

Family/Child Separation and Women's Groups



Self Help Groups: Evidence Brief #1
Courtenay Cabot Venton

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Overview

Globally, an estimated 25 million children are growing up separated from their families: approximately 8 million children live in institutions (80% of whom have living parents¹), 12 million live on the streets, and 5 million are trafficked or refugee children. This figure does not include the approximate 14 million children who are married before the age of 18 each year² or the 11.5 million children who are in paid or unpaid domestic work, many of whom are believed to live in the homes of their employers and away from family care.^{3 4}

Worldwide, UNAIDS estimates that 15 million children are living without one or both parents due to AIDS.⁵ Many of these children have been separated from their families, while others are living with extended families. Millions more are increasingly vulnerable because their families suffer from the social and economic effects of living in high HIV prevalence communities.⁶

These families may have given up their children for adoption or to be cared for in an institution, believing these options offer better opportunities for their child, especially in relation to education, adequate food and the possibility of international adoption. Other families facing extreme poverty, or who are in crisis following death or illness in the family, may have felt forced to send their child away to work, offer them for early marriage, give them up to traffickers or encourage them to migrate in search of better opportunities. Families facing such difficult decisions often seek support from their extended family, community or the state. It is often the absence of such support which triggers family separation.

This research note was undertaken to better understand how a combination of economic strengthening and psychosocial support, through women's empowerment groups – also known as Self Help Groups - can prevent family separation, here defined as children being moved from family-based care (whether parents or extended family) into non-family based outcomes (e.g. adoption, early marriage, trafficking, homelessness, or child labor).

This note presents the current state of knowledge relating to:

- The drivers of family/child separation;
- Family and community-based care to prevent separation;
- A review of the evidence related to family and community centered approaches;
- The case for Self Help Groups as a model to prevent family/child separation.

¹ Better Care Network (2009). "Global Facts about Orphanages."

² <https://iwhc.org/resources/facts-child-marriage/>

³ 17.2 million children are in paid or unpaid domestic work in the home of a third party or employer. Of these, 11.5 million are child labor, and the remaining 5.7 million are adolescents in permissible work but need to be protected from abuse.

⁴ <https://www.ilo.org/ipecc/areas/Childdomesticlabour/lang--en/index.htm>

⁵ <https://www.measureevaluation.org/our-work/ovc>

⁶ <https://www.pepfar.gov/press/258063.htm>

Drivers of Separation

There are many forces associated with child separation, and they rarely act in isolation. While poverty is widely recognized as a major driver, it is seldom the only factor.⁷ Even more so, the drivers of separation are inter-related and complex. “It is difficult to place conditions that contribute to family-child separation in a taxonomy. Some contributing conditions may be drivers of poverty, or consequences of it, some have to do with household relationships and dynamics that may or may not be exacerbated by poverty, and some are situational.”⁸

A USAID report on a 2015 Symposium on “Keeping Children and Families Together Through Economic Strengthening”⁹, and A Family for Every Child’s 2013 conceptual framework¹⁰, both detail a wide range of non-economic factors that play a significant role in separation, including:

- **Intra-household-level stressors:** decision making around limited resources (parent’s time, finances), negative relationship dynamics (parent–child, husband–wife), death of parent(s), death of a wage earner, and/or remarriage that affect resource allocation among family members
- **Child-level stressors:** Preferred treatment of certain children (males versus female), emotional abuse, sexual abuse, violence, discrimination based on sexual preference, mental illness (child or caregiver)
- **External shock:** War/conflict, natural disaster, forced migration
- **Cultural elements:** Certain cultural norms that can exacerbate tension in the home, including an acceptability of violence, polygamy, and tension between multiple spouses
- **Weak social network and capital:** Families, especially in the case of migration, that may lack network of relatives and neighbors who can serve as a safety net of support
- **Trafficking:** A family that may be “tricked” (with promises of better opportunities, education in a religious boarding school, work) into sending a child away or a child may be forcibly taken from a family, and forced to become a laborer, or sex worker
- **Demand for child labor:** Families and children who may voluntarily seek more resources in work for which the demand for child labor is high.
- **Perceived opportunities:** A family whose motivation may be rational even if the outcome is destructive; poor families that chose to send children to religious boarding schools, to become soldiers, or to marry daughters early in hope of greater access to resources for the child or the family.

