

Rethinking institutional care using family-based alternative child care system for orphans and vulnerable children in Nigeria

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Abstract

The need for alternative child care in Nigeria and other developing societies around the world is crucial given the increasing reports and studies on the negative impact of institutional care on child development. Children living in institutions often lack individual care and are cut-off from their communities and cultural identity. Such children also do not experience care in a family environment, hence the need for family-based alternatives. Alternative care such as adoption, community-based care, family strengthening, formal foster care, Islamic Kafalah, kinship fostering, and the likes may be considerably better for vulnerable children than institutional care. This paper is based on field work experience, review of relevant literature and studies on alternative child care system. The reviewers seek to rekindle not just an academic discourse in the field of social work but also a programme development innovation for social workers in the field of child welfare. Findings from the review suggest a range of family-based alternative child care that social workers in Nigeria and other developing societies may well consider in practice and programme intervention. Rethinking institutional care using suitable alternatives may help prevent unnecessary separation and reduce the number of vulnerable children going into institutional care.

Keywords: alternative child care, family-based care, institutional child care, kinship fostering, social work, vulnerable children,

Introduction

Millions of orphans and vulnerable children in developing societies around the world live in institutions and other alternative child care system (UNICEF, 2017). It is however difficult to provide accurate statistic on the number of vulnerable children living in institutions and other residential childcare facilities in many developing societies. This is because institutional child care in such societies are not properly registered and often not regulated, hence the challenge with accurate statistic. McCall and Groark (2015) noted that the difficulty in obtaining accurate statistic of children in institutions are due to the fact that some countries do not count or keep record of children in institutions operated by non-government organizations (NGOs). Furthermore, children who move in and out of institutions may be counted more than once and children may not be counted if their parents have not legally relinquished the child. Despite this lack of statistic, UNICEF (2017) reported that 2.7 million vulnerable children or 120 children per 100,000 between the ages of 0 and 17 years are estimated to be living in institutional care and other alternative child care arrangement globally.

In Nigeria, there are available institutions and residential facilities that provide care and support to vulnerable children. There are however data gap on the number of institution available and the care provided to vulnerable children. It is however reported that approximately 25% of an estimated 70 million children in Nigeria are vulnerable with need for alternative care (Federal Ministry of Women Affairs and Social Development, 2014). Recent study on the assessment report of the alternative care system for children in Nigeria conducted in 12 states and the Federal Capital Territory in 2015 documented 1483 children in privately run institutional child care centers across the states (Abraham, & Dobson, 2015). Most states visited as reported in the study failed to collect and document evidence of alternative care, or did so inconsistently. As a result, some states have data while others do not. Furthermore, children in institutional facilities and other residential facilities like orphanages in Nigeria that are not registered by the government are not counted because such institutions are often assumed to be operating illegally. Also, institutional care in Nigeria, just like other developing societies, are seen to be temporary and parents are often not willingly to relinquish parental rights for a more permanency care option.

Reviews of relevant studies

Institutional care, residential care, children's institutions, orphanages, are used synonymously in this paper to refer to residential facilities in which groups of orphan and vulnerable children are cared for by paid personnel in a non-family-based environment. Such care which is often strictly controlled, offers children the opportunity of being fostered and cared for by other people who are not biologically related to them. Institutional care for vulnerable children in Nigeria can be in the form of children living in orphanages, motherless babies' homes, sheltered homes, children's reception center and other non-family based facilities. Non-governmental organizations like religious bodies, international child welfare organization, and philanthropist run residential homes for children to provide care and support for vulnerable children in need of care and protection (Connelly & Ikpaahindi, 2016). Such facilities provide care and support for abandoned, disabled, orphans and other categories of vulnerable children pending their reunification back to their families of origin. There are also government owned residential facilities for abandoned and vulnerable children managed by ministries and state governments. For instance, in some states in Nigeria, there exist Children Reception Centre (CRC) that provides care and support for vulnerable children pending their reunification with their families (Eneh, Nnama-Okechukwu, Uzuegbu, & Okoye, 2017) Reasons for institutional care for children in Nigeria just like in other developing societies are varied. There are however concerns with institutional child care due to the various risks and negative effects it has on child development and family well-being.

