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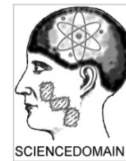

The Phased Integrated Community (PIC) Model: A Framework for Care and Child Protection

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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ABSTRACT

Global cases of child abuse and neglect highlight the need to generate improved frameworks of care, support and child protection. A number of models exist globally, albeit with limitations. This paper draws from the evidence base and a Ugandan study which sought to understand the existing mechanisms of support for orphans and vulnerable children (OVC) including the availability, efficacy and limitations of these support systems. Building on the limitations of the existing interventions, this paper proposes the Phased Integrated Community (PIC) model, a hybrid framework that draws from existing models in the fields of social sciences and epidemiology to provide solutions for OVC care and support.

The PIC model critiques the inherent limitations of existing frameworks and adapts their unique strengths. The model also highlights that the notion of child agency is under-developed in most OVC interventions, arguing that this could partly explain their marginal impact, and then makes a case for incorporating child agency in childcare and child protection.

The proposed model challenges dominant discourses on childhood and focuses on the agency, aspirations and expressed needs of OVC. A key argument is that nuanced and accurate representations of OVC are critical to their support. This framework positions OVC at the heart of their communities, highlighting the limitations of some cultural and structural aspects. It is cognizant

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of the strained community capacity (rupture theory), in spite of its willingness to provide quality care and support. The framework also aligns itself with, and supports, national policy and cherished cultural values in Uganda that the extended family and community should be the first line of response for OVC.

Keywords: Child care; child protection; OVC; community role; kinship care; childhood; agency.

1. INTRODUCTION

In 2004 over 140 million children under the age of 18 in the developing world had lost one or both parents [1,2]. By 2010, HIV/AIDS had robbed over 20 million children in sub-Saharan Africa under the age of 15 of one or both parents. In addition to HIV/AIDS, over forty three (43) million children in sub-Saharan Africa below the age of 18 have been orphaned or made vulnerable by a number of factors such as war, violence, poverty or parental disability. Only a small proportion of these have access to support services and the number of orphans and vulnerable children (OVC) in need continues to rise [3,4]. Some scholars like Levine [5] have predicted that even if HIV/AIDS infections level off, the number will continue to rise until 2030.

The evidence shows that OVC are underprivileged as they are likely to be less educated, less able to earn money, and face diminished capacity to develop physically, intellectually, and emotionally into productive citizens and family members [6,7]. Findings from these earlier studies have been supported by more recent studies which show that OVC and their carers are living in conditions of extreme deprivation and poverty [8-10]. Sub-Saharan Africa is home to the greatest proportion (almost 90%) of orphans and vulnerable children, the majority of whom are over the age of six with unique developmental needs. For example Uganda is a predominantly youthful population with children below 18 years constituting 57% of its 35 million population and OVC comprising 46% of all children [11]. One of the major challenges arising from the increasing number of OVC is their care. Most of the literature across the world depicts qualitative descriptions of care arrangements [see for example [12-15] and as Zao and colleagues [16] show in their study on childcare patterns, there is a dearth of data on robust models of care for orphans and vulnerable children. Against that backdrop this paper proposes a conceptual framework for the care and support of OVC.

2. BACKGROUND TO THE PHASED INTEGRATED COMMUNITY (PIC) CONCEPTUAL FRAMEWORK

A number of theoretical orientations are evident in OVC research, reflecting the various interests of the researchers and disciplines concerned. No single paradigm can therefore claim to address all the possible theoretical and research interests in the study of OVC. Instead, a multi-faceted orientation is necessary, with various researchers and disciplines contributing their perspectives to lead to a better understanding of the various dimensions of this topic. This is invaluable in the search for better understanding and more effective interventions.

One useful theoretical framework [17] provides insight into how the OVC experience can be looked at as a sequential event that has three phases, with varying levels of vulnerability at each. This perspective looks at not only the events that precede an OVC scenario, but also what happens during and after, in order to improve the resulting negative and abusive impacts such as land grabbing, school dropout and family breakdown [18,19]. Each of the three phases identified has specific characteristics and implications for OVC programming. The first or pre-OVC phase is the process that precedes the incident. Underlying circumstances that may lead to the occurrence of an OVC situation include promiscuous behavior of parents, exposure to unsafe working conditions or road traffic injuries, heavy drinking or sickness, for example HIV/AIDS. At this phase, there is a possibility that any of the preceding factors can be improved upon or managed to avoid OVC vulnerability, by undertaking some child protective initiatives such as investing or writing wills to clearly show how resources should be managed once their primary carer dies or is incapacitated. The second phase moves from potentiality to actuality and may include death, incapacitation or disappearance of the primary caregivers for OVC. A major concern at this phase will be how the severity of the incident affects the person closely related to the vulnerable child(ren). For example there will be concerns around whether they will live or die.

The post – OVC phase is the aftermath. The concern at this stage is with trying to absorb OVC and give them some semblance of normality. The success of this phase largely depends on the capacity of existing support systems and resources. Haddon's sequential (phases) framework offers the possibility of looking not only at the OVC risk factors or generative forces but also examining the preparedness and efficiency of existing structures and systems in coping with and effectively dealing with them. Such a broad-based focus will go a long way to address both underlying causes and also reduce the magnitude of the negative impact it could possibly have on the children and their surviving carers.

