"It is more cost-effective if . . . foster families are financially supported instead of establishing orphanages" (212).
	Faith to Family Initiative notes:	"Supporting family based options is more cost-effective than funding orphanages" (Qtd in. Ladaphongphatthana 88).
	"Children, Orphanages, and Families":	Invest in programs that provide for children living in family care as this form of care is the most cost effective (18).
	"The Development and Care of Institutionally Reared Children":	"There is no question that on average, family care environments are better and cheaper long-term than institutions" (178).

## Cost

- Liu:
  - "The funds that the children's birthparents could have used to properly provide for their children and avoid a finding of neglect are instead directed to another individual for that very same purpose" (Liu 104).
- "If you look at our childcare department. Labor alone in childcare we probably spend, \$5000 a month on labor" (Borchard ).
- With \$5000 per month, how many families could be supported to keep children in their homes instead of providing for them at STEMM Children's Village?



Why Ask About Family Reunification? Most of the Children At STEMM Have No Family, Right?

## Staff Interviews

Many children living at STEMM do actually have families.

- "You'll find that . . . at STEMM we have some children that you can't call truly call an orphan. They have moms that are alive that are capable of caring for them, but don't have, quote-unquote, financial capacity" (Borchard).
- "I would say half of our children are pure orphans like no mother father even" (Borchard).

## Analysis of STEMM Children's Files Shows:

**Of 51 STEMM Children:**

**(At Time of Admission)**

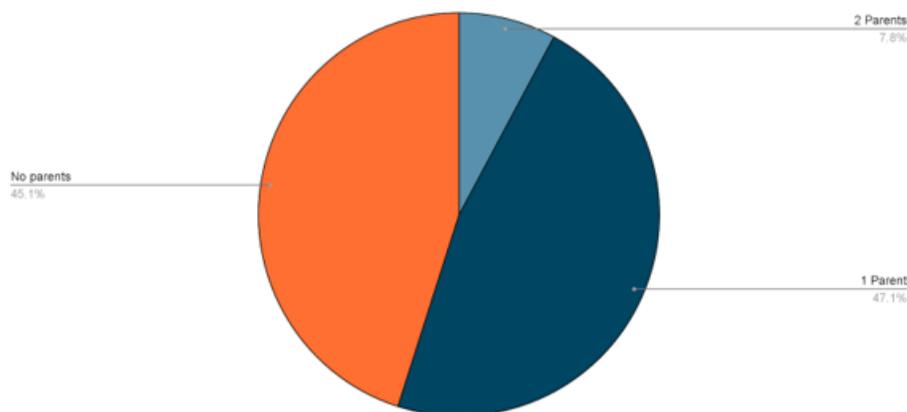
**4 children or 8%** of children had ***two living parents***

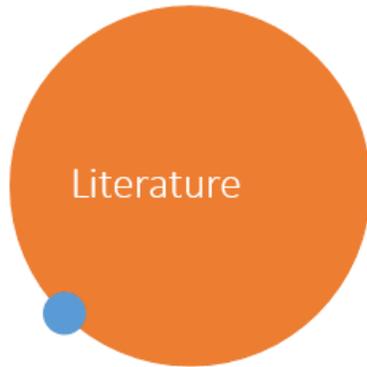
**24 children or 47%** had only ***one living parent***

**28 Children or 55%** had at least ***one living parent***

**23 children or 45%** had ***no living parents***

## Parents at Time of Admission





- The findings from STEMM are consistent with the literature
- UNICEF estimates that only 10.7% of orphans lost both parents (qtd. in Ladaphongphatthana 81).
- Lumos found that 54-99% of children living in orphanages have at least one parent (Ladaphongphatthana 81).

A yellow dashed arc is positioned above the text "Extended Family".

**Extended Family**

**Of 51 STEMM Children:**

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**(At Time of Admission)**

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**32 children or 71% of children had only *Extended Family***

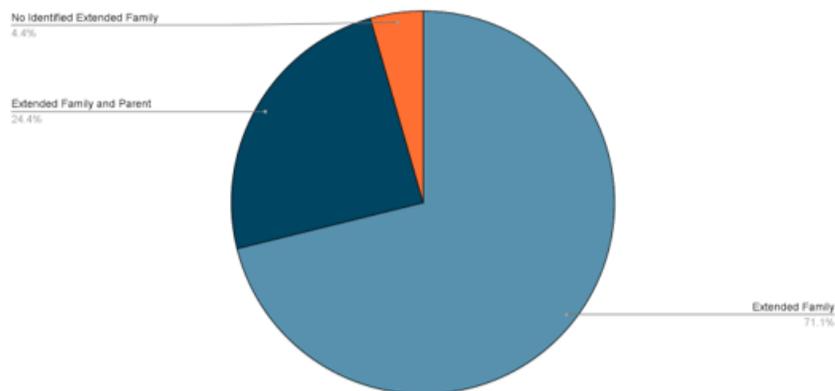
---

**11 children or 25% had *Extended Family and at Least One Parent***

---

**2 children or 4% had *no Extended Family***

### Extended Family



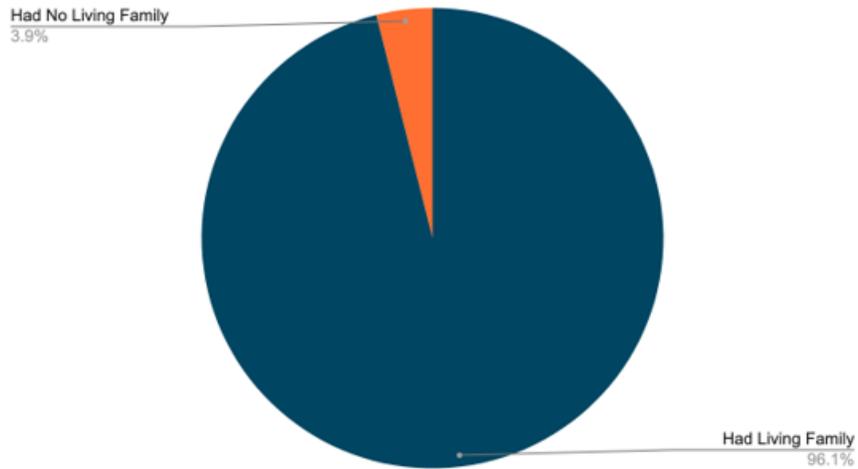
Family or No Family?

**Of 51 STEMM Children:**

**(At Time of Admission)**

**2 Children or 4% had No Identified Living Family**

**49 Children or 96% Had Identified Living Family**



But the Children Want to Live at STEMM, Right?

## The Children's Behavior

- "We sent about half of our kids home to family members . . . we had a number of kids that would come back crying because they want to stay at home" (Borchard).
- "I think, a one girl specifically . . . she lives on a compound with aunt and uncle, grandma and grandpa . . . Her mom is disabled. Can't walk . . . Aunts and Uncle, Grandma and Grandpa are able-bodied subsistence farmer types, not atypical . . . she was so sad when she came back to STEMM" (Borchard).
- One boy tried to escape STEMM 3 times to go be with his family (Sweke).



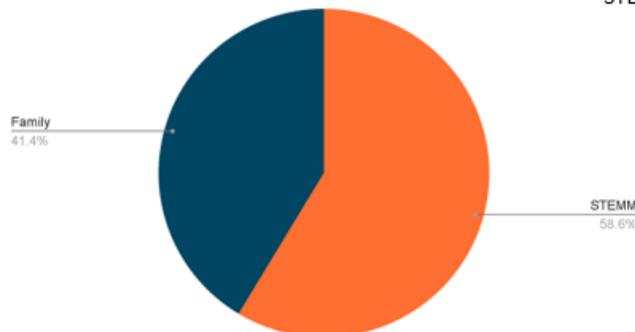
## Children's Behavior

- "One girl, she was so sad to be leaving her mom . . . some of them are very sad to come back here and they're wanting to go back (home)" (Bye).
- "We had a number of kids that when they came back they were crying and it was really rough for a couple days" (Borchard).
- "At first when you bring them to the orphanage, it's hard for them to cope with the environment. Some need to go back to their home" (Lukas 3).
- "Yeah, they do miss their families" (Lukas).
- "They're excited about going home and seeing their family, spending time together. I see they're happy about that" (Lukas).



## Survey Taken by 29 STEMM Children

If I had to choose to live with just one, I would choose: Family: 12 STEMM: 17

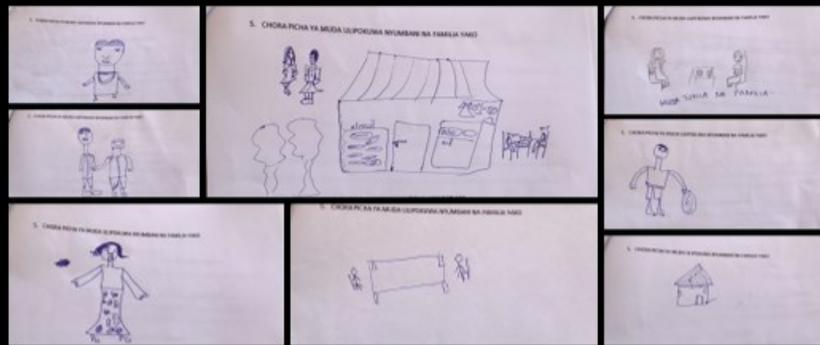


## Child Statements

Question: How did you feel when you went home to stay with your family?

- "I felt better, more than STEMM because I missed my family and my relative, so I was happy." (Child 1)
- "I need to stay with my family every year. I need my family every day." (Child 2)
- "I felt so good to see my family back at home; I was so happy to have seen people at the village." (Child 3)
- "I felt very loved; I felt so good; I felt so peaceful; I felt so happy." (Child 4)

## Child Pictures (Draw a picture of the time you spent with your family)



If Some Children Want to Live with Families, Why do Their Families Send Them to STEMM?