In most developing societies, several factors leading to the institutional care of children outside the family environment have been identified by scholars (Chaitkin, Gale, Miligan, Flagotherie, O'Kane & Connelly, 2017; Connelly & Ikpaahindi, 2016; Jones, Presler-Marshall, Cooke, & Akinrimisi, 2012). Factors such as poverty, family breakdown (parental divorce/separation), parental death or loss of caregiver, health challenges, HIV/AIDS, migration, discrimination, orphanhood, child exploitation, child abuse/neglect, poor or unequal provision of social services, conflict,

ethnic/communal clashes, insurgency, natural disaster, and disability account for the institutionalization of children in many developing societies.

In Nigeria for instance, studies show that violence within the family, abuse in informal fostering arrangements, death of caregivers, unwanted pregnancy, internal displacement and insurgency are factors that lead to children being taken into institutional care (Elegeye, 2013; Folarin & Dobson, 2015; Folaranmi & Olusegun, 2015). Studies in Africa reveal factors such as orphanhood due to HIV/AIDS, migration, communal war and poverty as the push factors that move children into institutional care (Chaitkin, *et al.*, 2017; Miligan, Withington, Connolly & Gale, 2016; Tadesse, Dereje & Belay, 2014). Studies in Asia show that migration, parental substance abuse, natural disasters, poverty and the exclusion of vulnerable members of the population from basic social services were identified as significant driving factors that support children's placement into care (Chaitkin, *et al.*, 2017; UNICEF, 2007).

Several studies have identified concerns with institutional care on child development and family well-being (Chaitkin *et al.*, 2017; Martins & Zulaika, 2016; McCall & Groark, 2015; Olagbunji & Okojie, 2015; Boothy, Blalster & Goldan, 2012; Williamson, & Greenberg, 2010). Children living in institutions and other residential facilities do not experience a family environment and are often cut-off entirely from their community (Munoz-Guzman, Fischer, Chia & LaBrenz., 2015; Schoenmaker, Juffer, Van IJzendoorn, & Bakermans-Kranenburg, 2014). In addition to the lack of experiencing care within the family environment, children in residential facilities often lack individualized care and a suitable environment in which to realize their full potential leading to attachment problem (Connelly & Ikpaahindi, 2016). Furthermore, evidence from literature reveals that lack of consistent caregivers in institutions is the major cause of dysfunctional attachment for children that grew up in institutions (Elegeye, 2013; Bakermans-Kranenburg, 2011; Folaranmi & Olusegun, 2015). There are submissions that young people that grow up in institutions are not well prepared for independent life leading to homelessness, poor parenting and conflict with the law as they progress in life (Olagbunji & Okojie, 2015; Faith to Action Initiative, 2015).

Tadesse *et al.*, (2014), also argues that institutions do not provide children with a positive family environment where memories of childhood and sibling relationships are formed. This often leads to loneliness, helplessness, stress and depression (Tadesse *et al.*, 2014). Institutional care, more often than not, take children away from their community, family and cultural identity which is damaging to child development (Olagbunji & Okojie, 2015; Better Care Network, 2010). It is even more damaging when it is not regulated and when reunification back to family of origin is delayed or not implemented (Elegeye, (2013; Feranil, Herstad, Jallow & Mbuju, 2010). In most institutions, medical care, nutrition, sanitation, safety and caregiver-child interaction are a major concern to child development (Abraham, & Dobson, 2015; Wright, Lamsal, Ksetree, Sharma & Jeff, 2014). McCall and Groark (2015), aver that children in institutional care are constantly moved from one caregiver to another and this results in delayed and even lack of attachment with a caregiver.

Institutionalized children have much higher rates of insecure and disorganized attachment to their favorite caregiver (Bakermans-Kranenburg, 2011). Disorganized

attachment according to the attachment theory is characterized by “fear without solution” in which the infant both seeks comfort from the caregiver but is also afraid of the caregiver (Bakermans-Kranenburg, 2011). Children can develop secure attachment with caregivers who are responsive to their basic and psychosocial needs (Eseadi, *et al.*, 2015). On the other hand, children develop insecure attachment or strange behaviour when they are deprived of basic and other psychosocial needs from caregivers. Earlier study however revealed that when the institutional environment is structurally made more family-like and caregivers provided better social emotional interactions with children, children’s physical and behavioural/mental development improved substantially (St. Petersburg- U.S.A. Orphanage Research Team, 2008).