Two theories for the ability of communities to look after their children are described in the

⁷ Laumann, L (2015). “Household Economic Strengthening in Support of Prevention of Family-Child Separation and Children’s Reintegration in Family Care.” FHI360/USAID.

⁸ *Ibid.*

⁹ USAID/FHI360 (2015). “Symposium Report: Keeping Children and Families Together Through Economic Strengthening”

¹⁰ Delap, E. (n.d.). “Towards a Family for Every Child: A conceptual framework.” Family for Every Child.

literature^{11 12} – social rupture and social resilience. The social rupture thesis, grounded in the HIV/AIDS orphan crisis, assumes that the traditional systems for looking after orphans are overstretched and collapsing, brought to a breaking point. Whenever one or more of the factors listed above results in a family/child separation, a social rupture is said to occur. A combination of shocks or stresses weakens and breaks down the nuclear family, which then disrupts the extended family and the community. This more pessimistic view led to a focus on external interventions - institutional care and foster homes.

By contrast, the second theory – one of social resilience - suggests that the capacities and strengths of the informal, traditional childcare system could still support a large number of orphans, despite the huge threat posed by the AIDS epidemic, forced migration, and other pressures. This theory maintains that the flexible traditional arrangements for caring for children, if nurtured by appropriate interventions, offer a range of possibilities for care of orphans and vulnerable children. This theory has led to a greater focus on family and community-based approaches to care.

Family and Community Based Care to Prevent Separation

It is eight times more expensive to raise a child in an institution than in a family, and evidence shows that institutional care can be harmful for children.^{13 14 15} The UN published “Guidelines for the Alternative Care of Children” in 2009, which, based on extensive evidence, recommended a move away from institutional care towards family and community-centered care models for orphans and vulnerable children (OVCs).

Extended family are largely responsible for looking after OVC: 90% of children in developing countries separated from their parents by reason of death or other causes are living under the care of the extended family.¹⁶ This safety net, however, has been overburdened to the point of near rupture by increasing numbers of OVC, high dependency ratios, poverty and increasing levels of disaster and conflict risk, placing these caregivers at risk of child separation. As a result, investment in family and community-based care is critical to ensure that the capacities of traditional childcare systems are strengthened to cope with these pressures.

¹¹ Abebe, T and A Aase (2007). “Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited”. *Social Science and Medicine* 64: 2058-2069.

¹² Samson Omwa, S and K Titeca (2011). “Community-based initiatives in response to the OVC crisis in North Central Uganda.” Institute of Development Policy and Management, Universiteit Antwerpen.

¹³ Berens & Nelson 2015

¹⁴ Sherr et al 2017

¹⁵ Sonugo-Barke et al 2017

¹⁶ Biemba, G. (2010). “The Scale, Scope, and Impact of Alternative Care for OVC in Developing Countries.” Boston University Center for Global Health and Development.

Family-centered care initiatives typically include programs focused on preserving or strengthening the ability of extended or foster families to absorb and effectively care for OVC. Community-based care refers to a variety of community initiated and/or community led interventions - including family-strengthening, psychosocial support, empowerment, economic development, and cash assistance - all provided within a child's own community and within a family or family-like setting.¹⁷

A study by Samson (2010) finds that, "of all the available frameworks for caring for OVC (family, community and institutional care), community-based initiatives have the potential to tremendously mitigate the impact of orphanhood in low resource countries. This is because [they] draw on the resources and strengths of the communities in mobilizing resources, motivated by the principle that care should be endogenous, participatory, needs defined and culturally acceptable."¹⁸ Kidman and Heymann (2016) echo these words, highlighting the critical need to support caregivers and strengthen the family environment in which OVC are raised.¹⁹