Emphasis was also placed on understanding the contribution of socio-economic dynamics on childcare. Recent studies have presented robust frameworks in the care and support of OVC, for example the notion of Orphan Competent Communities (OCC) by Skovdal and Campbell [20]. The OCC framework was first defined by Campbell et al. [21] as a community where people are most likely to work collaboratively to tackle the challenges affecting them such as HIV/AIDS. Campbell [20] argues that most interventions fail because they are imposed on locals by foreigners and instead calls for an understanding of the processes that best facilitate the capacity of communities to provide good quality care and support for OVC. The OCC framework was further developed by Skovdal [22]. OCC "builds upon two inter-linked strands. First, the need to acknowledge the active coping and resilience of children rather than seeing them as passive victims. Secondly, six social psychological resources should be promoted in communities to improve the quality of support available to children to enhance their coping and resilience" [20]. The psychological resources an OCC needs have been identified as: i) knowledge and life skills; ii) tapping local strengths and agency; iii) economic and political participation; iv) social cohesion; v) social spaces; and vi) positive social identities [23].

This paper will discuss the above-mentioned models further, showing their limitations in exploring the experiences of vulnerable children. Building on that the paper will then generate a theoretical framework for better understanding and supporting OVC. Having provided a background for the proposed framework, its key components are presented in the subsequent sections.

2.1 Components of the Proposed Theoretical Framework

The proposed framework is a hybrid model that draws from existing models in the fields of social sciences and epidemiology. Specifically it proposes an integration of three models with the notion of child agency. The three models are:

i) Orphan Competent Communities- OCC [20]
ii) Haddon Matrix [17] and
iii) The Ecological Systems model [24]

This paper's key argument is that the above models, while effective, each have inherent limitations [1] which would best be reduced or removed by integrating them and recognizing child agency across the new hybrid framework. The notion of child agency is still underdeveloped (see Fig. 1) due to the traditional, dominant conceptualization of childhood. Although the agency of children, particularly vulnerable children, is the missing link in most interventions, it needs to be the overarching concept across all possible OVC interventions. The OCC model recognizes children's agency to some extent but adopts a narrow focus on a specific category of orphans. Many more children are vulnerable, and community resources would be beneficial to them too. Moreover it would also remove the unnecessary labeling that comes with focusing interventions only on orphans. This paper has therefore modified it from its original name of Orphan Competent Communities (OCC) to Child Competent Communities (CCC).

Below are the hybrid model (Fig. 1) showing basic linkages and interactions across the three models. Following that an explanation of what constitutes each component of the model will be provided. Having explained the components of these models in section 3 of this paper, it will then further be developed to the proposed Phased Integrated Community (PIC) model that will graphically show the complex correlations therein.

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1 For example the OCC model focuses more on the community resource base and puts less attention on children as entities in their own right. It also protects orphans - particularly HIV/AIDS orphans - over other children yet most children are, in fact, vulnerable. The Haddon Matrix is largely deductive in its use of epidemiological methods to propose solutions which are likely to be limited in capturing the complexity of the 'OVC' experience. Finally the Ecological Systems model does not account for outside forces which construct people's experience.