Children with disability or health conditions such as HIV/AIDs are often discriminated against and housed separately in institutions. Disabilities whether physical or mental carry considerable social stigma which exposes children to variants of violence and abuse (Nnama-Okechukwu, Chukwu & Ekoh, 2017). This is because parenting a child with disability could be stressful and where there are no professional support services for such children, abuse and neglect are often inevitable. In most institutions, activities are routinely carried out. For instance, activities such as feeding, bathing and playtime are routinely carried out in institutions with little or no attention paid to individual needs of children. Most institutions also lack personalized care plan for children to show various support services available as was the case with the findings of Abraham and Dobson (2015) in a study in Nigeria. Despite the negative effects of institutional child care, institutions may still be suitable for some vulnerable children in need of care when family alternative care options are unavailable. However, other alternative child care options should be considered for vulnerable children bearing in mind the principle of ‘appropriateness’ and ‘necessity’ as enshrined in the United Nations Guideline for the Alternative care of children (United Nations Guideline on the Alternative Care of Children, 2010).

Concerns about institutional care have led governments and other stakeholders to recognize the importance of shifting away from using residential care for children as the primary mode for addressing alternative care needs. Such concerns have necessitated the need for alternatives with emphases placed largely on family-based care as a better alternative (Brodie & Pearce, 2017). For instance, while McCall and Groark (2015) suggested that family alternative care such as foster care, kinship care and care in biological families may be substantially better than institutional child care, Munoz-Guzman, Fischer, Chia and LaBrenz, (2015) identified foster families and adoption as alternatives to institutional care. Abraham and Dobson (2015) in a study on alternative care system in Nigeria identified informal kinship care, adoption, and formal care as major alternative child care. Assim (2009) focused on Islamic Kafalah as an alternative child care option. Other alternatives such as, informal kinship care, adoption, foster family care, host family approach, family strengthening have also been identified in literature (Gale, 2016; Terre des hommes, 2015; Better Care Network, 2010). No alternative child care option is superior to the other, however any chosen alternative should be based on the principles of ‘necessity’ and ‘appropriateness’ and must be in the best interests of a child. Establishing better preventive alternative approaches is required to provide children with care in a family environment,

strengthening the capacities of families to provide care and reducing the number of children going into institutional care.

This was the basic assumption when in November 2009, the United Nations welcomed the Guidelines for the Alternative Care of Children. At the heart of the guidelines is a call for governments and other stakeholders to prevent unnecessary separation of children from their families by considering other forms of alternatives to child care. Such consideration will help in strengthening social services and social protection mechanisms for children who have lost parental care or at the risk of losing parental care. The Guidelines acknowledged that institutional care will be needed for some children. However, emphasis and priority should be on developing and supporting family-based care alternatives (Better Care Network, 2010). The Guidelines identified various alternatives to child fostering. These alternatives include, but not limited to, informal foster care, kinship foster care, family-based care, supervised independent living arrangement (United Nations Guidelines on the Alternative Care of Children, 2010). There is however need for social workers to monitor and supervise all alternative child care placements in Nigeria. This is to promote the best interests of a child, promote child rights, support families taking additional responsibilities of caring for vulnerable children and ensure adequate child protection in each alternative care setting. Child Right's Act is in place in Nigeria but knowledge and awareness is often limited even in some enlightened communities (Okoye, 2011)

Family-based alternatives child care options

Different family-based alternatives to institutional child care have been identified in various studies (Gale, 2016; Terre des hommes, 2015; Munoz-Guzman, *et al.*, 2015; Abraham & Dobson, 2015; Better Care Network, 2010). These alternatives are:

Adoption

Adoption is an alternative to institutional child care which is beginning to be accepted in many communities in Nigeria (Ojelabi, Osamor & Owunmi, 2015; Agbo, 2014). Orphans and vulnerable children need a family environment rather than residential facilities to grow and develop (Faith in Action Initiative, 2015). This reflects the belief that the family is normally the environment most suited for to the healthy growth and development of a child (Abraham & Dobson, 2015). Children who are vulnerable and in need of family care may get a permanent planning care via adoption. Growing in a family environment give such children the opportunity to develop healthy attachment with a consistent caregiver. It also provides an enabling environment where children can experience sibling relationship and family living which will connect them to social support network later in life. Furthermore, adoption enables adopted children develop secure attachment with a consistent caregiver and prevents them from being placed in foster institutions with the attendant psycho-social implications (Makinde, 2016). Eke, Obu, Chinawa, Adimora and Obi (2014) note that under the United Nations convention on the rights of the child, adoption is recognized as one of the forms of alternative care for children who are unable to remain in the family environment. Consequently, adoption helps to prevent child abuse, including child trafficking and promote the projection of children, which is the major reason for the United Nations Convention on the right of the Child (CRC) and more recently the Guidelines for the Alternative Care of Children (United Nations Guidelines on the Alternative Care of Children, 2010). Both the CRC and the Guidelines recognize adoption and child fostering as

alternative care system for children in need of care and protection. While child fostering provides children with a temporary opportunity of living with related or unrelated family member, adoption provided a child with legal, formal and permanent opportunity to live with the adopted parents.

Community-based care

Community-based care is another alternative child care practice that provides vulnerable children with care and support within their community. This alternative care practice which is being explored in some communities in Africa gives orphans and other categories of vulnerable children access to a family and sibling relationship which otherwise would have absent if children are moved into institutions or residential facilities (Better Care Network, 2010). The assumption here is that community members have the potential to organize themselves to address their own problems with regards to the needs and priorities of its vulnerable children and their families. In the African traditional belief system, there is a prevalent indigenous knowledge and cultural practice that assert that a child does not belong to the biological family alone but also to the whole community (Olaore & Drolet, 2016; Isidienu, 2015). This indigenous cultural belief system to some extent constrains community members to share the responsibility of child rearing and provide support and care to vulnerable children within the community.

This prevalent cultural belief system is often passed from generation to another generation. Olaore and Drolet, (2016) conducted a qualitative study that examined these indigenous cultural practices that impact the well-being of children and families in five states in Nigeria. Fifteen community leaders participated in semi-structured interviews and 78 community members participated in focus group discussions in the communities. Findings from the study reveal that community members take care of vulnerable children in the event of parental death or other crisis. This kind of community-based care is needed in helping vulnerable children appreciate their cultural heritage and social environment. Children raised in community-based alternative care do not lose track of their root and reunification is often easy due to the range of social network available to the child.

Furthermore, community-based care as an alternative child care practice empowers, prepares and promotes the skills of families willing to foster children to function effectively in their social contexts. This is supported by the family centered model. Basic assumptions of the family centered model are that families, in all of their diverse forms, are the best places to raise children; families have the right to fair access to resources and opportunities needed for successful functioning and child rearing. For instance, in QwaQwa, a community in Eastern South Africa, with a high prevalence of vulnerable children affected by HIV/AIDS, a Non-governmental organisation supported an innovative community-based form of foster care to prevent institutional care for the huge number of vulnerable children (Posch & Camilla, 2012). This alternative child care which was supported by the SOS Children's Villages International provided opportunities in which volunteer foster mothers gave local children a new family, allowing them to stay in their community of origin. Social workers helped to supervise and monitor the quality of care provided.

Family strengthening

Family strengthening, just like the community-based care is an alternative child care practice which is geared toward supporting families to develop the capacity to effectively protect and care for their children so that children are able to grow within a caring family environment. Family strengthening aim to prevent children from falling out of the safety net of their immediate biological family and community (Posch & Camilla, 2012). To prevent family separation, support services are provided to families based on identified needs using a Family Development Plan (FDP). The family strengthening alternative strengthens the ability of families to care for their children and strengthens safety nets for vulnerable children and their families within the community (SOS Children's Villages International, 2005). When families at risk are supported to addresses the needs and situation of the family, unnecessary separation and institutional care can be prevented (Faith in Action Initiative, 2015).