Abebe and Aase (2007)²⁰ document the core values required for good care of orphans through family care (applicable to vulnerable children as well) – namely reciprocity, willingness, and the capacity of care-givers to avail the necessary resources for the children. They identify three types of capacity: economic, emotional, and social, respectively representing capability to provide basic material and other resources for the children's wellbeing; willingness and ability to offer psychosocial and emotional support; and ability and willingness to socialize orphans with social and cultural skills necessary for present and future life. Importantly, they suggest the need to conceptualise the 'capacity to care' by disaggregating it into these three components, rather than lumping the parts together and assuming that they all function the same.

Review of the Evidence: Family and Community Centered Approaches

A review of the literature indicates that the research and evidence in relation to community and family-based forms of care is very limited, with frequent reference to a lack of evidence and understanding of the different drivers and outcomes related to family/child separation. The following section reviews some of the key studies that pull together the evidence that exists.

A 2010 review on the scale, scope and impact of alternative care for OVCs in developing countries found that research evaluating the short-term effectiveness of community-based OVC

¹⁷ *Ibid.*

¹⁸ Samson, S (2010). "Community-Based Initiatives in Enhancing OVC Service Delivery: Prospects and Challenges in Post Conflict North Central Uganda." Institute of Development Policy and Management, University at Antwerp.

¹⁹ Kidman, R and J Heymann (2016). "Caregiver supportive policies to improve child outcomes in the wake of the HIV/AIDS epidemic: an analysis of the gap between what is needed and what is available in 25 high prevalence countries." *Aids Care: Vol 28, No S2, 142-152.*

²⁰ Abebe, T and A Aase (2007).

interventions rarely collected data that allowed an assessment of a causal relationship between the intervention and an objectively defined outcome. Community-based programs have a key role in providing psychosocial support (PSS) to OVC, but studies to evaluate the effectiveness of various PSS programs are limited, and so are the tools to do so. With the exception of orphanages, there is a dearth of evidence on the long term impact of other alternative care arrangements on the wellbeing of OVC, and little research has been done to systematically measure the long-term impact of many potentially effective community-based interventions.²¹ Whilst dated, more recent studies also echo the relative lack of research in this space (see following).

Economic Strengthening and its Effect on Poverty Outcomes

A reasonably large body of research has been devoted to examining the linkages between **Economic Strengthening (ES)** and poverty and child outcomes more generally (for example, the impacts of ES interventions on poverty, education, health, etc). Laumann (2015) draws on a synthesis of existing research to examine the linkages between ES and prevention of family/child separation. She cites evidence indicating that well-designed and well-targeted government-led social protection programs and other income support programs can address poverty-related drivers of family-child separation because they may reduce child poverty, child labor, and early marriage/sexual initiation, increase legal identity documentation of children and access to education, and improve child nutrition. While there is some evidence that income support may address multiple drivers of separation, she also acknowledges that the effects of ES interventions on child-level outcomes are not well understood, and that the body of evidence related to effective and sustainable prevention of family-child separation and reintegration of separated children in family care in these contexts is extremely limited.²²

A 2015 symposium report on “Keeping Children and Families Together” reached a similar conclusion, citing a limited pool of evidence of the impact of ES interventions on reducing family/child separation or supporting household reunification. This was due in part to the difficulty of identifying and measuring the complicated structural and contextual dynamics that drive separation, a lack of understanding of what keeps families together and the difficulty isolating the drivers of family/child separation to disentangle the impact of ES activities from other interventions.²³

²¹ Biemba, G. (2010). “The Scale, Scope, and Impact of Alternative Care for OVC in Developing Countries.” Boston University Center for Global Health and Development.