## Staff Interviews

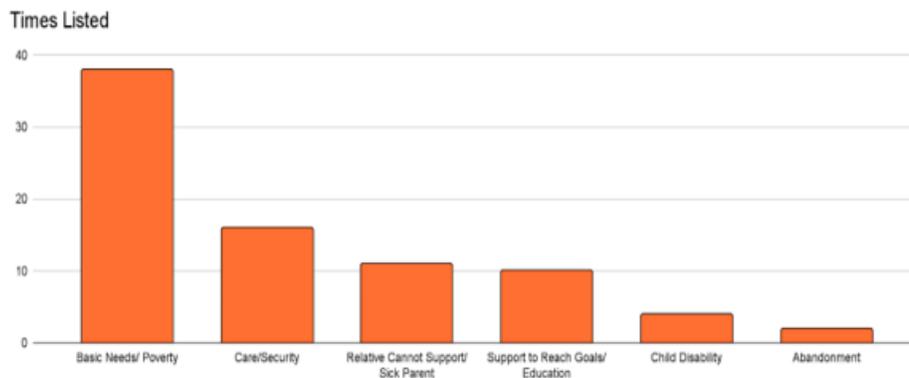
### Education

- "I think they see it as giving the best future" (Bye).
- "It's all about economic . . . here they get a good education. So I think it's all about economy. Economy and education" (House Momma #3).

### Poverty

- "The family couldn't take care of them based off of finances or their resources" (Borchard).
- "If my child will be given good education, will be sure to make food, breakfast, lunch and dinner, which here I can't afford, they will have clothes. They will have everything they need. It's better they go."(Lukas).

### Listed Reasons for Placement at STEMM from Child Files:



### Listed Reasons for Placement at STEMM from Child Files:

**Times Listed**

Basic Needs/Poverty: 38

Care/Security: 16

Relative Cannot Support/ Sick Parent: 11

Support to Reach Goals/Education: 10

Child Disability: 4

Abandonment: 2

## Literature

In Tanzania, parental death is not the leading cause of parental absence.

- Gaydosh completed a study assessing the reason for parental absence among children in Rujiji, Tanzania. This study showed that parental death was consistently the least common reason for parental absence (1121, 1134).

The primary cause of abandonment is often poverty.

- A study in Romania showed that the chief reason for child abandonment is poverty (Zeanah et al. qtd. in Smyke et al. 211)
- Millions of children, "are abandoned and in need of supportive living environments because their biological parents are not able to provide food, shelter, and safety" (Whetten et al. 1).



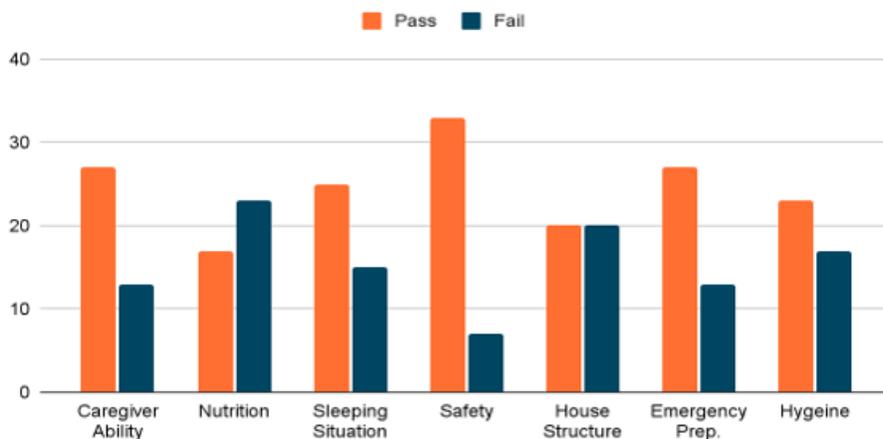
Many Children Successfully stayed with their families for two weeks.



## Family Assessment Results

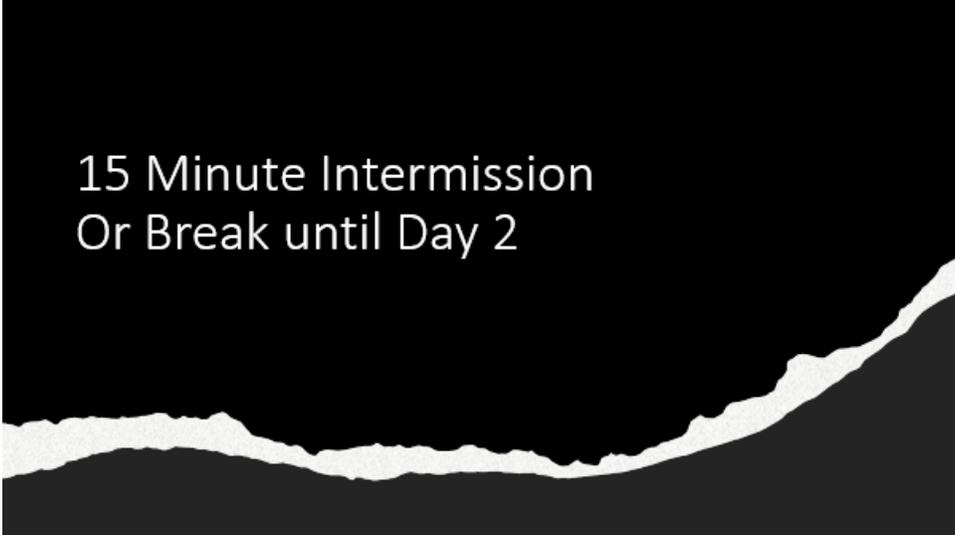
Family Home Environment Pass	Family Home Environment Fail	Went Home
Passed all: 11 Safety: 33 Caregiver Ability: 27 Emergency Prep.: 27 Sleeping Situation: 25 Environment Hygiene: 23 House Structure: 20 Nutrition: 17	Failed all: 4 Nutrition: 23 House Structure: 20 Environment Hygiene: 17 Sleeping Situation: 15 Caregiver Ability: 13 Emergency Prep.: 13 Safety: 7	Yes: 21  No: 16  No Record: 14

Number of Families Passed or Failed Assessment Category

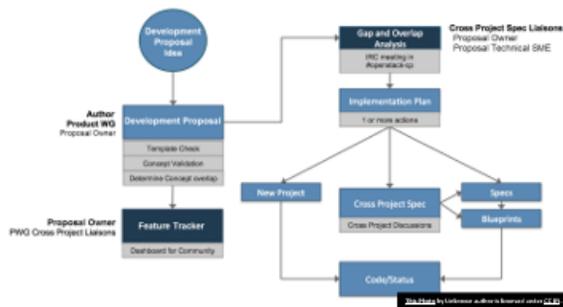


## What Have We Established Thus Far? Brief Review.

The literature, international policy, and Tanzanian law overwhelmingly advocates for family reunification and family preservation.	Institutional care should be used as a last resort.	55% of children had at least one parent at time of admission.
96% of children had identified living family members at time of admission.	41% of children stated they would rather live with their families than at STEMM.	Number one listed reason for placement at STEMM was poverty.
Assessments showed that most parents could provide safety and quality care.	The top listed areas of failure were nutrition and house structure.	Children were able to successfully go home and stay with their families.



# Project Proposals



STEMM should consider doing three things to improve their holistic orphan care model

1. Explore **family reunification** for the children living at STEMM who have living family members.
2. Develop procedures to **support families** who have surrendered their children or who are at risk of losing their children due to poverty.
3. Implement programs that **mitigate harmful effects of institutional care** for children who remain at STEMM children's village.

(It should be noted that it may not be feasible to implement all the following projects.)





## Family Reunification and Family Support Strategies

### Individual Assessment to Determine if Reunification is Possible

- Assessments should begin as soon as possible.
- Each child should be assessed individually by a multidisciplinary team including:
  - District of Social Welfare Workers
  - STEMM Social Workers and Staff
  - Child and Family
- Start with children who indicated a preference for living with family members.
- It is essential that children be heard and their opinions be respected.
- Refer to:
  - "The Lundy Model of Child Participation" (Included in the resource packet).

### Identify Supports for families

- The United Nations encourages organizations to seek supports including:
  - Income-generating projects
  - Scholarships
  - Parenting Courses
  - Psychological supports (Ladaphongphatthana 81).
- Participatory Asset Mapping can serve as the primary method for identifying supports.

## Family Reunification and Family Support Strategies

- Participatory Asset Mapping is:
  - "A process where community members collectively create asset maps" ("Asset Mapping Toolkit" 6).
- Asset Mapping includes:
  - "Creating a tangible display of the people, places, and experiences that make up a community" (6).
  - "Providing information about a community's assets" (6).
- Refer to: "Participatory Asset Mapping Toolkit" for complete information. (Included in the resource packet).
- Meetings should be run by:
  - Lemmka Ngeseyani, STEMM Community Development Coordinator, and STEMM Social Workers Danny Sweke and Joan Laizer.