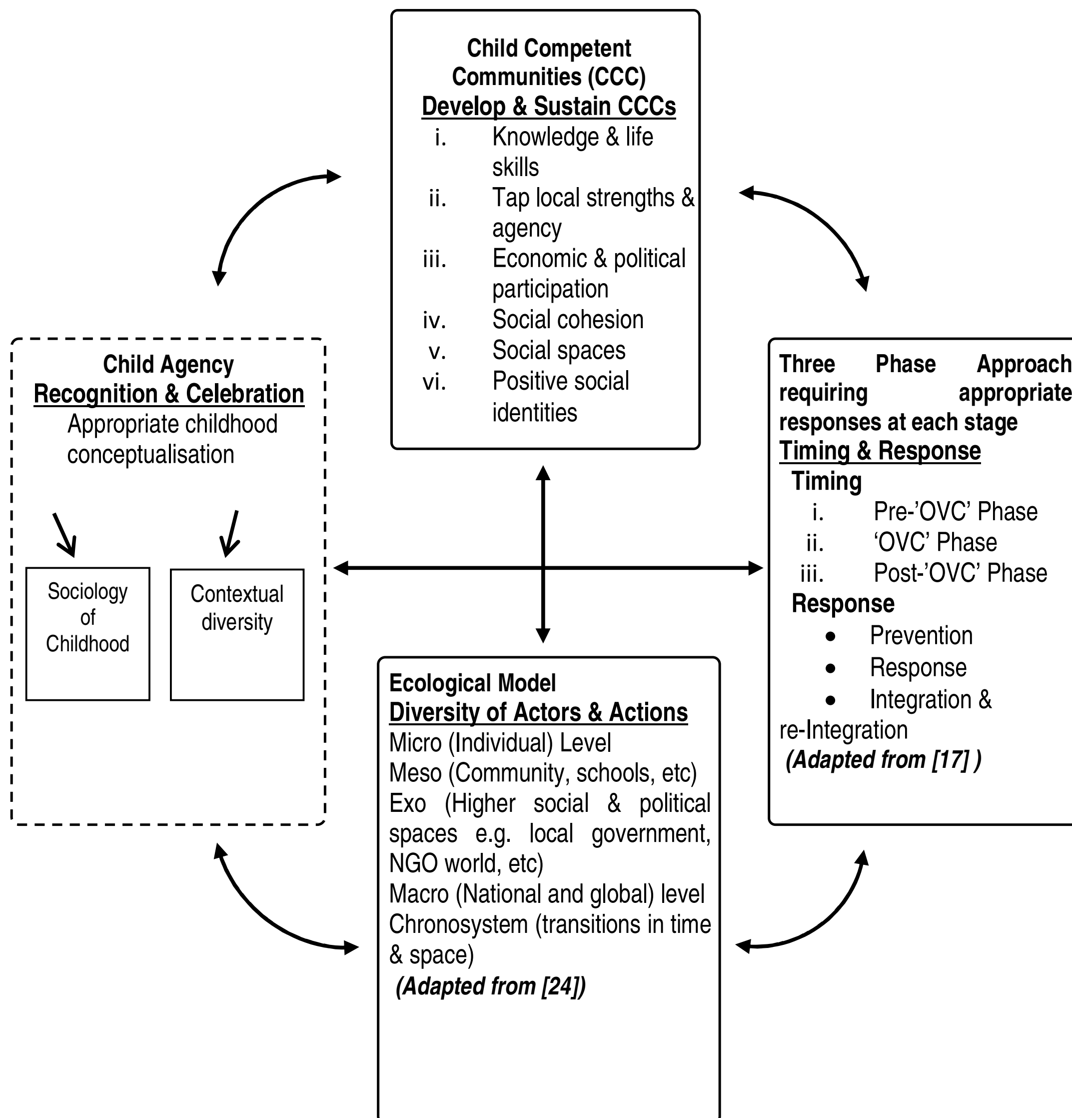


Fig. 1. Phased Integrated Community (PIC) model: basic linkages
Source: Drawn by author, based on ideas by [24,17,20]

In Fig. 1 the underdeveloped notion of OVC agency is graphically depicted by dotted lines. This paper's argument is that instead of each of the above listed models operating as a standalone intervention, the best in each model should be merged [25] to account for and capture the complexity of the OVC experience. The key argument here is that the lives of OVC are complex in a sense that their experiences, hopes, aspirations and outcomes are hinged on a multiplicity of factors including their relationships; geographical and political context; access to resources or institutions; and age, to mention but a few. It is in view of this complexity that the author seeks to merge the best aspects of the three different models in order to develop a framework for understanding the care and support of OVC. The outcome of this merging would then be the proposed Phased Integrated Community (PIC) model. In the next section the author unpacks, presents, explains and critiques the constituents of the PIC model.

2.2 Child Competent Communities (CCC)

Recent local studies [26,27] have pointed out that the approach used by the majority of

external actors to design and implement interventions for vulnerable children has largely neglected local child protection and support systems. This partly explains the marginal efficacy these interventions have had. In light of this there is need to pitch interventions at the community level and bring about the desired change by relying primarily on extensive social mobilization at every level and strong leadership from micro to macro levels. Mobilizing social action will not only ensure efficacy of interventions but also their sustainability, acceptance and local ownership. Moreover it will draw from the largely inert community resource base and empower the communities, which will have a positive impact not only on vulnerable children but generally all children within that community.

The merits of community empowerment are generally unquestionable, particularly in areas like sub-Saharan Africa where the community role in childcare is pronounced. Uganda's national policy underscores the requisite community role in child care and protection. However it is an undeniable fact that there are challenges currently faced by the community in fulfilling its role, particularly a thinning resource base from which to draw and support vulnerable children. Within the context of a harsh economic climate that has exacerbated poverty levels, HIV/AIDS, urbanization, migration and the loss of able-bodied adults, most communities have become vulnerable and disempowered. This has strongly limited their capacity to effectively provide care and support to children in need. This paper argues that the vulnerability of children is generally a true reflection of the communities of which they are part. Therefore when OVCs' perceptions about their experiences are negative, the best way to respond to this is to deal with OVC holistically, including taking their context into consideration and addressing underlying societal barriers. This will involve seeking to alter their perceptions by altering their reality or environmental circumstances. As Ng [28] posits, "personal troubles are connected with public issues…a start can be made to mobilize social action to change environmental conditions that help induce powerlessness. We should not alleviate feelings of powerlessness by altering perceptions but by altering reality" (p. 323).

Building on this argument, the author also adds that, because of its vulnerability the local community, has lost its autonomy to effectively engage and negotiate with outside forces or actors that come to provide support. This partly explains why non-community actors such as NGOs can come into a community in the aftermath of a collective disaster and wholly transfer their agenda, ideology and approaches to intervening even when these are sometimes incompatible with the local community needs, ideals and culture.

Research shows that the community is the one place that has some semblance of recognizing and supporting child agency; however it also has major cultural, structural and resource constraints. The need to empower and support communities who in turn will support vulnerable children therefore becomes critical. One useful model in this regard is the Orphan Competent Communities (OCC) framework first defined by Campbell et al. [29] as "a community where people are most likely to work collaboratively to tackle the challenges affecting them, such as HIV/AIDS". Campbell argues that most interventions fail because they are imposed on locals by foreigners and instead calls for an understanding of the processes that best facilitate the capacity of communities to provide good quality care and support 'vulnerable' children. The OCC as originally envisioned is shown in Fig. 2.

As shown in Fig. 2 overleaf, there are five psychological resources (highlighted with white background) that need to be developed and utilized at the community level for orphans to be provided with quality care and support.

The notion of Orphan Competent Communities (OCC) is a useful one; however it focuses narrowly on orphans affected by HIV/AIDS, yet many children experience hardship as a result of many factors and not just HIV/AIDS alone. In addition, many children living with their parents are still in dire need. Therefore, although the framework is a useful one, there is need for a broader and all-encompassing model that recognises the high levels of vulnerability among most children. In order for this model to work, a reconceptualization of all children is required.

By changing it from the original Orphan Competent Communities – OCC [20] to Child Competent Communities (CCC) the author argues that while orphans have some distinctive aspects, the majority of children have significant levels of disadvantage and vulnerability. In Uganda, the population below the poverty threshold is 31%, of whom 62% are children [30].