It is however important to note that declining family ties, poverty, migration and the likes have created undue stress and strain on the ability of families to provide quality care for the teeming number of orphans and vulnerable children needing care and protection. Studies in Nigeria and other parts of Africa reveal that orphans and vulnerable children are often left behind to be cared for by older adults and other extended family networks (Cisse, 2016; Becks, Vreger, Lamber, Marazyan & Safir, 2015; Grant & Yeatman, 2014; Veale & Andres (2010). Extended family networks may foster left behind children but the question of their welfare and development outcome is yet to be fully investigated. Left behind children in the care of related and unrelated kin family face challenges in various developmental outcomes when their families don't send back remittance for their upkeep (Dziro & Mhlanga, 2018). Foster children who are in household with less resources may be forced to contribute to family income through any available means as a means of survival.

Formal family foster care

Within the formal child care system in Nigeria, formal family foster care is normally considered to be the preferred form of substitute care for children rather than institutional care (Nnama-Okechukwu, *et al.*, 2017). Formal family foster care is not yet popular due to some cultural barriers (Connelly & Ikphahindi, 2017). However, need for formal family foster care has in the last few years been on the increase in Nigeria due to various reasons such as weakening extended family ties and poverty. This has consequently given rise to the number of orphans and vulnerable children in need of formal foster care and this have implications for social work practice in Nigeria (Ngwu, Nnama-Okechukwu & Obasigwe, 2017). Children who cannot remain with their biological families and other extended kins due to reasons such as abuse, violation of children's rights, legal issues and the likes are meant to be cared for in formal family foster care arrangements. Such children are often not available for adoption as there is still possibility of them being reunited back to their families (Better Care Network, 2010). There are laws and guidelines on formal foster care in Nigeria that stipulates who can foster, placement procedures, monitoring and supervision of foster care for orphans and vulnerable children (Ministry of Women Affairs and Social Development, 2014; Child Right Act, 2003part XI, article 101, 120, 121). However, there are still gaps, inconsistencies and a lack of capacity within the government to implement the Act.

Formal foster care in a family environment provides vulnerable children with the opportunity to experience family life with foster parents and other significant persons in their day to day activities. This alternative child care options have been implemented by some non-governmental organisation in Nigeria in various states. For instance, the SOS Children's Villages in Nigeria provides vulnerable children with long-term family-based care in a family environment within the SOS Children's Villages Nigeria (Eneh, *et al.*, 2017). This alternative formal foster care provides vulnerable children access to a foster mother (SOS mother) and other non-biological siblings (SOS brothers and sisters) in a family environment. A foster child (SOS child) in this alternative care setting also grows up with his or her biological siblings if both are identified as having need for care and protection. Thus through this alternative foster care system, children who are separated from their biological parents are moved into a foster family-based care that is none institutional pending their reunification with their families.

The formal foster care practices of the SOS Children's Villages Nigeria provide children with a care plan that addresses the individual needs of each child. Furthermore, contact is maintained with their families of origin for a smooth reunification in the future. Social workers and other child welfare staff in the SOS Children's Villages Nigeria ensure that children's physical, social and emotional needs are met to facilitate a smooth integration into the society in the future. Social workers provide parenting skills training to SOS mothers and monitor the care and support given to vulnerable children in the SOS Children's Village. This is to ensure that SOS mothers who are the primary caregivers are equipped with the essential knowledge, skills and values to discharge their duties as surrogate parents.

Children in the SOS Children's Village Nigeria are not isolated within the SOS village environment. Rather, they are given the opportunity to blend with other children in the community through access to education and other social engagement such as involvement in religious activities and recreation. Social workers are also involved in the provision of counselling services for proper adjustment, connecting children with their families of origin through planned visits, development of action plan for each child as well as in the final reunification process with their families of origin. One major advantage of the foster-family care in the SOS Children's Villages Nigeria is the collaboration with the state social welfare agencies and other ministries and department responsible for child protection and safety. However, formal foster-family care in Nigeria is not prevalent and often not widely accepted as kinship fostering. It is seen as foreign and western imposition. Other forms of foster-family care are also available in other parts of Nigeria but practice on formal foster care is not yet popular due to some cultural barriers (Connelly & Ikphahindi, 2016). While some allow foster parenting others do not, and some NGOs in Nigeria are involved in other forms of formal foster care in Nigeria.