## Family Reunification and Family Support Strategies

### Collaborate with The Small Things

- STEMM could learn about successful family reunification and family support from The Small Things.
- The Small Things
  - Located in Usa River, Tanzania (1 hour from STEMM)
  - The Small Things boasts:
    - 30 plus years of experience in orphan care
    - 31 children reunified with families
    - 150+ children kept home through business development.
    - %1400 average increase in families income at graduation ("Family Preservation").
- The Small Things Orphanage should be contacted by STEMM staff member Daniel Lizer as soon as possible to discuss collaboration.
  - (Contact information included in resource packet)



## Family Reunification and Family Support Strategies

### Join The Small Things Families and Futures Coalition

- STEMM could receive guidance and support for family reunification and orphan care by joining the Families and Futures Coalition.
- Why Join The Families and Futures Coalition
  - Emphasis on Collaboration
    - The Coalition believes that the key to large-scale, effective change lies in linking resources between organizations.
  - Committed to Family preservation and reunification
    - The Coalition is committed to best practice orphan care in Tanzania, focusing on family preservation and reunification as a first priority.
  - Access to regional hubs, network mapping, toolkits, training, specialist teams, monitoring and evaluation, mentoring, and support packages.
  - (Contact information included in resource packet)



## Family Reunification and Family Support

- This report does not have the space or capacity to fully detail the process of implementing family reunification and family support.
  - It is recommended that STEMM collaborate with The Small Things, Families and Futures Coalition,
- Additionally, STEMM should reference the following resources :
  - "Transitioning to Family Care for Children: A Guidance Manual."
  - "The United Nations Guidelines for Alternative Care of Children"
  - "Transitioning to Family Care for Children Online Training"
  - "Transitioning to Family Care for Children Tool Kit"
  - Ladaphongphatthana, Kanthamane. "Holistic Orphan Care: A Call for Change in Caring for Orphans and Vulnerable Children."
    - (Provided in the resource packet)

## Improving Orphan Care



## Improving Orphan Care

- It is not always possible for every child to be cared for in a family.
  - Certain children do in fact have no living family.
  - Others cannot return to their families out of concern for safety.
  - Fostering and adoption are optimal choices, but they are not always immediately available.
- Therefore, institutional care is recognized as an option in the continuum of care ("A Continuum of Care for Orphans and Vulnerable Children" 3).
- However, institutions must do everything within their power to mitigate the proven negative effects of residential care.

## Physical and Cognitive

- Studies have shown that child development requires more than adequate calories; it requires a nurturing environment (Johnson and Gunnar 95, 106-107).
- For this reason, STEMM should:
  1. Conduct a series of additional trainings for STEMM staff.
  2. Decrease the staff to child ratio as much as possible.

## Physical and Cognitive

- Training for House Momma's
  - The following trainings should be considered for the House Mommas:
    - "5 Strategies for Active Listening."
    - "The Asset Approach: 40 Elements of Healthy Development"
    - "Positive Youth Development"
    - "Developmental Relationships"
    - (These trainings can be found in the resource folder)
  - Classes should be taught by head House Momma's or STEMM Social Workers.

## Physical and Cognitive

- Caregiver Ratio
- Groark and colleagues (2005) showed that decreasing the number of children per caregiver, promoted children's development significantly (qtd. in Ijzendoorn et al. 343).
  - High group home sizes and child to caregiver ratios are defined as:
    - 9-16 children per ward and six to eight children per caregiver (175).
  - STEMM's child to caregiver ratio is:
    - Six children to one caregiver (Sweke).
  - STEMM should attempt to create a caregiver ratio of:
    - Three children to one caregiver.
  - Caregivers should also:
    - Stay with the same children as much as possible.

## Social-Emotional

### Professional Counseling

- It is suggested that STEMM Social Workers, Danny Sweke and Joan Lizer, seek the counsel of the Department of Social Welfare to:
  - Identify and hire a professional trauma-informed counselor
  - This counselor would be able to:
    - Assist children in addressing past trauma.
    - Help the children work through social emotional issues attributed to institutional care.
  - Additionally, this counselor could teach STEMM Social Workers and staff to identify and address trauma.

## Social-Emotional

### Asset Mapping

- It is suggested that STEMM social workers Danny Sweke and Joann Laizer:
  - Hold an asset mapping meeting to identify social-emotional supports.
  - This meeting should include:
    - The Department of Social Welfare
    - Dr. George
    - House Mommas
    - Village Leaders
    - Church Pastors
    - Relevant community members
  - See slide 60 and Participatory Asset Mapping in the resource folder for details on asset mapping.

## Social-Emotional

### Trauma Informed Training

- It is suggested that Danny Sweke, Joan Laizer, and Elizabeth Lukas receive training on trauma-informed counseling and care from Courage Worldwide.
- Courage House:
  - Opened in the Kilimanjaro Region of Tanzania in 2011.
  - Restores mental, emotional, and spiritual health to the girls they serve through trauma-informed counseling and around-the-clock care ("Courage Worldwide Tanzania").
  - Has a relationship with the Vineyard Tanzania Church and is aware of STEMM.
  - Has offered to assist STEMM in the past (Borchard).
- (Contact can be found in resource folder)

## Social-Emotional

### Trauma-Informed Training

- If STEMM is unable to receive adequate and full training assistance from Courage Worldwide, STEMM should:
  - Seek guidance from The Department of Social Welfare
  - Identify and utilize appropriate trainings.
- STEMM may also consider referencing and utilizing the following resource:
  - “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach”
    - (Can be found in resource folder)

## Returning to Society

### One of the primary issues brought up during interviews was:

- Children at STEMM are not receiving enough exposure to traditional Tanzanian culture and may not be prepared for life outside of STEMM (Borchard; Bye; Gualta; House Momma #3; Kayanda; Laizer; Lukas).
- 10 children will be turning 18 in the next 4 years and will need to be prepared for life away from STEMM (Borchard).

### The following projects were recommended or acknowledged as contextually appropriate by STEMM staff:

- Home Visits
- Scheduled Family Visit Days
- Practical Home and Job Skills Training
- Skills Exploration
- Social Worker Check-Ins

## Returning to Society

### Home Visits

- Children should go home to visit families during the yearly breaks from school.
- This will allow children to:
  - Be fully immersed in Tanzanian culture
  - Participate in home activities.
  - Form stronger relationships with family members, neighbors, and community members.
- These home visits should be planned and coordinated by Danny Sweke and Joann Laizer with the approval of relevant Department of Social Welfare Workers.
- Assessments should be completed to ensure that children will be safe and supported during home visits.

## Returning to Society

### Scheduled Family Visit Days

- To encourage family to visit, Danny Sweke and Joann Laizer should:
  - Designate one weekend day each month to hold a family visit day.
  - Inform family members about these visit days and encourage to come as often as possible.
- Lunch and recreational activities should be included along with free time for families to spend with children.
- Staff should supervise all activities to ensure the safety of all children.

## Returning to Society

### Practical Skills Training

- These practices will teach real-world skills that the children can use in every-day life and future careers.
- Weekly Classes:
  - Home Maintenance
  - Household Chores
  - Cooking
  - Childcare
  - Culturally appropriate skills identified by STEMM staff
- To be held once or twice per week on weekdays.
- These lessons could potentially take place as a substitute for traditional tutoring.
  - These teaching sessions should last 30 minutes to one hour.
  - Classes should be taught by house mommas and aunties or STEMM social workers.

## Returning to Society

### Practical Job Skills Training

- Older children should be given the option to participate in job skills training and exploration.
  - Taught by Social Workers Danny Sweke, Joann Laizer, or school tutor.
- Option to shadow a worker if the career is conducted on STEMM grounds.
- Shadowing opportunities could include:
  - Farming techniques with Farm Workers
  - Electrical and Maintenance with Maxi
  - Cooking with Ally and Elisante
  - Auto Mechanic with Maxi
  - Tour/Safari Guide with Danae or Frank
  - Social Work with Danny Sweke
  - Accounting with accounting staff
  - Child Care and Management with Eliza
  - Non-Profit Management with Seth
  - Nursing with Anna
  - Medical with Dr. George.
- If a position is not available on site, or if staff are not available, Social Workers may help to identify community opportunities.

## Returning to Society

### Skills Exploration

- Classes should be:
  - Held once per week on weekend days.
  - Taught by existing STEMM staff or by hired community members with applicable skills.
- Classes might include:
  - Choir
  - Music
  - Art
  - Sports
  - Acting
  - Other expressed topics of interest.
- House Mommas should survey children to identify areas of interest.

## Returning to Society

### Children's Garden

- Children can volunteer to participate in a community garden on site at STEMM.
- Each child volunteer will receive multiple plants to care for.
- Children will receive assistance from Momma Abigail, House Momma, Aunty, or farm staff.

### Sewing

- Children will have the option to use the sewing equipment at STEMM to create textiles.
- Momma Eliza or House Momma to supervise.

### Market Sales

- Once per month on Saturday, children will be given the option to take their produce or textiles to the Mbuguni Market to place them up for sale.
- This will allow the children to have an additional community experience and learn money management.

## Returning to Society

### Social Worker Check-In

- Social Workers Danny Sweke and Joann Laizer should:
  - Develop a scheduled check in with STEMM graduates
  - Check to ensure graduates are not experiencing issues in the realms of finance, housing, work, medical, or any other pertinent topics.
- These checks will ensure that STEMM graduates are supported.
- Social Workers should also offer graduates the opportunity to periodically return to STEMM to visit staff and other children.



## Evaluation and Assessment

<p>Physical and Cognitive Programs</p>	<p>STEMM should ask:</p> <ul style="list-style-type: none"> <li>• Do the housekeepers feel that the training helped them to better care for the children?</li> <li>• Do the children feel that their relationships with the housekeepers are stronger?</li> <li>• Has the caregiver to child ratio improved?</li> </ul>
<p>Social and Emotional</p>	<p>STEMM should ask:</p> <ul style="list-style-type: none"> <li>• Has a professional counselor been hired?</li> <li>• How many children meet with counselors and how often?</li> <li>• How many staff have received training on trauma informed care?</li> <li>• Do the staff feel that this training has been effective?</li> <li>• Do the children feel more supported?</li> </ul>

## Evaluation and Assessment

### Family Reunification

- STEMM should evaluate:
  - How many children have been reunified with families?
  - What percentage of children at STEMM have living family members?
  - What percentage have living parents?
  - How many children who stated they would rather live with their family are still residing at STEMM?
  - Are these numbers and percentages more or less than the baseline numbers presented in this study?