A recent national 'OVC' situation analysis assessed the level of vulnerability among Ugandan children to be at 96% [31]. Therefore, whereas the proposed psychological and other resources at the community level would no doubt be beneficial to orphans, all children would benefit from these resources. It is in responding to the basic and other needs of all children that high levels of vulnerability will be reduced, including those of children that have been orphaned. Caring for all children and treating them as competent social actors within their communities would give OVC some semblance of normalcy. It would also reduce the unnecessary labelling and discontinuity of their experience in relation to other children. Such communities would then qualify to be called 'child competent communities' (CCC) as opposed to 'orphan competent communities' (OCC). However, this does not substitute the need for targeted services for the unique needs of OVC; instead this should be done within the context of all needs of all children within that community being met.

2.3 Ecological Model: Diversity of Actors and Actions

The Ecological Systems model was the underpinning conceptual framework for this study. It positions a person at the centre of his environment and calls for a distribution of experience from micro to macro levels for a holistic understanding.

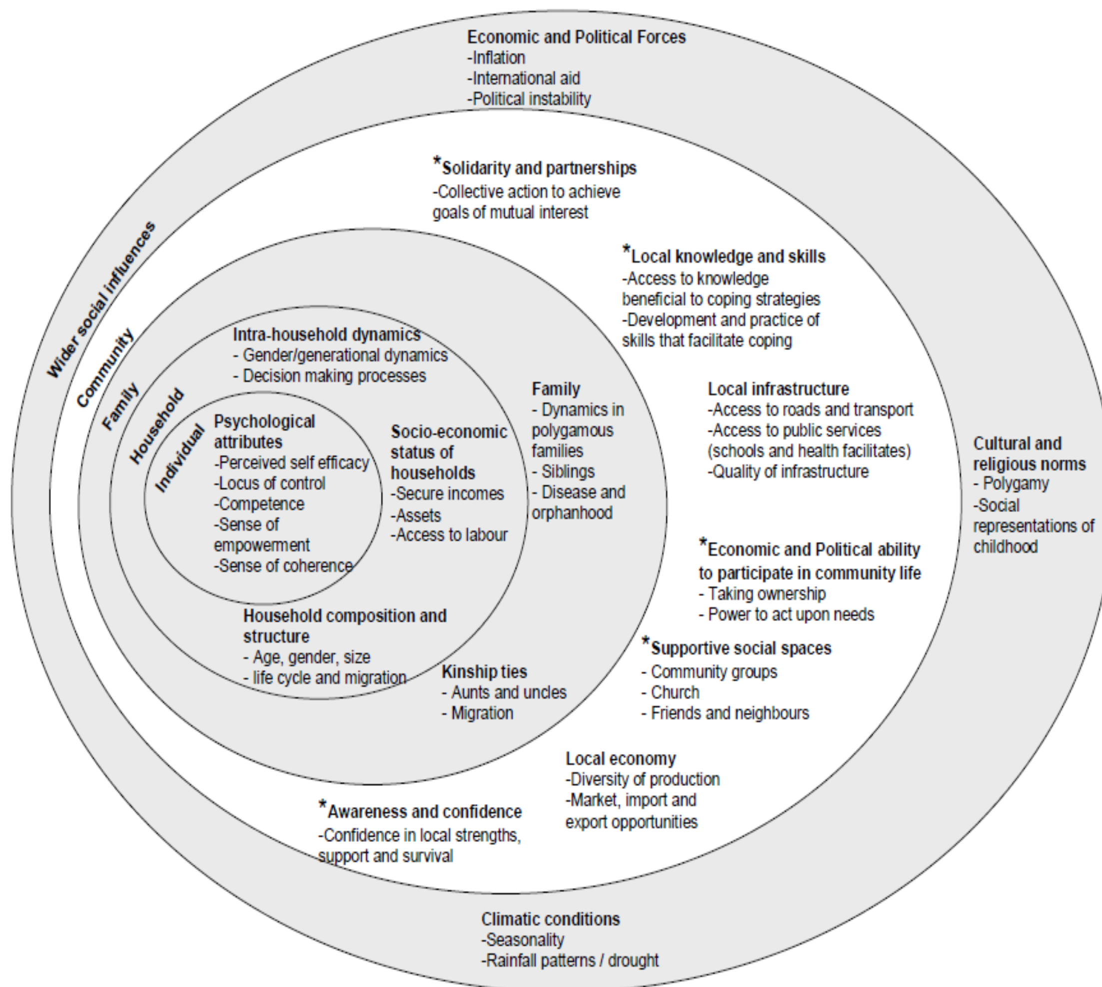


Fig. 2. The orphan competent community [20,29]