²² Laumann, L (2015). “Household Economic Strengthening in Support of Prevention of Family-Child Separation and Children’s Reintegration in Family Care.” FHI360/USAID.

²³ Mattingly, S (2015). “Symposium Report: Keeping Children and Families together with Economic Strengthening.” FHI360/USAID.

A 2015 FHI360/USAID publication reviewing the state of practice regarding linkages between **savings groups (SGs)** and children’s wellbeing found a “dearth of concrete and reliable evidence.”²⁴ A more recent 2016 literature review of savings groups with caregivers of OVCs found that evidence is strongest for SGs increasing savings and food security, and weaker that they reduce poverty, support asset-building, improve health outcomes of the household, and increase children’s access to education and achievement.²⁵

A 2018 review of the literature related to **cash transfers** and family separation found that, while a growing body of evidence links cash transfers to positive HIV-relevant behavior change, with especially pronounced effects among girls and young women, the premise of using cash transfers to protect against child separation in vulnerable households (HIV-affected or otherwise) remains far less explored.²⁶

Empowering Caregivers: Investing in Social and Emotional Support

Despite a strong rhetoric of the need for both economic as well as social and emotional capacities to prevent separation and/or care for orphans in the community/family, the impact of empowering caregivers through social and emotional support, at least in developing countries, is substantially lacking in research and evidence. The studies that do exist, summarized here, are compelling and initially indicate that the combination of economic strengthening and caregiver support (targeted towards social/emotional capacity) can have a leveraging effect on outcomes for children.

Rutter’s seminal work in the 1980s on the development of children at risk grounds this narrative in the importance of social capacities. He identified three key characteristics of a resilient child: a sense of self-esteem and self-confidence; a sense of self-efficacy (a belief in their capacity to make a difference); and a repertoire of social problem-solving approaches.²⁷ Previous research on child resilience has revealed three broad sets of variables operating as protective factors for vulnerable children: attributes of the children themselves; characteristics of their families; and aspects of the wider social context.²⁸ A focus on the social and emotional capacities of both child and caregiver are foundational to our understanding of how families are able to remain resilient and stay together in the context of shocks and stresses.

²⁴ Gash, M. J Hall, J Matuszeski, C Nelson, D Panetta, L Prano, M Sinclair, and N Singh (2015). “Savings Groups and their Role in Child Wellbeing: A Primer for Donors”. FHI360.

²⁵ Meaux, A (2016). “Community-Based Microfinance for Orphans and Vulnerable Children: Literature Review.” International Rescue Committee, NY.

²⁶ Moret, W and M Ferguson (2018). “ASPIRES Family Care Process Assessment: Cash Transfers for Family-Child Reintegration and Prevention of Separation” USAID/FHI360/Aspires.

²⁷ Rutter, M. (1985). “Resilience in the Face of Adversity: Protective Factors and Resistance to Psychiatric Disorder.” *British Journal of Psychiatry*, 147: 598-611.

²⁸ Evans, R (2005) ‘Social networks, migration and care in Tanzania: caregivers’ and children’s resilience in coping with HIV/AIDS’, *Journal of Children and Poverty*, 11(2): 111-129.

The International Rescue Committee, whose mission is entirely focused on refugees, have specifically looked at the impact of social/emotional resilience on outcomes related to OVC. They highlight “interventions that strengthen parent–child interactions are especially important in humanitarian contexts because of the increased threats children face to their physical, emotional and mental well-being. The breakdown of infrastructure and social networks in conflict and disaster settings diminishes the capacity of caregivers to provide adequate care and protection for children.” They further highlight that both the child and the caregiver’s experiences and reaction to conflict and disaster can directly impact on the ability of the caregiver to care for their children.²⁹