## Evaluation and Assessment

### Family Support

- STEMM should assess:
  - How many children are being admitted to STEMM on the basis of poverty or lack of resources?
  - Which community resources have been identified and how many families have received information on community resources?
  - Do families who were reunited with children have adequate supports?
  - Are there others supports that need to be offered?
  - Are families who were initially at risk of losing children due to poverty still at risk?

## Evaluation and Assessment

### Returning to Society

- STEMM Social Workers should collect qualitative research on identified areas of need for children who have graduated.
- STEMM should ask:
  - If new needs are identified, how can STEMM meet these needs?
  - Are there programs that STEMM can implement to reduce the chance that this is a problem for future graduates?
  - Do graduates feel that the current programs prepared them to enter Tanzanian society?

## Conclusion

- In Conclusion, STEMM is doing a fantastic job of offering care to the children in their Children's Village. However, through offering additional programs to incorporate family reunification, family support, and mitigation of the negative effects of institutional care, STEMM could offer a more holistic form of orphan care.





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## **Appendix Integrative Project: Presentation Transcript**

### ***Slide 1:***

Gooday, everyone, and thank you for coming to this presentation on, “How to Improve Holistic Orphan Care: A Case Study of STEMM Children’s Village.”

### ***Slide 2:***

(Allow the audience 5-10 seconds to view the pictures)

### ***Slide 3:***

We need to start with a bit of context. During the months of July and August 2021, a graduate student spent time observing the child-care taking place at STEMM Children's Village (SVC) in Mbuguni, Tanzania. This student observed the care and interviewed staff, children, and community members. The questions were posed, "Is STEMM the best place to live for children who have parents or family members? If STEMM is the best place, how can its holistic orphan care model be improved?" This presentation will highlight findings from interviews, observations, children's files, and literature on best practice orphan care.

### ***Slide 4:***

It must be acknowledged that STEMM is doing a fantastic job caring for the children at the STEMM Children's Village. The children are undoubtedly well fed, safe, loved by staff, spiritually educated, and receive exceptional education and medical care. Visitors to the STEMM Children's Village will see constant smiles on children's faces as they know they are safe and do not have to worry about where food, medical care, or education will come from. Both staff and children had numerous great things to say about the STEMM Children's Village.

### ***Slide 5:***

(Allow the audience 5-10 seconds to view the pictures)

### ***Slide 6:***

For example, staff member Elisante Gualta noted, “I have seen a lot at STEMM. They do a lot of good things . . . They stay with kids, and they just make like a family . . . Thanks to God for this organization” (Gualta).

The children living at STEMM also had many good things to say when asked, “how did you feel when you came back to STEMM (After visiting family)? One child noted, “I was so happy to be with STEMM family.” Another noted, “I am back to a good life.” Yet another noted, “I was so happy to be back; Thanks to God to be back at STEMM.” These are just a few of the many great things staff and children said about STEMM Children’s Village. We can see from these statements that many of the STEMM children feel safe, loved, happy, peaceful, and thankful for STEMM. The names of children have been excluded from this presentation for the sake of privacy.

(Offer 5-10 seconds for viewers to read children’s statements)

### ***Slide 7-8:***

Here in slides seven and eight, we can see children smiling and having fun at STEMM.  
(Offer 5-10 seconds per slide for viewers to look through pictures)

***Slide 9:***

STEMM is doing a fantastic job but could offer a more holistic form of orphan care by establishing programs in a few key areas. The proposed programs are centered around family reunification, family support, and mitigating the adverse effects of institutional care. This presentation will detail why each of these areas needs to be explored and make proposals for implementing programs addressing these needs.

***Slide 10:***

First, we will start with family reunification. Why should STEMM consider family reunification for the children they serve? Let's look at what the literature says about orphanages, children's homes, and institutions. It should be noted that these three terms are used interchangeably in the literature.

***Slide 11:***

Multiple studies have shown that institutional care has a negative cognitive impact on children. Impacts such as lower IQ, lower cognitive development, and neurobiological issues have been shown. Specifically, IJzendoorn et al. completed a meta-analysis of 75 studies assessing over 3,800 children from 19 different countries which found that, on average, children raised in children's homes scored 20 IQ points lower than children raised in foster or biological families (IJzendoorn et al. "IQ" 341). Additionally, research by Nelson et al., Smyke et al., and IJzendoorn et al. showed that children in orphanages have cognitive development that is significantly lower than those that were never in an orphanage and those who were removed from orphanages and placed in families (Nelson III et al. 1937; IJzendoorn et al. "IQ" 343; Smyke 215). Furthermore, Nelson et al. suggest that children reared in institutions suffer from various neurological deficiencies, including less metabolic, physiological, and neurochemical activity, abnormal development of the prefrontal cortex and amygdala, and persistent abnormalities of the hypothalamic-pituitary-adrenal systems (1937). These deficiencies play a role in cognitive function, memory, emotional regulation, impulse control, attention, executive functioning, and social relations (Nelson III et al. 1937; "The Development and Care of Institutionally Reared Children" 175). Lastly, Carlson and Earls, showed abnormal cortisol levels in institutionally reared children (qtd. in Johnson and Gunnar, 104).

***Slide 12:***

Next, we see that studies have shown institutional care of children to have negative physical impacts. Multiple studies, including those performed by Johnson et al., Miller et al., Rutter, Smyke et al., The St. Petersburg-USA Orphanage Research Team, Van IJzendoorn et al., King & Taitz, Olivan, Pears & Fisher, Wyatt et al. and Juffer, found that children within institutional settings experience a high incidence of growth failure and suppression (qtd. in Johnson and Gunnar 92; IJzendoorn et al. "Plasticity of Growth" 334). "Development and Care of Institutionally Reared Children" notes that in institutions around the world, children show below-average levels of physical growth and often remain undersized even after transitioning to family care (175). Meta-Analysis completed by IJzendoorn et al. also found that the more time

children spent in institutions, the more they lagged behind in growth, including head circumference. While catch-up in height and weight was seen after adoption, catch-up of head circumference was slower and remained incomplete (IJzendoorn et al. "Plasticity of Growth" 334).

***Slide 13:***

Studies have also found institutional care to negatively affect social-emotional development. For instance, Ajdukovic & Ajdukovic found children living in orphanages to be at a greater mental health risk than peers housed in families (qtd. in Ahmad et al. 204). Additionally, Melville and Lykes, as well as Smyke et al., found children living in orphanages are found to have the lowest expectations for the future and to display less positive affect and more negative affect compared to children in families (qtd. in Ahmad et al. 204; Smyke et al. 214).

Furthermore, Nelson et al. concludes that children reared in institutions have been shown to have delays in both attachment and social-emotional development (Nelson et al. 1937). Additionally, IJzendoorn et al. cite ten individual studies, noting that each found delays in intellectual and socio-emotional domains of development (343). Liu points to Global meta-data studies, which found robust effects of poorer behavioral and psychosocial function on institutionalized children compared to children in foster care (98). In addition, "Development and Care of Institutionally Reared Children" notes that children in orphanages have shown deficiencies in social engagement, attachment, and relationships, as well as a variety of internalizing and externalizing behavior problems ("Development and Care of Institutionally Reared Children" 175).

Smyke et al. points to multiple studies which each found children adopted out of institutions to have high rates of aggression, temper tantrums, hyperactivity, difficulty with attention, and anxiety problems (Smyke et al. 211). Smyke et al. also found children raised in institutions to show more maladaptive atypical behavior, as well as serious impairments in social behavior, compared to children in the community (210, 214). Additionally, Quinton et al. found post institution reared women to have a markedly increased rate of poor psychosocial functioning and 25% of these women to be rated as showing a personality disorder (110, 113). Lastly, Pringle and Bossio, as well as Wolking, found a high prevalence of emotional and behavioral problems among children living in institutions (qtd. in Quinton et al. 110).

***Slide 14:***

Next, we will examine the literature on institutionalized children attempting to integrate into society. Ladaphongphatthana found multiple children leaving orphanages to lack the skills, competence, and confidence to live independently (83). Chin observed that many children requested to return to orphanages after graduating (qtd. in Ladaphongphatthana 83). The Family and Children's Services Division notes that children raised in institutions show the inability to bond, effectively problem solve, and turn to others for help (qtd. in Liu 88). Additionally, Quinton et al. found that women reared in institutions were more likely to be found living in poor social circumstances when compared to women reared in families (120). Quinton et al. also, found institutionally reared women to have increased rates of severe parenting difficulties compared to those raised families. 50% of the institutionally reared women were given a rating of poor parenting, while only 10% of non-institutionally raised women were given a poor rating

(107). Lastly, Quinton et al. found that, of those observed, twice as many institution-reared women had a child upon interview, two/fifths had become pregnant before their 19th birthday, and one/fifth had given up their children to foster care (110).

***Slide 15:***

We can see that institutionalized children suffer from a variety of problems. But, what might be causing these issues?

***Slide 16:***

Many authors point to lack of food and mental stimulation found in institutions as one cause of adverse effects. However, children in institutions that provide sufficient food and mental stimulation still experience adverse effects. The research points to the inability of institutions to provide an appropriate level of nurturing care, as they cannot replicate families. McKenzie notes, "Even orphanage supporters agree that orphanages 'have never been perfect substitutes for loving families'" (qtd in. Ladaphongphatthana 84). A study conducted by Johnson and Gunnar, which observed care in children's homes, noted that "even the best caregiving observed was below the threshold needed to support normal growth" (95). McKenzie notes that although orphanages often provide better environments than the circumstances of the biological family, they cannot replicate the individualized nurturing found in a loving family (qtd. in Ahmad et al. 204). Furthermore, the author Liu notes, "Despite attempts to restructure congregate care facilities and make them more 'family-like,' congregate care remains an institutional entity. In general, congregate care does not work well for youth because it does not provide a 'family-like setting and fails the service and permanency needs of youth'" (97).