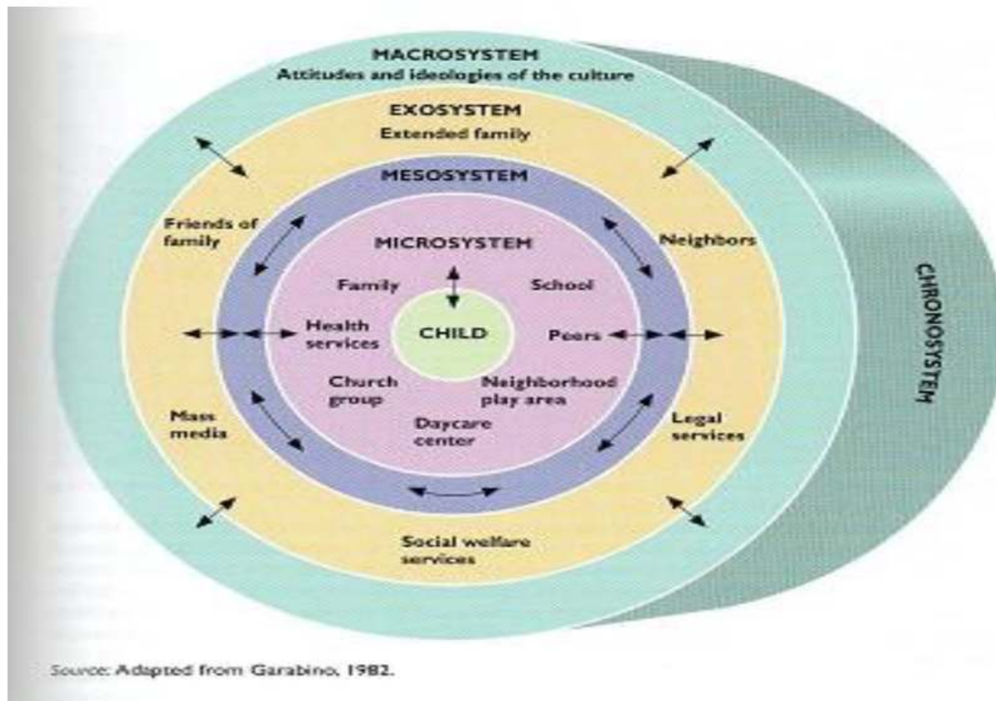


Fig. 3. Bronfenbrenner's Ecological Model showing the environment as nested structures

By embedding the individual within their context, the ecological systems model presents a hierarchical-system perspective from the individual level to global actors and forces whose choices and actions impact on the individual's experience. With the lived experience of individuals distributed across systems comes recognition of the diversity of actors (and related actions) at each of these levels. Some of the actors who impact on the lives of OVC across the ecological systems are their carers and immediate families, community leaders and members, practitioners (such as teachers, health and social workers), policy makers, civil society and the international community.

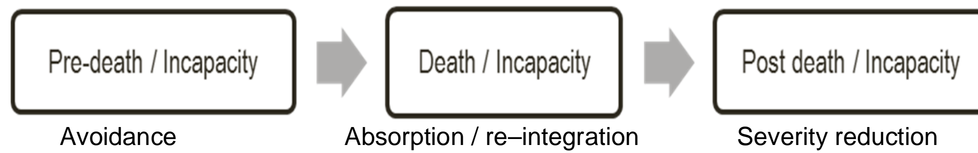
2.4 Phased Approach to OVC Interventions: Appropriate Timing and Response

Despite the diversity of actors and actions involved, the level of impact of existing interventions for OVC has generally not been commensurate. A possible explanation for this has been an 'intervention overload'[2] grounded in deficit models of childhood; interventions generally imposed by foreigners with rigid agendas and no cognizance of contextual diversities, a mismatch between interventions and need as well as poor timing. The issue of poor timing and inappropriate interventions with questionable efficacy are the backdrop against which the author proposes an integration of the Haddon Matrix.

The Haddon Matrix is a commonly used paradigm in the field of epidemiology, particularly in injury prevention and infection control. Developed by William Haddon in 1970, the matrix looks at factors related to personal, agent, and environmental attributes before, during and after a critical event such as injury or death. Utilising this framework enables one to evaluate the relative importance of different factors and design appropriate interventions at each stage as illustrated in Fig. 4 overleaf.

The OVC experience has already presented as one that is experienced – and can be appropriately responded to – at each of the three different phases. These three phases are i) the pre-'OVC' phase; ii) the 'OVC' phase and iii) the post-'OVC' phase. Each of these three phases requires unique approaches and responses from a diversity of actors at all levels of the ecological

2 By intervention overload the author means that many OVC interventions have been commissioned and implemented by different actors including government, civil society and the community. Most of them are not coordinated and some are duplicated.



Avoidance   Absorption / re–integration   Severity reduction

Fig. 4. Haddon's matrix

Source: Drawn by author, based on ideas by [10,18,19]

systems model. The author proposes that inbuilt in these should be the recognition of children's contributions (agency) whose impact has been shown to be more efficacious and sustainable [32].

2.5 Child Agency: Recognition and Celebration

Child agency has been defined as "the transition from 'the child' as an instance of a category to the recognition of children as particular persons" [33]. It stresses the existence of children as social actors shaping, and being shaped by, their environment. Agency is not merely equivalent to action; rather it also encompasses the child as a person with opinions and a decision maker [34].

A common feature of most OVC interventions is that they are predicated on the assumption that children are passive victims who need care and protection by adults. The findings of this study showed that contrary to traditional discourses on childhood, OVC are competent social actors who negotiate their survival in the murky world of adults, actively contribute to their communities, and need to be listened to more than has been the case in the past [35,36,32]. Because OVC demonstrate and exercise agency despite the obstacles they face, there is need for a paradigm shift in the way they are perceived and treated. In support of existing literature informed by the new Sociology of Childhood [34,23] this paper calls for an acknowledgement of the longstanding adult hegemonic approach and the need to open up political and social spaces for greater involvement of vulnerable children. Child agency needs to not only be valued but also openly celebrated and supported. The conceptualization and theorizing about childhood has a direct impact on policy and programming; therefore this paradigm shift would provide opportunities for more accommodative, robust, empowering and sustainable child-centred approaches. However it does not follow a linear path and will require a lot of work.

3. TOWARDS A NEW APPROACH: THE PHASED INTEGRATED COMMUNITY (PIC) MODEL

Existing services have considerably helped a number of OVC within Uganda [30,37,38]. However, most of these interventions are disjointed and guided by conceptualizations of childhood that generally marginalize children and entrench the adult status quo.