A 2013 study of The Urwaruka Rushasha (New Generation) project, implemented in Burundi by IRC, implemented savings groups, alongside caregiver’s capacity building on children’s protection, wellbeing and development. The evidence suggests that economic interventions may reduce risks to child protection, development and wellbeing. An RCT of over 1500 households conducted over two years finds that savings groups combined with entrepreneurship and financial literacy education can improve the economic outcomes of poor households. **However, according to the study, while caregivers’ ability to protect and provide for their children undoubtedly relies in part on their economic circumstances, increased assets might not be enough.** Evidence shows that non-economic factors such as harsh discipline practices, neglect, and exposure to violence in the home have a strong negative impact on children’s development and wellbeing. On the other hand, **positive parent-child relationships are linked to children’s resilience in the face of traumatic events including disaster and conflict.**³⁰

A 2018 study of the “Deinstitutionalization of Orphans and Vulnerable Children in Uganda” (DOVCU) project used a sample of 1,511 households and 2,675 children at risk of separation, collecting data over a three-year implementation period, to assess the impact of social interventions, including parenting groups and psychosocial support, combined with economic interventions to provide a holistic response to vulnerability. The project targeted 1) households at risk of child separation, and 2) households with children reintegrating from institutions. The analysis demonstrated statistically significant changes, reducing families at high risk classifications by 28 percent. **After three years, participation in peer support consistently resulted in a greater reduction in vulnerability as compared to combinations of other economic and social interventions.**³¹

²⁹ Sim, A, Costigan, J, Boone, L, Armstrong, M (2011). “Family strengthening interventions in humanitarian contexts”. International Rescue Committee, NY

³⁰ Annan, J, T. Bundervoet, J Seban, J Costigan (2013). “Urwaruka Rushasha: A Randomized Impact Evaluation of Village Savings and Loans Associations and Family-Based Interventions in Burundi.” International Rescue Committee, NY.

³¹ Child Fund (2018). “The effect of DOVCU’s integrated package of interventions on children and families at risk of separation.” ChildFund/USAID

A 2009 study in Kenya evaluated the impact of a program providing community health workers (CHW) and OVC guardian support groups to improve the quality of life of OVC affected by HIV/AIDS. A survey with 771 guardians and 1,036 children was implemented after 3 years of project intervention. The findings indicate that the program was associated with indicators reflecting better care and treatment of children and healthier psychosocial well-being of guardians and children. While each intervention had its own independent effects, **the combined effect of having a CHW and participation in support groups was greater than the individual influence of these interventions. Support group participation had even more potential benefits for children.** Guardians in support groups reported better feelings towards the child. Moreover, children with guardians in support groups had a higher rate of prosocial behavior and reported lower incidence of household abuse.³²

Along very similar lines, a 2016 study of programming implemented by TrickleUp in Burkina Faso used an RCT to compare the effects of an economic intervention, with the same intervention combined with child protection sensitization program. This evaluation tested whether economic empowerment alone is sufficient to keep these families together and protect children from various risks, and to increase their wellbeing, and if additional non-economic interventions can have a deepening effect. Results indicate that the economic interventions do result in economic outcomes; however, **other child well-being impacts, including depression, harsh discipline, physical abuse and self-reported food insecurity, were also only statistically significant in the intervention that included the sensitization component.** Significant changes were not apparent in rates of family separation, early marriage and schooling outcomes, although positive changes in caregivers' attitudes about the acceptability of these practices (along with harsh punishment) were apparent in the combined intervention.³³

Evaluations of two family-care projects in Uganda (2018) gathered data across two years of program implementation, through quantitative surveys as well as longitudinal tracking of families.³⁴ Both projects were implementing savings groups as part of integrated family and economic strengthening interventions with families at-risk of a child separating. The study found that households participating in savings groups saw substantial increases in their income, savings, ability to pay for basic need, and education. **The proportion of households with a child separated from the family fell from 6.7% to 5.1% among households participating in the savings group, and participants often described reduced feelings of marginalization and**

³² Thurman, T, J Rice, L Ikamari, B Jarabi, A Mutuku, and F Nyangara (2009). "The Difference Interventions for Guardians Can Make: Evaluation of the Kilifi Orphans and Vulnerable Children Project in Kenya." Tulane University and University of Nairobi, Kenya.