Studies by Bakwin, Gardner, and Spitz observed that adequate calories alone were insufficient for normal growth. They concluded this after observing poor weight gain in institutionalized children who were receiving sufficient calories (qtd. in Johnson and Gunnar 95). Additionally, The St. Petersburg-USA Orphanage Research Team found that, "A social-emotional relationship intervention without change in nutrition within an institutional environment improved growth for infants and young children (qtd. in Johnson and Gunnar 106-107). We can also look to Main and Hesse, who cite six studies that assessed the attachment of institutionalized children to their favorite caregiver. These studies showed 73% of institutionalized children to display "insecure disorganized attachment behavior: an incoherent (fear without solution) strategy to separation and reunion with an attachment figure" (qtd. in "Development and Care of Institutionally Reared Children 176).

***Slide 17:***

Next, for greater understanding, it is essential to examine what international communities and Tanzanian Law says about institutional care.

***Slide 18:***

First, let's examine the United Nations Convention on the Rights of the Child or the CRC. According to, "Convention on the Rights of the Child: For Every Child, Every Right," the United Nations Convention on the Rights of the Child was adopted in 1989. This document put forth agreed-upon rights for children worldwide. World leaders "made a promise to every child to protect and fulfill their rights, by adopting an international legal framework". The document

garnered near worldwide acceptance, becoming the most widely ratified human rights treaty in history (“Convention on the Rights of the Child: For Every Child, Every Right”). Tanzania ratified the Convention on the Rights of the child on July 9th, 1993. In doing so, Tanzania agreed to adhere to the policies outlined in the CRC (*Submission Of Reports By State Parties*). While the CRC has not been specifically incorporated into Tanzanian Law, it has been cited as a persuasive or interpretive source of law ("Tanzania: National Laws"). To examine how the CRC explicitly advocates for family preservation and assistance to keep children in homes, we can look at the Preamble and the individual articles.

***Slide 19:***

The Preamble of the CRC notes, "Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community" (*Convention on the Rights* 1).

Additionally, the Preamble notes, "The 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" (1). Now, let’s look at some of the individual articles of the CRC.

***Slide 20:***

The CRC advocates for children to maintain relationships with their parents. Article 8 notes that state parties shall respect the right of the child to preserve his or her identity, including . . . family relations (*Convention on the Rights* 3). Article 9 notes, “State parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents” (3). Additionally, the CRC advocates for the avoidance of separation from family. Article 9 notes, “A child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine . . . separation is necessary for the best interests of the child” (3). Finally, article 18 notes, “State parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing" (5). Article 18 is to ensure that poverty does not result in children being separated from their parents.

***Slide 21:***

The United Nations *Guidelines for Alternative Care of Children* was developed on February 24, 2010. The *Guidelines For Alternative Care of Children* was intended to enhance the implementation of the CRC ("Manuals, Toolkits and Guidance"). "The Guidelines seek to ensure that, firstly, children do not find themselves in out-of-home care unnecessarily and, secondly, that the type and quality of out-of-home care provided is appropriate to the rights and specific needs of the child concerned" ("Manuals, Toolkits and Guidance").

***Slide 22:***

The Guidelines encourage State Parties to keep children in homes and reunite them with family members if they were removed. Article 3 notes, “Efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role” (*Guidelines for Alternative Care* 2). Additionally, article 11 notes, “All

decisions concerning alternative care should take full account of the desirability, in principle, of maintaining the child as close as possible to his/her habitual place of residence, in order to facilitate contact and potential reintegration with his/her family” (3).

***Slide 23:***

The Guidelines encourage State Parties to use institutional care as a measure of last resort. For instance, article 14 notes:

“Removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration. Removal decisions should be regularly reviewed, and the child’s return to parental care, once the original causes of removal have been resolved or have disappeared, should be in the best interests of the child” (*Guidelines for Alternative Care 4*).

***Slide 24:***

The Guidelines encourage state parties to refrain from using poverty as justification to remove children from homes or to prevent reunification with family. For instance, article 15 notes:

Financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family (*Guidelines for Alternative Care 4*).

Additionally, the Guidelines encourage state parties to ensure that children maintain relationships with family members. Article 81 notes, “When a child is placed in alternative care, contact with his/her family, as well as with other persons close to him or her, such as friends, neighbors and previous carers, should be encouraged and facilitated” (13).

***Slide 25:***

The Guidelines encourage state parties to support both immediate family members and extended family members. For example, article 156 notes:

Separation initiated by the child’s parents or other primary caregivers should be prevented by: (A) Ensuring that all households have access to basic food and medical supplies and other services, including education and (b) Limiting the development of residential care options and restricting their use to those situations where it is absolutely necessary (*Guidelines for Alternative Care 22*).

Additionally, Article 161 notes, “Should family reintegration prove impossible within an appropriate period or be deemed contrary to the best interests of the child, stable and definitive solutions, such as adoption or kafala of Islamic law, should be envisaged” (22).

***Slide 26:***

The Law of the Child 2009 was developed by Tanzania and signed into effect on November 20th, 2009. The Act defines, an approved residential home as “a licensed home whereby a child is given a substitute temporary family care” and orphan as “a child who has lost

both parents or a parent through death” (12). It is important to note that by this definition, STEMM is a residential home.

***Slide 27:***

Article 7 notes, “A child shall be entitled to live with his parents or guardians . . . unless it is decided by the court that living with his parents or family shall - (a) lead to significant harm to the child; (b) subject the child to serious abuse; (c) not be in the best interest of the child” (13-14). Article 18 and 19 note that a court may issue a care order or supervision order on an application by a social welfare officer for the benefit of a child. However, the maximum duration of a care order shall be three years, while the maximum duration of a supervision order shall be one year (18). Article 25 states:

The purpose of a care order or supervision order is to (a) remove a child from a situation where he is suffering or likely to suffer significant harm (b) assist the child and those with whom he was living or wishes to live; and (c) examine the circumstances that led to the making of the order and to take steps to solve or ameliorate the problem so as to ensure the child's return to the community (21).

Article 137 states, “It shall be the responsibility of the staff of an approved residential home or institution, the social welfare officer, and any other person responsible for maintenance of a child to assist him to become reunited with his parents, guardians, or relatives” (62).

***Slide 28:***

At this point, you may be asking; can we afford to support families and reunify children?

***Slide 29:***

Multiple studies suggest that family-based care is far more cost-efficient than residential care. According to Desmond and Gow, the operating costs of family-based care is at least ten times lower than that of residential care (qtd. in Ladaphongphatthana 88). Ahmad et al. note that it is more cost-effective, health-promoting, and socially accepted if foster families are financially supported instead of establishing orphanages (212). Similarly, Faith to Family Initiative notes that supporting family-based options is more cost-effective than funding orphanages (qtd in. Ladaphongphatthana 88). “Children, Orphanages, and Families” encourages individuals to invest in programs that provide for children living in family care as they conclude this form of care is the most cost-effective (18). “The Development and Care of Institutionally Reared Children” states, “There is no question that on average, family care environments are better and cheaper long-term than institutions” (178).

***Slide 30:***

Liu also brings up an interesting point noting:

The funds that the children's birth parents could have used to properly provide for their children and avoid a finding of neglect are instead directed to another individual for that very same purpose . . . The state should expend resources to directly address the issue-poverty-and provide families who are at risk of having their children removed for financial-related causes with the same stipend they would payout in the current arrangement of the foster care system (104).

Seth Borchard noted, "If you look at our childcare department. Labor alone in childcare, we probably spend. \$5000 a month on labor" (Borchard). We must ask, how many families could be supported to keep children in their homes with \$5000 per month?

***Slide 31:***

Why Ask About Family Reunification? Most of the Children At STEMM Have No Family, Right?

***Slide 32:***

Many children living at STEMM do, in fact, have families. Borchard notes:

You'll find that . . . at STEMM, we have some children that you can't call truly an orphan. They have moms that are alive that are capable of caring for them, but don't have, quote-unquote, financial capacity . . . I would say half of our children are pure orphans like no mother or father (Borchard).

To find out how many children at STEMM have families, let us take a look at the children's files.

***Slide 33:***

The files show that of 51 children, at time of admission: four children, or 8%, had two living parents; 24 children, or 47%, had only one living parent; 28 children or 55% had at least one living parent; and 23 children, or 45% had no identified living parents.

***Slide 34:***

Here we can see a breakdown of these numbers.

***Slide 35:***

The findings from STEMM are consistent with what we find in the literature. UNICEF estimates that there are 140 million orphans worldwide, but only 10.7% of them lost both parents (qtd. in Ladaphongphatthana 81). Lumos found, by analyzing statistics from 14 countries across four continents, that 54-99% of children living in orphanages have at least one parent (Ladaphongphatthana 81). Lumos also notes, "Unfortunately, children are often separated from their family unnecessarily. The majority of children living in orphanages are not double orphans. They still have parents who may be able to take care of them. Often, there are also relatives who may be willing to fulfill the parental role" (qtd. in Ladaphongphatthana 83).

***Slide 36:***

Now let's take a look at extended family. Files show that of 51 STEMM children, at time of admission: 32 children, or 62%, had identified extended family members. 11 children or 21% had extended family *and* at least one parent. Only two children, or 4%, had no parents or extended family members.

***Slide 37:***

Here we can see a breakdown of these numbers.

***Slide 38:***

So, in total, we can see that two children, or 4% had no form of family at the time of admission while 49 children or 96% had some form of family at the time of admission.

***Slide 39:***

We can see a breakdown of these numbers here.

***Slide 40:***

But the children want to live at STEMM, right? Let's take a look.