Host Family Approach

The Host Family Approach (HFA) is yet another alternative which was implemented by the Terre des hommes in Benin Republic between January 2011 to August 2014. The Host Family Approach seeks to provide care for rescued street children rather than move them into institutional care. The objective of the approach was to improve the

quality of care given to children living in difficult circumstances and the emphasis is on maintaining the child's ties with his community in a secure family environment for better social integration (Terre des hommes, 2015). In the host family approach, families that are willing and ready to foster vulnerable children are selected within a community and trained on parenting skills. The host families are supported and monitored by trained social workers in close cooperation with governmental agencies and departments such as the social welfare agencies, the police force, ministries and departments in charge of child welfare and social justice.

In the host family approach, vulnerable children such as street children and those who are victims of exploitation, trafficking, and violence of various kinds are hosted in a family environment for a duration of one to four months. During the child's stay in the host family, an individual child development action plan is made to chart the development of the child. The development action plan is aimed at addressing such areas as psychosocial support, general physical well-being, reunification plan and a suitable environment for development (Terre des hommes, 2015). Social workers are key professionals in the provision of support services for both host families and vulnerable children. Social workers provide parenting skills training as well as monitor the care and support given to the children. This is to ensure that children are protected and not abused in the host families. Social workers are also involved in the development of action plan for each child and the final reunification process back to families of origin. Vulnerable children hosted within the host families receive psychosocial support from social workers which is aimed at helping them adjust to their new environment and to work toward a new relationship with their biological families.

Informal child fostering

From a historical perspective, institutional child care was never a priority for children in need of care and protection in Africa. This is largely due to the long-standing traditional practice of informal child fostering where children are integrated into extended families and cared for by relatives (Asuman, Boakye-Yiadom & Owoo, 2018; Nnama-Okechukwu, *et al.*, 2018). In the traditional African setting, family members such as grandparents, cousins, sisters, and aunts provided childcare support for infants while the mother/parents are away. This childcare support most times comes in the form of informal fostering of children to kinsmen to enable children acquire relevant skills needed in life (Nnama-Okechukwu, *et al.*, 2017). The practice has also been expanded to include care with non kin. Informal child fostering otherwise referred to as kinship fostering is an alternative to institutional child care that is prevalent and widely accepted in Sub-Saharan Africa (Lachaud, LeGrand & Kobiane, 2016; Gaydosh, 2015; Bachan, 2014; Isiugo Abanihie, 1983). This is due to the cultural, social, and economic benefits of the long-standing traditional practice on child and family development. Kinship fostering is preferred over institutional child care in most African countries because it provides social support network and strengthens kinship ties (Nnama-Okechukwu, *et al.*, 2018; Bachan, 2014). Studies abound on the efficacy of this traditional child care practice ((Manderso & Block, 2016; Bachan, 2014; Isiugo-Abanihie, 1985; Goody, 1975).

Most studies in Sub-Saharan Africa have shown preference for informal child fostering due to the positive gain derived by both the sending and receiving household as well as the fostered children. For instance, findings from a study conducted by Nnama-Okechukwu, *et al.*, (2018) reveal that children live with extended family members so that they will not forget their roots. Some participants in the study noted that “We have all left the village to the city and don’t even know where some of us are living but we use child fostering to with connect our families”. Other positive gains derived from informal kinship care include strengthening family ties, sharing of child rearing responsibilities (Dziro & Mhlanga, 2018; Becks *et al.*, 2015; Kasedde, Doyle, Seely & Ross, 2014). Such gains are not derived when children are cared for in institutions and other non-family based care environments. Thus informal child fostering care practices in Africa have been identified as a traditional coping mechanism and better alternative to institutional care which if effectively supported can contribute to resilient communities that are capable of caring for and protecting children in the face of adversity (Skodal, Mwasiagi, Webale & Tomkins, 2011). However, weakening extended families ties, rising poverty level and absence of support services for families especially in the global south have necessitated the act of child labour in informal fostering practice. This has been referred to by many researchers as an exploitation of the socialization process and a quest for survival of the family at the detriment of the child (Connelly & Ikpaahinde, 2017; Save the Children, 2017).