³³ TrickleUp (2016). "Child Protective effects of Economic Strengthening and Child Rights Interventions among Extreme Poor Families in Burkina Faso."

³⁴ Note that the data is not compared to a counterfactual.

increased feelings of empowerment and self-efficacy as benefits of group membership.³⁵

A 2010 evaluation of the WORTH program in Uganda found that WORTH’s holistic focus on empowering women and combining social, economic and educational empowerment through women’s collectives resulted in very positive results for the women and their OVC. The training of WORTH group members goes beyond skills in literacy and small business to cover issues directly related to better caring for the nutritional, educational, health and psycho-social needs of the OVC in their households, incorporating women’s empowerment as a central part of its methodology. The findings are based on 685 household surveys conducted in Uganda with 393 caregivers of OVC and 292 OVC. The study finds that caregivers were better able save money and to feed their vulnerable children, and that they reported higher levels of happiness. **The report suggests that programs simply focused on financial services among the poorest or most vulnerable will likely have a limited and less sustainable impact. This is primarily because the poorest of the poor are not in a position to immediately make large economic gains, even with access to financial services, and some of the most important ways to improve their welfare go beyond money. Instead they are improvements linked to attitudes, knowledge and skills. The impact of the economic gains from WORTH on the lives of OVC is largely shaped by the attitudes and capabilities of the OVC caregivers.**³⁶

A Model for Holistic Programming: The case for SHGs

The literature review suggests that there is a critical evidence gap in our understanding of how to prevent family/child separation. A focus on the economic status of households – whilst clearly of critical importance – nonetheless takes a very narrow view to understanding and addressing the complex web of drivers that affect a family’s ability to prevent separation. We know from the literature summarized above that:

- A multitude of forces are associated with child separation, and they rarely act in isolation.
- Some contributing conditions may be drivers of poverty, or consequences of it, some have to do with household relationships and dynamics that may or may not be exacerbated by poverty, and some are situational.
- Family and community based care are the response of choice – but given that traditional systems have been brought to a breaking point given the concentrated nature of the OVC crisis, especially in the context of HIV/AIDS and forced migration due to conflict/disaster, there is a critical need to support caregivers and strengthen the family environment in which OVC are raised.

³⁵ Namey, E, S Zissette, W Okello, D Onena, L Laumann (2018). “How can group-based savings programs provide support for vulnerable families and their children?”. USAID, FHI360, Aspires, AVSI, ChildFund.

³⁶ SAWSO, 2010, Empowering Better Care: Report on the Economic Strengthening for OVC Caregivers in Uganda

- Three types of capacity are required for good care of OVC – economic, emotional and social.
 - The relevant literature predominantly focuses on the ability of economic strengthening interventions to alleviate poverty.
 - The literature that considers the effect of emotional and social strengthening interventions is much more limited – but very compelling and initially indicates that the combination of economic strengthening and caregiver support can have a leveraging effect on outcomes for children.
 - Gaps exist in a more systematic understanding of 1) how interventions focused on emotional and social capacities can prevent family/child separation and 2) the impact of combined ES and social interventions on both economic and social outcomes, and ultimately the prevention of family/child separation.

Self Help Groups (SHGs) are being used across a range of countries to support OVC caregivers as well as HIV/AIDS populations and offer a more holistic programming choice that combines economic strengthening with a fundamental focus on building social capacities. SHGs are voluntary groups, typically comprised of 15-20 women who meet every week to save, start small business activities, and grant loans to one another. As well as engaging in economic activities and developing business skills, SHGs have been touted for their capacity to generate social change, through the beneficial interaction between individual capacity and mutual social support.