***Slide 41:***

Let's first examine the children's behavior. Seth Borchard notes:

We sent about half of our kids home to family members during June for two weeks. Then we had a number of kids that would come back crying because they want to stay at home, and that's when we're like, shoot something's off here, something is wrong" (Borchard). He continued, "I think, of one girl specifically . . . Why is she at STEMM? Her mother lives in a home, not unlike many of the homes in Mbuguni. No crazy poverty, I mean poverty, but it's relative. And she lives on a compound with aunt and uncle, grandma and grandpa . . . Her mom is disabled. Can't walk . . . Aunts and Uncle, Grandma and Grandpa are able-bodied subsistence farmer types, not atypical . . . she was so sad when she came back to STEMM (Borchard).

Danny Sweke noted that after returning from the last visit to their families, one boy tried to escape STEMM 3 times to go be with his family (Sweke).

***Slide 42:***

Other staff noted, "I remember like one girl; she was so sad to be leaving her mom. I know some of them (the children) are very sad to come back here, and they're like wanting to go back (home) (Bye 29). Borchard noted, "I think I shared with you that we had a number of kids that when they came back (from a family visit) they were crying and it was really rough for a couple days" (Borchard). Lukas noted, "At first, when you bring them to the orphanage, it's somehow hard for them to cope with the environment. Some needs to go back to their home place, maybe to go back to their home and stay with their family" (Lukas 3). The question was posed, do the kids here ever talk about missing their parents or missing their home? Lukas replied, "They do, that they do. Yeah, they do miss their families" (Lukas 3). Additionally, the questions was posed, are they excited when they get to visit home? Lukas replied, "Yeah, they're excited about going home and seeing their family, spending time together. I see they're happy about that" (Lukas 3).

***Slide 43:***

A survey was taken by 29 STEMM children to get their opinions. The question was asked If you had to choose to live with just one, STEMM or your family, which would you choose? 17 children responded by answering STEMM, while 12 responded by answering family.

***Slide 44:***

Next, the question was asked, how did you feel when you went home to visit your family? Here are just a few of the answers. One child noted, "I felt better, more than STEMM

because I missed my family and my relative, so I was happy.” Another child responded, “I need to stay with my family every year. I need my family every day.” Yet another stated, “I felt very loved; I felt so good; I felt so peaceful; I felt so happy.”

***Slide 45:***

The children were asked to draw pictures of their time with their families. We can see pictures of them holding hands with their parents, eating with their family, and enjoying their home.

***Slide 46:***

Next, we might ask if children want to live with their families, why do their families send them to STEMM?

***Slide 47:***

This is a complex question, but the staff at STEMM had some ideas.

Many staff pointed to educational opportunities. One staff member noted, “I think they see it as giving the best future. I do think that people, they all know this area as being like one of the nicest areas. There's white people, they can learn English very well, so I think the main thing is opportunity” (Bye). Another answered, “It's all about economic . . . here they get a good education. So I think it's all about economy. Economy and education” (House Momma #3).

Other staff members pointed to issues of poverty. Borchard noted, “The parents couldn't take care of them, or the family couldn't take care of them based off of finances or their resources” (Borchard). Lukas hypothesized that parents think, “If my child will be given good education, will be sure to make food, breakfast, lunch, and dinner, which here I can't afford, they will have clothes. They will have everything they need. It's better they go, yeah” (Lukas).

***Slide 48:***

Now let's take a look at the reasons listed by the Department of Social Welfare, for children being placed at STEMM. We can see that the number one listed reason for placement, by a massive majority, was poverty or lack of basic needs. The least often listed reason was abandonment.

***Slide 49:***

We can see here that poverty and lack of basic needs were listed 38 times. Interestingly, support to reach goals and improved education was recorded ten times as a reason for removal of children from family and placement at STEMM. Abandonment was only listed twice as the reason for placement at STEMM.

***Slide 50:***

These findings are consistent with what we see in the literature. In Tanzania, parental death is not the leading cause of parental absence. Gaydosh completed a study assessing the reason for parental absence among children in Rujiji, Tanzania. This study showed that parental death was consistently the least common reason for parental absence (1121, 1134). The primary cause of abandonment is often poverty. Zeanah et al. completed a study in Romania that showed

that the chief reason for child abandonment was poverty (qtd. in Smyke et al. 211). Whetten et al. contend that millions of children "are abandoned and in need of supportive living environments because their biological parents are not able to provide food, shelter, and safety" (1).

***Slide 51:***

If children have the opportunity, would they successfully be able to return home?

***Slide 52:***

Many children have successfully returned home for multiple weeks in 2021. Borchard notes that close to half of the children living at STEMM returned home to stay with their families for two weeks this year (Borchard). STEMM children's files indicated that at least 21 children went home and stayed with their families for two weeks. 14 Children's files did not indicate whether they went home or not. STEMM social workers completed assessments examining caregiver ability, nutrition, sleeping situation, safety, house structure, emergency preparation, and environment hygiene. Of the families examined, 11 received passing scores in all categories.

***Slide 53:***

Let's take a deeper look at these assessments. Of the families assessed, we can see that eleven received passing scores for every category, while only four failed all. The leading areas passed were safety, caregiver ability, and emergency preparation. These categories specifically have to do with the ability of the parents to care for their children. Conversely, the leading failed categories were nutrition and house structures, categories directly related to poverty.

***Slide 54:***

Here we can see a breakdown of all categories.

***Slide 55:***

Let's briefly review what we have established thus far. The literature, international policy, and Tanzanian law overwhelmingly advocates for family reunification and family preservation due to the potential downsides of institutional care. International policy recommends that although institutional care is part of the continuum of care, it should be used as a last resort and not a permanent placement. 55% of children living at STEMM had at least one parent at the time of admission. 96% of children living at STEMM had identified living family members at the time of admission. Of 29 children interviewed, 41% answered that they would rather live with their families than STEMM. The number one listed reason for placement at STEMM was poverty or lack of resources. Social worker assessments showed that most parents could provide safety and sufficient care. The leading listed areas of failure were nutrition and house structure, elements directly related to poverty. Lastly, at least 21 children were able to successfully go home and stay with their families for multiple weeks.

***Slide 56:***

Let's take a brief break.

***Slide 57:***

Now we must ask, what can we do to alleviate these issues? Let's examine some options.

***Slide 58:***

To improve their model of holistic orphan care, STEMM should consider doing three things. First, STEMM should explore family reunification for the children living at STEMM who have living family members. Second, STEMM should develop procedures to support families who have surrendered their children or risk losing their children due to poverty. Lastly, STEMM should implement programs that mitigate the adverse effects of institutional care for children who remain at STEMM children's village.

It should be noted that it may not be feasible to implement each of the following projects. However, each suggestion on its own would be beneficial for the children at STEMM. STEMM should decide which, and how many of the following programs to implement. STEMM is also encouraged to continually consult with Tanzanian staff members directly working with the children, and the Department of Social Welfare, to ensure the following suggestions are practical and implemented in a contextualized manner.

***Slide 59:***

Let's examine the first two recommendations, family reunification, and family support.

***Slide 60:***

STEMM should begin these processes by individually assessing children. Each child should be assessed by a multidisciplinary team including: District of Social Welfare Workers, pertinent authorities, and STEMM social workers. The child, family, and alternative care staff should also be involved in the discussion and decision-making per the recommendation of The United Nations Guidelines for Alternative Care of Children (10). It is suggested that STEMM social workers begin by following up with children who prefer living with family members over living with STEMM. These assessments should start as soon as possible. Children must be heard, and their opinions valued. Myers notes, "Children are our future, and their ambitions are often more audacious than ours" (Myers 277-278). We should respect the children's opinions, regardless of how feasible we consider them to be. To ensure that children's views are heard and respected, refer to "The Lundy Model of Child Participation". The Lundy Model of Participation "provides a way of conceptualizing a child's right to participation, as laid down in Article 12 of the UN Convention on the Rights of the Child". The Lundy Model of Participation can be found in the resource packet.

***Slide 61:***

Next, STEMM should seek to identify resources for families to assist those reunified with children and those at risk of losing children due to poverty. The United Nations Notes:

Family strengthening schemes come in different forms; ranging from income-generating projects, scholarships, parenting courses, to psychological supports. Hence, poverty should be seen as 'a signal for the need to provide appropriate support to the family' to increase their parental capacity (qtd. in Ladaphongphatthana 81).

Ladaphongphatthana also notes, "At times, outside support is needed to enable the family to raise their children as long as it is safe and in the child's best interest. The church is to support parents

to perform their God-given role faithfully and effectively” (85). Participatory Asset Mapping can serve as the primary method for identifying supports.

***Slide 62:***

Participatory Asset Mapping is: "A process where community members collectively create asset maps by identifying and providing the information about their own community's assets on a map" ("Asset Mapping Toolkit" 6). Asset Mapping includes two components: Participatory Mapping, "the process of creating a tangible display of the people, places, and experiences that make up a community, through community members themselves identifying them on a map;" and Asset Mapping, "the general process of identifying and providing information about a community's assets, or the status, condition, behavior, knowledge, or skills that a person, group, or entity possesses, which serves as a support, resource, or source of strength to one's self and others in the community" (6). For complete information on utilizing participatory asset mapping, the reader is referred to: "Participatory Asset Mapping Toolkit" (This document will be included in resource packet). This meeting should be run by Lemka Ngeseyani, STEMM Community Development Coordinator, and STEMM Social Workers Danny Sweke and Joan Laizer. This meeting should take place at the same time as the individual child assessments to ensure that a list of resources is available by the time children return home. After the meeting, STEMM Social Workers should develop a running directory of community supports to offer to families.

***Slide 63:***

Next, STEMM should seek to collaborate with The Small Things. The Small Things would be a great mentor organization as they have a proven track record of family reunification and family support. The Small Things is located in Usa River, Arumeru District, Tanzania, less than an hour away from the STEMM Children's Village and already has a relationship with STEMM. They boast: 30 plus years of experience in orphan care, 31 children reunified with families, 150+ children kept home through business development, and %1400 average increase in family's income at graduation ("Family Preservation"). STEMM staff member Daniel Lizer should contact the Small Things Orphanage as soon as possible to discuss collaboration. See resource packet for contact information and further information on The Small Things.