Islamic Kafalah

The Islamic Kafalah has been identified as alternative child care system for children in need of care and protection. In Islam, for instance, the guardian–child relationship has specific rules and the relationship is different from adoption as practiced today. The Islamic term for what is commonly called adoption is Kafalah, which comes from a word that means ‘to feed’ (Assim, 2015; Abubakar, Lawan & Yasi, 2013). In the Kafalah practice, a child who is need of care and support is placed in a kin family to be fostered by closely related family members who provide the needed support and care for the vulnerable children. The foster family, in carrying out their foster responsibilities in accordance to the Islamic obligations are required not to displace the natural parents as the Kafalah child will still maintain the identity of his natural family while being fostered (Olowu, 2008). Similarly, Duncan, (1998) noted that in the Islamic Kafalah practice of child care, the Kafalah child still maintains a continuing relationship and legal bond with the natural family.

Explaining the Kafalah child care practice as an alternative child care system, Assim (2009), avers that in Kafalah care, a family is able to take in an abandoned child or a child without a family or whose natural parents are unable to provide parental care. In taking up such responsibility however, the child is not entitled to use the family name of the foster parents (Assim, 2015). The foster parents in Kafala practice, apart from providing parental care to the vulnerable children, can equally bequeath portions of their wealth based on Islamic obligations to the Kafalah child. This is based on the Islamic obligation that those who are endowed by Allah should also provide for others who, though unrelated to them by blood, are equally dependent on them (Assim, 2015). Thus through the Kafalah practice, vulnerable children can benefit from family care rather than institutional care.

Benefits and economic importance of family-based alternative child care

The need for alternatives to institutional care has been emphasized in various literatures. For instance, earlier studies reveal that children raised in family-based care arrangements have better development outcomes in their physical, cognitive and social development than those raised in institutions (Julian & McCall, 2011; Johnson et al, 2010). Similar findings have been confirmed in recent studies (Martins & Zlaika, 2016; Groark, 2013), with child welfare workers. For instance, Johnson *et.al* (2010) and Julian and McCall, (2011), noted that children fostered in other family-based alternative child care environment like family foster care at a younger age had been found to display better physical and mental development than those who remained in institutional care. Similarly, foster care, whether with related or unrelated kinship family is perceived to be typically associated with better child outcomes for reasons of healthy attachment and child protection (Stells & Simpson, 2017; Bettemann, Mortensen & Akuoko, 2015). Furthermore, family foster care offers children better social support network, security and sibling relationship than continued institutionalization (Fleming, 2015; Hannon, Wood & Bazalgette, 2010). Children raised in foster families have social support networks because they remain connected to their parents, siblings and communities.

Furthermore, children fostered in other family-based alternative child care environment like foster care at a younger age had been found to display better physical and mental development than those who remained in institutional care (Johnson et al, 2010; Julian & McCall, 2011). Foster care (whether non relative or kinship) is typically associated with better child outcomes than continued institutionalization (Julian & McCall, 2011). The lack of caregiver-child interactions, talking, and one-on-one contingent responsiveness also contribute to the child's general behavioral and mental deficiencies (McCall, 2011). Formal child fostering can provide children with good attachment and sibling relationship (Hannon, Wood & Bazalgette, 2010). It can also provide them with security and protection (Fleming, 2015), as well as an alternative placement option away from an abusive environment (Bettmann, Mortensen & Akuoko, 2015; Steels & Simpon, 2017). It is however important to note that abuses do occur within family based alternative care arrangements. In some kin foster arrangement, there have been cases of sexual abuse/ incest and deliberate choices are made to conceal the abuse in order to protect the family name. Such was the case of late Ochanaya, a thirteen-year-old girl in informal fostering arrangement in Nigeria who was alleged to have been constantly abused sexually by an uncle and his son leading to Vesico-Vaginal fistula and eventual death (Alozie, 2018).

