Key Drivers Contributing to Child-Parents Separation and Placement in Alternative Care

Research Findings from an Eight County Study: Denmark, El Salvador, Cote d'Ivoire, Indonesia, Kenya, Kyrgyzstan, Lebanon, and Uruguay

February 2024

Key Drivers Contributing to Child-Parent Separation and Placement in Alternative Care

Principle Author and International Lead Researcher: Dr Chrissie Gale

International Researchers: Dr Paola Maria Navarrete Galvez and Dr Ian Milligan.

National researchers and contributing authors: Ms Mehrigiul Ablezova, Mr N'Dri Kan David, Dr Charlotte Bredahl Jacobsen, Dr Andhita Nurul Khasanah, Dr Cecilie Kolonda Moesby-Jensen, Dr Roseline Olumbe, Dr Joumana Stephan Yeretzian, and Dr Philemon Yugi.

National Research Assistants and Research Students: Ms Augusto Bortagaray, Ms Pilar Abi-Saab Castagnet, Ms Xiomara Guadalupe Portal Cornejo, Ms Cecilia Cracco, Ms Bermet Derbishova, Ms Julia Bou Dib, Ms Madoman Malika Ophelia Diomande, Ms Samantha Nicole Rivera Donis, Ms Melanie Gandelman, Ms Adzkia Nida Gandia, Ms Aigerim Batyrbek Kyzy, Ms Mercy Mwanzana, Ms Carmen Andrea Carlos Pacheco, Ms Ranim Sahily, and Ms Kresta Munkholt Sørensen.

Suggested referencing: Gale, C., Milligan, I., Navarrette Galvez, P.M., Ablezova, M. David, K., Bredahl Jacobsen, C., Khasanah, A.N. C.M., Olumbe, R., Yeretzian, J.S. & Yugi, F. (2024) Key Drivers Contributing to Child-Parents Separation and Placement in Alternative Care - Research Findings from an Eight County Study: Denmark, El Salvador, Cote d'Ivoire, Indonesia, Kenya, Kyrgyzstan, Lebanon and Uruguay. SOS Children's Villages International.

Contents

List of Tables

List of Figures

Acknowledgements

Definitions

Abandonment	A situation in which children are anonymously left in a 'public' place by persons unknown e.g., a child is left on the steps of a mosque or in front of a hospital. or on the street.
Adoption	A child who is officially placed in the legal custody of the person adopting them 'pursuant to a final adoption order, as of which moment, for the purposes of the UN Guidelines for the Alternative Care of Children, the child is considered to be in parental care'.[1]
Alternative care	Care provided for children who are not living with parents. According to the UN Guidelines, this is care that is formally arranged including foster care, kinship care and placement in small scale residential settings or, informal care. All care in residential institutions even if not formally arranged, is alternative care.
Care Leavers	Children and young people who have left alternative care
Child	A child is any person under the age of 18 years unless the law of a particular country sets the legal age for adulthood younger, as provided for under Article 1 of the United Nations Convention on the Child. [2]
Children without parental care	For the purposes of this report, this is children not in the care of both parents. The UN Guidelines for the Alternative Care of Children note this to be 'All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.'[3]
Family based alternative care	Refers to care arrangement whereby a child is placed in the domestic environment of a family, as opposed to institutional or residential care.[4]
Formal care	'All care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not the result of administrative or judicial measures'.[5]
Foster care	'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved, and supervised for providing such care.'[6] This also applies to a formally arranged placement with family members i.e. formal kinship foster care..
Gatekeeping	A process by which the situation of a child is carefully assessed and decisions made about protection and care that is in their best interests. This requires adherence to the 'necessity' principle; no child should be separated from parental care and placed in alternative care unless necessary for their protection. Children should be placed in the most suitable alternative care, which should not include residential institutions, that meets their needs. This is a temporary measure and all efforts made to reunite a child with their parents, or other primary caregiver, as quickly as possible.
Informal care	Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends also known as informal kinship care, or by others in their individual capacity. The arrangement is at the initiative of the child, his/her parents, or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.[7]
Institutional care	'Large residential care facilities,'[8] where children are looked after in any public or private facility, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements, with a large capacity.[9]
Kafala	A means of providing care for children as recognised under Islamic law and in Article 20 of the Convention on the Rights of the Child and in the UN Guidelines for the Alternative Care of Children. This may include providing financial and material support to a child in parental or alternative care, or may be an arrangement closer to adoption or fostering where a child is taken to live with another family[10]

---

1 United Nations General Assembly 2009
2 based on Article 1 of the UN Convention on the Rights of the Child 1989
3 United Nations General Assembly 2009
4 European Expert Group on the Transition from Institutional to Community-based Care 2012
5 United Nations General Assembly 2009
6 ibid.
7 ibid.
8 ibid.
9 NGO Working Group on Children Without Parental Care 2013
10 Cantwell and Jacomy-Vite 2011