In light of the above, the author proposes a hybrid model that integrates all the above three useful models[3] into an intervention framework for care and child protection. Central to this framework is the recognition of OVC competences and contributions as well as the local resource base and its support. This framework has been named the Phased Integrated Community (PIC) model, which the author believes is a robust and sustainable approach to OVC interventions. The detailed PIC model will therefore incorporate all the components (and explanations) of the basic linkages shown in Fig. 1, which will be further developed to show more complex linkages. Fig. 5 (overleaf) shows these complex interactions which also mirror the complexity of the OVC experience.

The Phased Integrated Community (PIC) model has a three-fold rationale:

i. emerging gaps from this study's data on OVC experiences and needs
ii. gaps in existing approaches and interventions and
iii. the need to develop a theoretical framework for OVC care and protection

The PIC model in Fig. 5 moves from the basic linkages shown in Fig. 1 to highlight the complex interrelationships across the different models. The aim is to show that the experience of vulnerable children is multifaceted and not

[3] *These are the Ecological Systems model, Haddon Matrix and Child Competent Communities (CCC).*

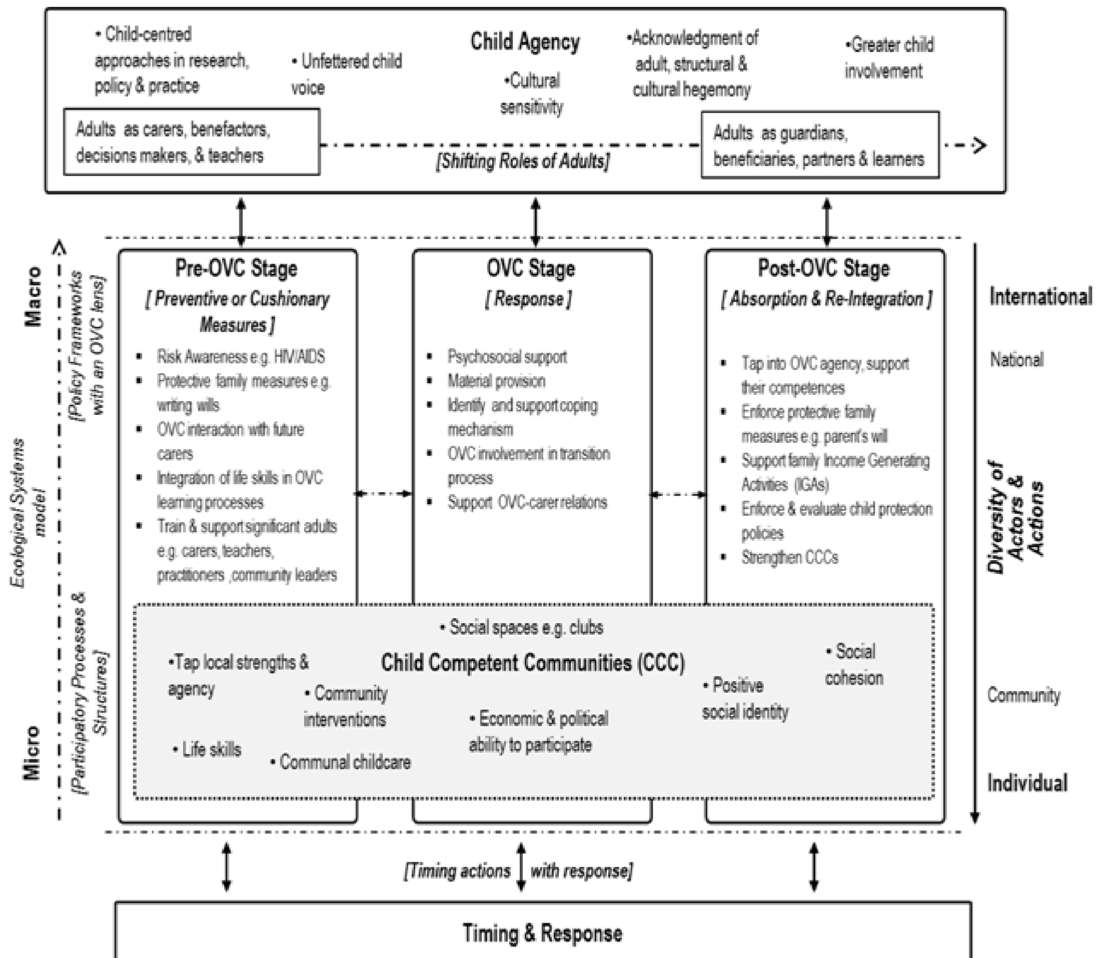


Fig. 5. The detailed Phased Integrated Community (PIC) model
Source: Drawn by author, based on ideas by [18,19,20,24,32,33]

simplistic or reductionist as has been largely portrayed or understood in research, policy and practice. The PIC model recognizes the effort by different actors within government, civil society and the local community in responding to the 'crisis,'[4] as it is largely perceived. However the model also highlights the inherent limitations that have served to undermine these generally well-intentioned, adult-led interventions. The PIC model is therefore a hybrid model integrating the best elements of proven theoretical frameworks to provide useful and pragmatic approaches to OVC support and care. Below is a narrative description of the model's constituents in detail to further develop the basic model presented earlier (Fig. 1) by showing its practical application.