There are also economic advantages of other of family-based alternative child care arrangement over institutional care. Research findings have shown that government can prevent unnecessary placement of children into institutions by focusing on other alternatives such as supporting poor families, and foster parents using social protection programmes (Astorino, *et al.*, 2016; Faith to Action Initiative, 2015). Studies have also shown that more children can be supported in family-based care such as informal kinship care, family foster care and permanent care like adoption, for the cost of keeping and running most institutions for a limited number of children (Munoz-Guzman, *et al.*, 2015, Better Care Network, 2012). Findings from other studies have confirmed that the cost, provision of support services and administration of

institutional child care is high compared to provision of same support to children in a family environment (Faith in Action Initiative, 2015; Every Child, 2012).

Family-based care and implication for social work practice

The place of social work in finding appropriate alternative care system for children in need of care and protection in Nigeria cannot be overemphasized. This is because social work as a professional service can help in the development of foster care and other family based care for children within their natural and social context (Coady & Lehman, 2016). This is supported by the family-centered model. The family-centered model amongst others seeks to empower, prepare and promote the skills of families to function effectively in their natural and social contexts while caring for children. The family-centered model promotes family-centered practice in social work and thus provides social workers with system-based approach for intervention, where different interacting elements in the system are involved in problem solving for the sustainability of the system. The social worker who is involved in family centered practice takes on a variety of roles and may need to work with other systems and professionals that have influence on the family in order to achieve set objectives in the interest of all. Effective social work practice will provide evidence-based practice and proper gate-keeping process in collaboration with ministries and agencies in charge of alternative care of children. Such collaboration may help in the review of policies for suitable alternatives to institutional care in the interest of children and family well-being (EveryChild, 2012). Furthermore, an understanding of the dynamics of the family, based on the family centered practice is important for social work practice with foster families and biological families in the choice of suitable alternative care options for vulnerable children. This understanding will help to assess, prevent the risks and create opportunities for any chosen alternative care placement in the best interest of the child and family wellbeing. Social workers therefore need to understand family dynamics for an effective intervention process. Failure to understand and be mindful of pre-existing cultural and social dynamics within families may either hinder or facilitate efforts in enhancing alternative family-based care (Chukwudozie, Jensen & Skovdal, 2015; Isiugo-Abanihe, 1985).

Conclusion

There is need for a shift from institutional to other suitable family-based alternative child care in Nigeria given the increasing reports, studies and raising incidents on the phenomenon of abuse in institutions and residential child care facilities (Owolabi, 2017; Eseadi, Achagh, Ikechukwu-Ilomuanya, & Ogbuabor, 2015; Makinde, Olaleye, Makinde, Huntley & Brandon, 2015). Media reports reveal how illegal orphanages homes and other residential child care facilities in some parts of Nigeria have turned into black market where children who are supposed to be cared for are abused, trafficked and sold (Nwafor, 2017; Okonkwor, 2014; Odogwu, 2011). This and many more reports call for the need to rethink institutional child care using suitable alternatives. Social workers and other professionals in child welfare have a crucial role to play in searching for suitable family-based alternatives for millions of orphans and vulnerable children in Nigeria. Working with relevant ministries and agencies in charge of care and protection of children will provide social workers with the opportunity of rethinking institutional child care.

There is therefore need for social workers in Nigeria to be part of policy development on alternative child care option and also take part in programme implementation and awareness on alternative child care in communities. Social workers should also be involved in the recruitment, training and monitoring of foster carers, this is with a view of ensuring that children are cared for by people who are qualified to undertake such task. There is also need for social workers in Nigeria to be involved in assessment of existing public and private alternative child care systems in different parts of Nigeria. This is to provide evidence for policy makers and programme development on best practices, generate academic discourse on what is working and what is not working in terms of child care reform, understand challenges and opportunities with various alternative child care. It is also expedient for social workers in Nigeria to find out those involved in family-based alternative child care, available training and support services for child carers, and standards governing alternative child care in Nigeria. This fact-finding mission which will be evidence-based may be a wake-up call for government agencies and Ministries responsible for family-based alternative child care to engage in closer supervision and monitoring. Such supervision may encourage review of documents on alternative child care in Nigeria, encourage the development of more alternative family-based care using the family-centered model, prevent unnecessary separation of children, and involve communities in child care, thus preventing institutional care. Prevention of institutional care and encouragement of suitable family-based alternative child care options should therefore be a case of social investment. This is in the best interests of the child in Nigeria and other developing societies around the world.

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