***Slide 64:***

STEMM could also receive guidance and support for family reunification and orphan care by joining the Families and Futures Coalition. Why Join The Families and Futures Coalition? The Coalition believes that the key to large-scale, effective change lies in linking resources between organizations ("Families and Futures," slide 3). The Coalition is committed to best practice orphan care in Tanzania, focusing on family preservation and reunification as a first priority and the use of loving, family-style homes when necessary. Those in the coalition have access to regional hubs, network mapping, toolkits, training, specialist teams, monitoring and evaluation, mentoring, and support packages. See resource packet for contact and further information on the Families and Futures Coalition ("Families and Futures," slide 18).

***Slide 65:***

This report does not have the space or capacity to fully detail the process of implementing family reunification and family support. It is recommended that STEMM

collaborate with The Small Things and reference the following resources. Resources will be provided in the resource packet.

***Slide 66:***

Now let's examine how to improve orphan care.

***Slide 67:***

It is not always possible for every child to be cared for in a family. Certain children do, in fact, have no living family to provide care for them. Others cannot return to their families out of concern for safety. While fostering and adoption are optimal choices, they are not always immediately available. Therefore, institutional care is recognized as an option in the continuum of care ("A Continuum of Care for Orphans and Vulnerable Children" 3). Organizations must do everything within their power to mitigate the proven adverse effects of residential care. Let's examine strategies to mitigate the adverse effects.

***Slide 68:***

As previously noted, studies by Bakwin, Gardner, and Spitzfull as well as The St. Petersburg-USA Orphanage Research Team, have shown that physical and cognitive development requires more than adequate calories alone; they require a nurturing environment as well (qtd. in Johnson and Gunnar 95, 106-107). For this reason, STEMM should conduct a series of additional trainings for the staff caring for children. Additionally, STEMM should decrease the staff-to-child ratio as much as possible.

***Slide 69:***

The following trainings should be considered for the House Mommas:

"5 Strategies for Active Listening". This training provides tools to become a better active listener, including suggestions for how to pay attention, show that you are listening, provide feedback, defer judgment, and respond appropriately ("5 Strategies for Active Listening").

"The Asset Approach: 40 Elements of Healthy Development". This training highlights 40 developmental assets involved in eight areas of human development. Surveys of 150,000 students reveal that the implementation of assets promotes positive attitudes and behaviors and reduces problem behaviors. ("The Asset Approach" 2-3).

Additionally, "Positive Youth Development" and "Developmental Relationships" should be taught. These trainings are contained in the resource folder. These trainings should be reviewed and conducted by Elizabeth Lukas (Head House Momma), Danny Sweke (STEMM Social Worker), Joan Laizer (STEMM Social Worker), or a guest professional recommended by the Tanzania Department of Social Welfare.

***Slide 70:***

Groark et al. showed that decreasing the number of children per caregiver significantly promoted children's development (qtd. in Ijzendoorn "IQ" et al. 343). "Development and Care of Institutionally Reared Children" defines a large group size as 9-16 children per ward and a high child to caregiver ratio as being six to eight children per caregiver (175). STEMM's current child to caregiver ratio is roughly six to one, with one House Momma and Auntie assigned to each

house (Sweke). This ratio is often higher on the weekends. If possible, an ideal child to caregiver ratio would maximally be three children to one caregiver. IJzendoorn et al. found that when there were maximally three children to one caregiver, the children did not significantly lag behind their peers raised in families (356). It is also suggested that caregivers stay with the same children as much as possible. Hodges and Tizard found that even with a positive child to caregiver ratio, social development can be negatively affected by inconsistent, rotating caregivers (qtd. in "Children, Orphanages, and Families" 7).

***Slide 71:***

It is suggested that STEMM Social Workers Danny Sweke and Joan Laizer seek counsel from the Department of Social Welfare to identify and hire a professional trauma-informed counselor. This counselor would be able to assist children in addressing past trauma attributed to being orphaned and leaving their families. Additionally, this counselor would be able to help the children work through social and emotional issues attributed to institutional care. Lastly, this counselor could teach STEMM Social Workers and staff to identify and address trauma when it is identified.

***Slide 72:***

It is suggested that STEMM social workers Danny Sweke and Joan Laizer: hold an asset mapping meeting with The Department of Social Welfare workers, Dr. George, House Mommas, Village Leaders, Church Pastors, and other relevant community members to identify appropriate community resources which address mental health needs. See slide 60 and “Participatory Asset Mapping” in the resource folder for details on asset mapping.

***Slide 73:***

It is suggested that Danny Sweke, Joan Laizer, and Elizabeth Lukas receive training in trauma-informed counseling and care. Danny Sweke, Joan Laizer, or other appropriate STEMM staff should reach out to Courage Worldwide to discuss in-person or virtual training on trauma-informed care. Courage House, under Courage Worldwide, opened in the Kilimanjaro Region of Tanzania in 2011. Courage House is a program for minor victims of sex trafficking. One goal of courage house is to restore mental, emotional, and spiritual health to the girls they serve through trauma-informed counseling and around-the-clock care ("Courage Worldwide Tanzania"). Courage House has a relationship with the Vineyard Tanzania Church and is aware of STEMM's work. Courage House has also offered to assist STEMM in the past (Borchard). (Contact information can be found in resource packet)

***Slide 74:***

If STEMM is unable to receive adequate and complete training assistance from Courage Worldwide, STEMM should first seek guidance from The Department of Social Welfare to identify appropriate trainings. STEMM may also consider referencing and utilizing the following resource to train social workers and staff: “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach”. In this document, SAMHSA seeks to develop a trauma-informed approach by integrating "trauma-focused research work; practice-generated knowledge about trauma interventions; and the lessons articulated by survivors of traumatic experiences who have had involvement in multiple service sectors" (3-4). (Source can be found in resource folder).

**Slide 75:**

One of the primary issues brought up during interviews was that the children at STEMM are not receiving enough exposure to traditional Tanzanian culture. Multiple individuals expressed worry that the children would not be prepared to reintegrate into Tanzanian society (Borchard; Bye; Gualta; House Momma #3; Kayanda; Laizer; Lukas). Borchard noted that ten children will be turning 18 in the next four years and need to be prepared for life away from STEMM. Additionally, if children are potentially going to reintegrate into their families, they need to be prepared for Tanzanian culture. The following projects were recommended or acknowledged as appropriate by STEMM staff: home visits, scheduled family visit days, practical home and job skills training, skills exploration, and social worker check-ins. These projects will encourage children to be changemakers in their community and world. Bornstein and Davis note that to encourage children to be changemakers, we should help them to believe, "(1) that their ideas are valuable; (2) that it is good to ask questions and take initiative; (3) that it is fun to collaborate with others; and (4) that it is far better to make mistakes than not to try at all" (84).

**Slide 76:**

Children should go home to visit families during the yearly breaks from school. This will allow children to be fully immersed in Tanzanian culture and participate in home activities (ex. cooking, cleaning, caring for siblings....). These activities will teach them skills they will need to know once they are no longer living at STEMM. Home visits will also allow children to form stronger relationships with family members, neighbors, and community members. These relationships will serve as natural supports for children when they leave STEMM. These home visits should be planned and coordinated by Danny Sweke and Joan Laizer with the approval of the relevant Department of Social Welfare Workers. Applicable assessments should be completed to ensure that children will be safe and supported during home visits.

**Slide 77:**

Family members are allowed to visit STEMM children multiple times per month. Yet, this rarely happens (Sweke). To encourage the family to visit, Danny Sweke and Joan Laizer should designate one weekend day each month to hold a family visit day. Families should be informed about these visit days and encouraged to come as often as possible. Meals and recreational activities should be included along with free time for families to spend with children. Staff should supervise all activities to ensure the safety of the children. These family visit days will serve as opportunities for children to maintain contact and relationships with their families as recommended by the UN Convention on the Rights of the Child, the UN Guidelines for Alternative Care of Children, and the Law of the Child Act 2009.

**Slide 78:**

Practical skills will encourage creative confidence, social innovation, and fundamental world skills that the children can use in everyday life and future careers. Weekly classes can include: home maintenance, chores, cooking, childcare, and other relevant skills identified by STEMM staff. Classes should be held once or twice per week on weekdays. These lessons could potentially substitute for one or two traditional tutoring classes. These teaching sessions should

last 30 minutes to one hour. Classes should be taught by house mommas and aunties. Classes should focus on skills children will need to know when living independently and that they would traditionally be learning in Tanzanian society. Skills might include cooking, cleaning, and household maintenance. A meeting should be held with House Mommas and Aunties before initiation to determine the most relevant skills and times for lessons.

***Slide 79:***

Once or twice per week, older children should be allowed to participate in job skills training and job exploration. Job Exploration will occur with Social Workers Danny Sweke and Joan Laizer or with the designated weekly tutor. Once a career of interest is identified, children will have the option to shadow a worker at STEMM if the occupation is available on STEMM grounds. Examples of possible shadowing opportunities are: farming techniques with farm workers, electrical and maintenance with Maxi, Cooking with Ally and Elisante, auto mechanics with Maxi, tour/safari guide with Danae and Frank, social work with Danny Sweke, accounting with accounting staff, childcare and management with Eliza, non-profit management with Seth, nursing with Anna, or medical with Dr. George. Other opportunities should be identified by children and STEMM staff. If a position is not available on-site, or if staff are not available, Social Workers should help identify community opportunities.