3.1 PIC - Child Agency

Considering that it is the least-developed yet most critical element, the author proposes that the overarching approach of all interventions should be one that recognizes child agency. Some of this agency is more purported than actual because of inherent cultural and structural constraints within children's local contexts [39]. These barriers to child agency should be addressed; in particular, the prevailing adult, structural and cultural hegemony that marginalizes children and more so OVC needs to be acknowledged and reassessed. Removal of these barriers should generally mean that children's agency will be recognized and

[4] *A number of research, policy and practice documents refer to the increasing numbers of vulnerable children as an 'OVC crisis'. This could partly explain the ethos of existing interventions – a number of which appear rushed, not well thought out, and lacking a long-term, sustainable focus.*

promoted, their participation widely sought and their voices unfettered. This can be effectively achieved by adopting child - centred approaches in research, policy and practice. In line with the New Sociology of Childhood, child-centred methodologies aiming to promote child agency will need to be cognizant of the diversity of childhood in different contexts and also be culturally sensitive within these contexts.

The author is aware that the 'participation' of children does not necessarily lead to better outcomes or become as transformative as it purports. Drawing from similar debates on women's participation, it is assumed that involving women in decision-making structures would effectively remove gender discrimination. However it has been argued that this may not bring much of a difference in that subordinated women and women close to the ruling elites may be co-opted so that the structure appears gender sensitive when in reality it is not. Eade used the term 'genderisation', that is "tinkering in the margins of a text (or institution) that remain otherwise intact" [40]. She argued against "tagging 'and women' to the end of every paragraph in order to 'genderise' the preceding content". By this Eade meant the adding on or bringing in of a gender component in an organisation that is otherwise patriarchal, perhaps for the purpose of securing donations or being politically correct. The same could be said of many interventions for children, and in light of this a fundamental question is: how are children going to be involved in decision making? A value-based approach, part of Thomas and O'Kane's [41] four-fold typology of adult attitudes to children's involvement in decision making, recognizes the positive aspects of children's involvement on the basis that it is their right to be involved and that children's participation leads to better decisions and outcomes. Thomas and O'Kane classified adult approaches into four types: cynical, clinical, bureaucratic and value-based. The cynical approach has very little scope for children, as adults do not believe that children have something to offer. The clinical approach focuses on children's emotional capacity and vulnerability to distress. The bureaucratic approach focuses on meeting organizational and procedural requirements while the value-based approach respects children's right to be involved. It is the last and more positive form of child participation (value-based approach) that this study proposes if positive outcomes for vulnerable children are to be realized.

Child agency should not only be recognized but also deliberately developed and celebrated. It is worth noting however that recognition of child agency is just a starting point; it becomes meaningless if not followed by appropriate actions – particularly on the side of adults. In fact, recognition of children's agency necessitates a shifting role of adults as far as children's issues are concerned. The adult role will evolve from being that of carers, benefactors, sole decision makers and teachers to adults seeing themselves as guardians and partners working together with children to meet their needs, as recipients of children's care (for example in the case of sick or elderly carers) and more importantly as learners who acknowledge that they do not know everything about children but will learn as they effectively engage with them.

The recognition of child agency is a deeply political, cultural and ethical issue that could potentially shake the foundation of adult-led beliefs and practices. Its complexity cannot be overestimated and therefore its application should be approached not only with enthusiasm but also with the reflexivity and caution it requires.

3.2 PIC - Phased Interventions at Different Stages

The author already posited that the OVC phenomenon can be looked at as a sequential event with three phases and varying levels of vulnerability at each. This holistic perspective looks at not only the events that precede an OVC scenario but also what happens during and after in order to improve the resulting negative impact such as property grabbing or children having no one to look after them. The issue of timing and response is critical here; the most appropriate interventions should be needs-based, appropriate and relevant to the timing at which OVC are. Reflective interventions will ensure efficacy as opposed to interventions that are random or technically expedient for the adults planning or implementing them. Each of the three phases identified has specific characteristics and implications for OVC programming.

The first or pre-'OVC' phase is the process that precedes the incident. Underlying circumstances leading to the occurrence of an OVC situation include promiscuous behaviour of parents, exposure to unsafe working conditions, road traffic injuries, heavy drinking or sickness of

biological parents. Although this phase exacerbates the problem, there is the possibility that any of the preceding factors can be improved or managed to avoid children's vulnerability. Interventions at the pre-OVC stage can be both preventive and protective for those scenarios where prevention is no longer feasible, for example when a parent has HIV/AIDS. Examples of preventive measures include increasing risk awareness, for example of the dangers of HIV/AIDS, encouraging protective family measures such as parental investments for children and writing wills with clear indication of resource allocation and management in the case of parental death or incapacity. Other measures include encouraging OVC interaction with their future carers while their parents are still alive, integrating life skills in their learning processes, and training and supporting the significant adults. The possible measures that could be undertaken demonstrate linkages between the phased approach and Bronfenbrenner's ecological systems model that shows various actors at different levels. It also positions the child's well-being at the centre of interventions.

The second (OVC) phase may include the death, incapacitation or disappearance of children's primary caregivers. This shifts the position of children from potential to actual vulnerability and OVC households usually react with shock, anxiety or denial. Interventions at this stage include providing material and legal support or supporting OVC relationships with their new carers. This involves the children in the transition process as well as providing psychosocial support which is directly linked to and builds on identified coping mechanisms.

The post–OVC phase is the aftermath. The concern at this stage is with trying to absorb OVC and giving them some semblance of normalcy following the death or incapacity of their parents. The success of this phase largely depends on the robustness and capacity of the extended family or institutional support available and of great concern is the availability of resources[5] to respond to OVC in this phase. It touches on the preparedness and efficiency of communities to deal with an OVC scenario after it has occurred. Because children are most vulnerable at this stage, the interventions here should tap into children's agency, develop their competencies and support their aspirations.[6] It is at the post-OVC stage that the protective family measures undertaken at the pre-OVC stage, such as written wills, are enforced. In addition, the implementation of other protective systems and structures, such as child protection procedures, becomes critical to their positive transition, survival and ultimately well-being. The efficacy of interventions targeting OVC households (for example by providing them with income generating activities) and communities is largely unquestionable at this stage; therefore this paper now shifts focus to how communities can be supported and strengthened to support vulnerable children within the PIC model.