SHGs and SGs are closely related program models, sharing many common components, and therefore both are considered here. However, SHGs are longer term interventions that critically focus on the ability of women, working together, to create change through empowerment and collective action. SHGs ignite a spark – as women meet together, they work together developing valuable support networks enabling them to overcome challenges and build hope for themselves and their communities. These groups have been shown not only to improve women’s economic status,^{37 38} but also to provide individual benefits such as improved self-esteem, agency and self-confidence, increased social capital,³⁹ increased women’s bargaining power⁴⁰; and increased women’s political empowerment⁴¹. They provide a platform for collective action to address issues such as child marriage or child protection and are being used

³⁷ Datta, Upamanyu. 2015. “Socio-Economic Impacts of JEEViKA: A Large-Scale Self-Help Group Project in Bihar, India.” *World Development* 68: 1-15.

³⁸ Kabeer, Naila and Nojonen, Helzi. 2005. “Social and economic impacts of PRADAN’s Self Help Group Microfinance and Livelihoods Promotion Program Analysis from Jharkhand, India.” *Imp-Act*, Working Paper No. 11, IDS Sussex, UK.

³⁹ Feigenberg, Benjamin, Erica M. Field, and Rohini Pande. 2010. “Building Social Capital through Microfinance.” *NBER Working Paper*.

⁴⁰ Desai, Raj M and Shareen Joshi. 2013. “Collective Action and Community Development: Evidence from Self-Help Groups in Rural India.” *The World Bank Policy Research Working Paper* 6547.

⁴¹ Artiz Prillaman, Soledad. 2017. “Strength in Numbers: How women’s groups close India’s political gender gap.” *Working Paper*.

in many countries to support OVC caregivers.

As described in the literature review, the evidence for the benefits of SHGs in the prevention of family/child separation is nascent. However, what is known about the drivers of family separation indicate that SHGs can provide an effective tool to build both economic and social capacities to prevent separation. As well as addressing poverty, SHGs can provide increased resilience to shocks such as war or natural disaster through increased social capital and provide a support system for families facing disability and discrimination. SHGs increase women's individual agency to advocate for their children and provide enhanced social support. They also provide a mechanism for women to act collectively for change in their community, protecting and advocating for children in the face of damaging social norms and cultural practices. SHGs with OVCs have used components such as special savings funds for OVCs, alongside integration of thematic content relevant to child protection and caregiving, to tailor the approach to the specific needs of caregivers.

Conclusion

The size and scale of the number of children living outside of family care is daunting. Communities affected by major shocks such as HIV/AIDS, conflict and natural disaster face acute and saturated levels of OVC care, pushing the ability of traditional family systems to the point of near rupture.

In the face of these threats, family and community-based care models have emerged as the most appropriate form of care for OVC. Poverty is one of the key drivers of family/child separation, and the evidence to date has focused largely on economic strengthening activities. Despite a clear and long established evidence base that highlights the critical importance of social and emotional capacities for good care of vulnerable children, this area has received significantly less attention.

A small but compelling evidence base suggests that combined economic and social strengthening interventions can leverage the outcomes of OVC programming. The poorest of the poor are not in a position to immediately make large economic gains, even with access to financial services, and therefore economic strengthening activities taken in isolation will have limited impact on household consumption patterns. Further, the impact of economic gains on the lives of OVC is largely shaped by the social capacities, attitudes and capabilities of the OVC caregivers. Some of the most important ways to prevent family/child separation - attitudes, knowledge and skills - go well beyond money. Investing in the agency of caregivers through Self Help Groups offers a promising approach to protect families from separation.



[The Share Trust](#) is a trans-disciplinary collective at work on research, development and outreach to amplify and unite Self Help Groups and connected organizations around the world. We are building an evidence base to understand how empowerment, social capacities and collective action can combine to create transformative change.



[Hopeland](#) is a non-profit organization committed to building a world where every child grows up in a safe, loving family. We pioneer innovative solutions and builds new partnerships to prevent family separation, reunify children who are separated from their families, and mobilize a movement of families to support children who are growing up outside of family care.