***Slide 80:***

Once per week on Saturday or Sunday, classes should be held to help students explore possible areas of interest or skills. Courses may include Choir, Music, Art, Sports, Acting, or any other expressed topic of interest. House Mommas should survey student preferences to identify common areas of interest. Classes may be taught by existing STEMM staff or by hired community members with applicable skills. These classes will additionally get the children accustomed to trying new things, which may be scary and which they may fail. However, this failure will be a good thing, as it will teach the children. Kelly and Kelly, authors of *Creative Confidence*, note, "When people transcend the fears that block creativity, all sorts of new possibilities emerge. Instead of being paralyzed by the prospect of failure, they see every experience as an opportunity they can learn from" (10).

***Slide 81:***

Children should be given a chance to volunteer in a garden on-site at STEMM. Each child volunteer will receive multiple plants to care for and harvest. Children will receive assistance from Momma Abigal, House Mommas or Aunties, and/or farm staff. Additionally, once per week, children should have the option to use the sewing equipment on-site at STEMM to create textiles. Momma Eliza, House Mommas, or hired community member should supervise. Once per month on Saturday, children should be given the option to take their produce or textiles to the Mbuguni Market to place them up for sale. This will allow the children to have an additional community experience, form the skill of bargaining, and learn to manage money that they earn. Additionally, this will give the children something to take ownership over.

***Slide 82:***

Social Workers Danny Sweke and Joan Laizer should develop a scheduled check-in with STEMM graduates (Children over the age of 18 no longer living at STEMM). Social Workers should check to ensure graduates are not experiencing issues in the realms of finance, housing,

work, medical, or any other pertinent topics. These checks will ensure that STEM graduates are supported as many may not have traditional support networks outside of STEM. Social Workers should also offer graduates the opportunity to return to STEM to periodically visit staff and other children. Specifically, Social Workers should be sensitive to holidays and times that individuals typically spend with families.

***Slide 83:***

STEM should periodically evaluate programs to ensure their effectiveness.

***Slide 84:***

STEM should assess physical and cognitive programs one year after initiation of programs. For physical and cognitive programs, STEM should ask: Do the House Mommas feel that the trainings helped them to better care for the children? Do the children feel that their relationships with the house mommas are stronger? Has the caregiver-to-child ratio improved?

For social and emotional programs, STEM should ask: Has a professional counselor been hired? How many children meet with counselors, and how often? How many staff have received training on trauma-informed care? Do the staff feel that this training has been effective? Do the children feel more supported?

***Slide 85:***

For family reunification programs, STEM should evaluate: How many children have been reunified with families? What percentage of children at STEM have living family members? What percentage have living parents? How many children who stated they would rather live with their family still reside at STEM? Are these numbers and percentages more or less than the baseline numbers presented in the study?

***Slide 86:***

STEM should conduct qualitative and quantitative research to analyze the success of family support one year after initiation of programs. For family support programs, STEM should ask: How many children are being admitted to STEM based on poverty or lack of resources? Which community resources have been identified, and how many families have received information on community resources? Do families who were reunited with children have adequate support? Are there others supports that need to be offered? Are families initially at risk of losing children due to poverty still at risk?

***Slide 87:***

STEM should continually assess and evaluate programs to help children transition back into Tanzanian society successfully. Specifically, STEM Social Workers should keep a running document, collecting qualitative research on identified areas of need for children who have graduated. If new needs are identified, how can STEM meet these? Are there programs that STEM can implement to reduce the chance of a problem for future graduates? Do graduates feel that the current programs prepared them to enter Tanzanian society?

***Slide 88:***

In Conclusion, STEMM is doing a fantastic job of offering care to the children in their Children's Village. However, through providing additional programs to incorporate family reunification, family support, and mitigation of the adverse effects of institutional care, STEMM could offer a more holistic form of orphan care.

***Slides 89:***

Does anyone have questions or comments?

***Slide 90-93:***

Works Cited

## **Appendix Integrative Project: Contacts, Organization Information and Trainings**

### **The Small Things:**

- Online Contact: <https://www.thesmallthings.org/contact/>
- General Line: (+255) 768 922 302
- Mail: PO Box 594, Usa River Arumeru District, Tanzania
- Rehemea Mussa (Managing Director): (255)-768-922-302
- Website: <https://www.thesmallthings.org/>

### **Families and Futures:**

- Online Contact: <https://www.thesmallthings.org/contact/>
- General Line: (+255) 768 922 302
- Mail: PO Box 594, Usa River Arumeru District, Tanzania
- Rehemea Mussa (Managing Director): (255)-768-922-302
- Presentation: [https://docs.google.com/presentation/d/e/2PACX-1vQ5Ss1\\_M5cjHcXW34KhOAbTzyryrT1QD-3CtTpuyvK2u3fW-4l5-ovS-5CZ5\\_4uQdpgb2uz2NC0cXkw/pub?start=false&loop=false&delayms=3000&slide=id.g633c9ab0c4\\_0\\_1799](https://docs.google.com/presentation/d/e/2PACX-1vQ5Ss1_M5cjHcXW34KhOAbTzyryrT1QD-3CtTpuyvK2u3fW-4l5-ovS-5CZ5_4uQdpgb2uz2NC0cXkw/pub?start=false&loop=false&delayms=3000&slide=id.g633c9ab0c4_0_1799)
- Website: <https://www.thesmallthings.org/what-we-do/coalition/>

### **Courage Worldwide:**

- Phone: 916-517-1616
- Address: 12177 BUSINESS PARK DRIVE  
SUITE 2 #313  
TRUCKEE, CA 96161

### **Faith to Action Family Care Online Training:**

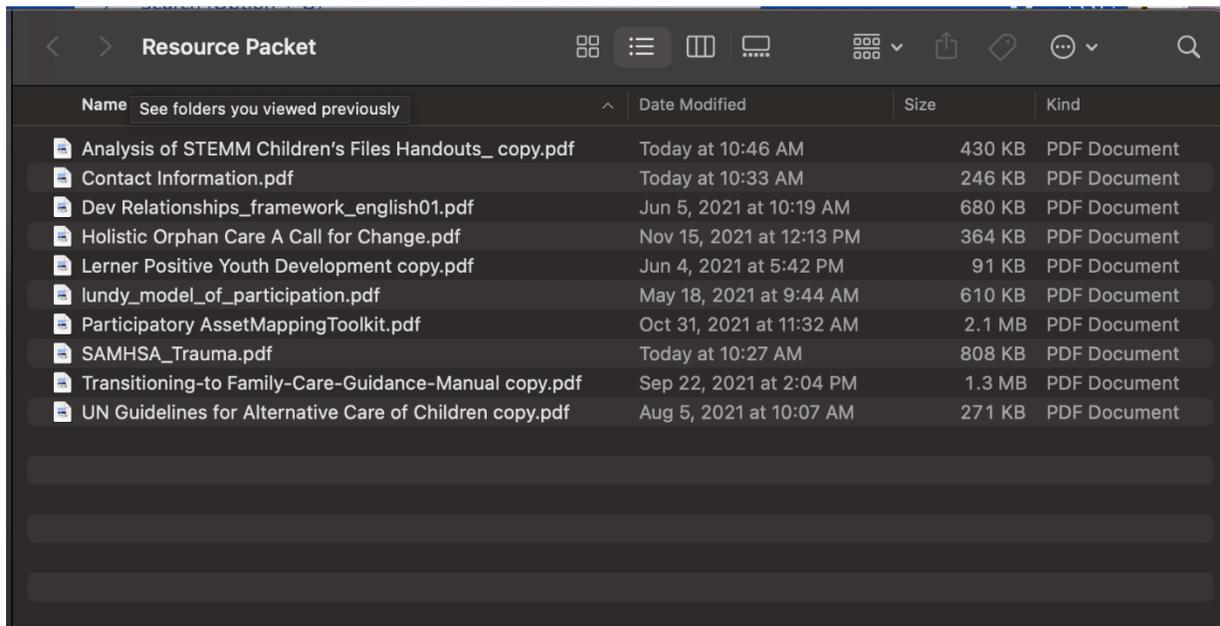
- <https://www.faithtoaction.org/courses/family-care-online-training/>

### **Transitioning to Family Care for Children Tool Kit**

- <https://www.faithtoaction.org/family-care-tool-kit/>

## Appendix Integrative Project: Resource Packet

(This packet includes links to resources referenced during the presentation. These resources can be printed and distributed to the audience, or they can be placed into a folder and emailed all at once. Presenters may obtain this packet along with the presentation slides and transcript by emailing: [chase.gibson20@norhtwestu.edu](mailto:chase.gibson20@norhtwestu.edu))



The image shows a screenshot of a file explorer window titled "Resource Packet". The window displays a list of PDF documents with columns for Name, Date Modified, Size, and Kind. The documents listed are:

Name	Date Modified	Size	Kind
Analysis of STEMM Children's Files Handouts_ copy.pdf	Today at 10:46 AM	430 KB	PDF Document
Contact Information.pdf	Today at 10:33 AM	246 KB	PDF Document
Dev Relationships_framework_english01.pdf	Jun 5, 2021 at 10:19 AM	680 KB	PDF Document
Holistic Orphan Care A Call for Change.pdf	Nov 15, 2021 at 12:13 PM	364 KB	PDF Document
Lerner Positive Youth Development copy.pdf	Jun 4, 2021 at 5:42 PM	91 KB	PDF Document
lundy_model_of_participation.pdf	May 18, 2021 at 9:44 AM	610 KB	PDF Document
Participatory AssetMappingToolkit.pdf	Oct 31, 2021 at 11:32 AM	2.1 MB	PDF Document
SAMHSA_Trauma.pdf	Today at 10:27 AM	808 KB	PDF Document
Transitioning-to Family-Care-Guidance-Manual copy.pdf	Sep 22, 2021 at 2:04 PM	1.3 MB	PDF Document
UN Guidelines for Alternative Care of Children copy.pdf	Aug 5, 2021 at 10:07 AM	271 KB	PDF Document

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