3.3 PIC - Child Competent Communities (CCC)

As argued earlier the community's role in care and support for OVC cannot be overestimated. The author has further posited that, because the community has generally lost its autonomy and cannot effectively engage or negotiate with outside actors providing OVC interventions, it is at the receiving end of decisions without its full participation. Some of these interventions have been detrimental or marginal for OVC within the local communities. Therefore in light of the challenges it faces, the local community needs support and empowerment to effectively carry out its duties towards vulnerable children. The argument of this chapter is that in order for OVC lived experiences to be enhanced, empowerment needs to take place at both the individual and community level. This is encompassed in the notion of community empowerment that looks beyond the community level and also shifts attention and resources to the individuals within that community.

Community empowerment has been defined as "a process by which individuals gain mastery or control over their own lives and democratic participation in the life of their community" [42]. This definition refers to both individuals and communities simultaneously and as such is aligned to this study's conceptual framework which links an individual to their context [43]. Chavis and Wandersman [44] have cautioned on the danger of giving the term empowerment an individual connotation as opposed to a holistic one that embraces contextual issues. A relevant study on linkages between crime and the community recommends that:

[5] Physical, material, psychosocial and other resources.

[6] This, however, does not eradicate the need for OVC or child agency to be recognised and utilised at the preceding stages.

> *Empowerment…should have a clear communitarian, or collectivist, orientation. This would have the conceptual benefit of distinguishing empowerment from self-efficacy and internal locus or control. It might also have the practical benefit of focusing interventions on collective action, which is likely to be more effective than individual action in solving collective problems* [45]

Community empowerment also builds on the notion of Child Competent Communities (CCC) which is an integral strand of the proposed PIC model and also aligned to this study's person-in-context framework. I have argued that local communities have generally been on the receiving end of interventions with marginal involvement especially in the early stages like needs assessment and program design. Community involvement has largely been at the implementation level, but even then communities do not have sufficient power to vet interventions. Orford [43] talks about the process of *autodiagnostico* - a key principle which underscores the importance of members making their own evaluation of their community and its problems and coming to their own understanding. This often means a methodological shift towards more participatory and qualitative methods, and sometimes a more radical deprofessionalising of research, policy and practice as well as the sharing of information and other skills with community members.

Empowerment and participation at the community level provides an ideal for understanding multi-level person-environment interactions and reciprocal influences over time [46]. It opens up political and technical spaces for communities to assess their needs and be involved in designing interventions that are most effective to address these needs. Community empowerment therefore enables a shift from personal mental spaces to political spaces [47]. It reconciles the psychic and the social, the private and the public, the person and his or her social context. Aligned to the person-in-context argument, the concept of community empowerment is also cognizant of the various stages, levels and actions of any intervention. This has been proven to work as Holland shows from her work with socially excluded women that sought to improve their mental health conditions. She notes that:

> *Prevention must be addressed to both the internalized social structures of the human psyche and the external social structures of society and state…such a model should include both psychotherapeutic intervention at the psychic level, and political action at the structural level* [47]

Empowering individuals and their communities leads to a radical structuralist position which enables social action that is critical to altering conditions that make them vulnerable to life's adversities. By doing this Child Competent Communities can tap into local strengths to bolster the long standing cherished practice of community intervention in childcare. In this case, not only are the vulnerable children empowered, but also community awareness and competency regarding care and support for OVC is enhanced by building on best practices locally and elsewhere. OVC are then able to build on their lived experiences to develop positive social identities as active social agents and contributors within their communities. Within the context of Child Competent Communities, OVC will also have social spaces, for example clubs where they can open up and receive and demonstrate solidarity with others like them. Ultimately social cohesion will be promoted, which, together with appropriate support from the outside, will enable communities to withstand challenges.

3.4 Ecological Framework

From the PIC model in Fig. 5 it is clear that a diversity of responses and approaches is required at different levels. The model also points to the diverse stakeholders involved in OVC care, including OVC themselves, their carers, community, nation and even the international community. These actors and responses are tiered, use varied approaches, and have access to different resources. There is need to recognize and, where possible, harmonize these responses or interventions in order to avoid duplication and also ensure that they correspond with the needs of CHRC at that level.

4. PAPER SUMMARY

This paper has used the evidence base to develop a theoretical framework for policy, research and practice in care and support of vulnerable children. It highlighted existing constraints to OVC care and showed that the approaches of some interventions from the outside further exacerbate community vulnerability. The author has argued that the vulnerability of OVC is, in fact, a reflection of the communities of which they are part.

This paper proposed the Phased Integrated Community (PIC) model, a hybrid framework integrating critically relevant aspects of three existing frameworks to provide solutions for OVC care and support. The PIC model critiques the inherent limitations of the three frameworks and adapts their unique strengths. The model highlights that the notion of child agency is under-developed in most OVC interventions, arguing that this could partly explain their marginal impact. The model then makes a case for incorporating child agency in childcare and child protection. From showing basic linkages across the different frameworks (Fig. 1) I further developed the PIC model to show more complex linkages (Fig. 5).

The PIC model serves a dual purpose. Most importantly, it offers a theoretical framework for understanding the care and support of OVC. Secondly, the model also provides pragmatic recommendations that have far-reaching implications for policy, practice and research in the care and protection of vulnerable children.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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