Kinship care	'Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.'[11] Informal kinship care is 'any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends … at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.'[12] Formal kinship care is care in the same settings ordered by an administrative or judicial authority or duly accredited body.[13]
Orphan	For purposes of this report the term orphan refers to a child whose both parents have died
Other primary caregiver	Legal or customary primary caregiver of a child who is not their parent.
Reintegration	The process of a separated child making the transition back into his or her family[14]
Relinquishment	A process by which a parent/s or others with or without parental authority decide not to raise a child and hand them over to another 'carer' e.g., a child voluntarily taken to a residential facility. Relinquishment unlike abandonment is when the identity of the mother or father, or other caregivers are known.
Residential care	'Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.'[15] A distinction is often made between residential institutions (described above) and small group homes. Small group homes are settings in which children cared for in small groups, usually of up to four to six children at most'[16], with consistent caregivers responsible for their care, in a community setting. This form of care is different from foster care in that it takes place outside of the natural 'domestic environment' of the family, usually in facilities that have been especially designed and/or designated for the care of groups of children. [17]
Separated children	Children who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.[18]
Small residential care settings	A 'public or private, registered, non-family-based arrangement, providing temporary care to a group of 4 to 6 children, staffed by highly trained, salaried carers, applying a key-worker system, with a high caregiver-to-child ratio that allows for individualized attention for each child, based on the professionally developed case plan, which takes into account the voice of the child.'[19]
Street connected children	Children living and/or working on the streets
Violence against children	For this report the term 'violence against children' will be used to denote all forms of abuse and exploitation including and physical, sexual, and emotional abuse, serious neglect and deprivation.[20] Please also see the International Classification of Violence against Children.[21]
Young person	There is no legal or internationally agreed definition of 'young person'. The United Nations for statistical purposes, has defined 'youth', as persons between the ages of 15 and 24 years.[22] In some countries, a young person is someone up to the age of 34 years (as for example, Cote d'Ivoire). For the purposes of this report a young person is defined as persons aged 18 to 25 years.

---

[11] United Nations General Assembly 2009

[12] ibid. Article 29b.i.

[13] ibid.

[14] Inter-agency group on Children's Reintegration 2016

[15] ibid. Article III, 29c. iv.

[16] UNICEF 2020a

[17] Koenderink 2019; United Nations General Assembly 2019

[18] United Nations Committee on the Rights of the Child 2005

[19] UNICEF 2020a

[20] Please see: https://data.unicef.org/topic/child-protection/violence/

[21]2121 Please see: https://data.unicef.org/resources/international-classification-of-violence-against-children/

[22] United Nations Secretary General 1981

1. Background to the study of drivers of child-parents separation and placement in alternative care

Clearly enshrined in the United Nations Convention on the Rights of the Child (UNCRC) is the right of a child, 'for the full and harmonious development of his or her personality', to 'grow up in a family environment, in an atmosphere of happiness, love and understanding.'[23] This is further endorsed in the 2019 UNGA Resolution, Promotion and Protection of the Rights of Children[24] and the UN Guidelines for the Alternative Care of Children (UN Guidelines)[25]. In relation to alternative care, the handbook written to accompany the UN Guidelines, 'Moving Forward',[26] refers to the important principles of 'necessity' and 'suitability'. These principles recognise the primacy of preventing separation, and removal of a child from the care of their parents. A further important premise is no actions should deprive a child of parental care unless it has been rigorously assessed as a necessary safeguarding measure. All decisions and actions must always be in a child's best interest. The UN Guidelines echo the UNCRC in highlighting the importance of efforts being primarily 'directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.'[27] To this end, the 'State should ensure that families have access to forms of support in the caregiving role.'[28]

Over recent years, researchers have made efforts to gather information about children living in 'vulnerable'[29] situations and risk of separation from parental care, as well as on the efficacy of family strengthening.[30] However, these studies often highlight a lack of information, due in part, to inadequate national child protection data management systems that fail to gather information on the reasons why children are in alternative care, or at risk of being so.[31] As a result, there are perceived gaps in evidence that would help inform the development of effective universal and specialist programmes and services to address the underlying drivers of child-parents separation.

Studies have also examined the detrimental impact of adverse experiences in childhood, including separation of a child from parents, and extended family, as well as the impact of placement in alternative care.[32] Such studies illustrate the way these events can have harmful life-long consequences. It is the findings of these studies that highlight the need for urgent action to prevent all unnecessary placement of children in alternative care.

Despite efforts to develop national child protection systems that encompass the principles of 'gatekeeping'[33] and prevention of child-parents separation, children across the world continue to lose parental care. Furthermore, studies suggest many children experience separation from their parents that could have been prevented.[34] Drivers of separation are thought to be complex and varied with studies placing emphasis on differing antecedents.[35] To develop effective and relevant strategies and programmes of service delivery that help prevent the placement of children in alternative care in different parts of the world, it is essential to gain a

---

[23] United Nations General Assembly 1989
[24] United National General Assembly 2019
[25] United Nations General Assembly 2009
[26] Cantwell et al. 2012
[27] ibid.
[28] ibid.
[29] Nankervis et al. 2011
[30] Delap and Reale 2013; EveryChild 2009; Laumann 2015; Lodder et al. 2021; Namey & Brown 2018; Ortea et al. 2022; Wilke et al. 2022
[31] Martin & Zulaika 2016; Petrowski et al. 2017; Willi et al. 2020
[32] Bruskas & Tessin 2013; De Swart et al. 2012; Gale 2018; Howard et al. 2023; Simkiss 2019; Stein 2005; Stein 2012
[33] Casky, and Gale 2015
[34] Chaitkin et al. 2017
[35] Bryson et al. 2017; Family for Every Child 2014; Laumann 2015

much clearer understanding of those drivers contributing to child-parents separation in differing contexts. And it is particularly important to collate such evidence by listening to the views of children, young people, and adult family members.

This study has been prompted therefore, by a recognition that 'more research is needed to understand the effective approaches to antecedents to placement'[36] in alternative care. This is coupled with an understanding that the most detailed information that currently exists, overwhelmingly originates in high income countries and therefore, a need to gather further primary evidence of risk factors as relevant to different countries, contexts, and socio-ecological systems.[37] It is with this understanding, that our research was undertaken in El Salvador, Denmark, Cote d'Ivoire, Indonesia, Kenya, Kyrgyzstan, Lebanon and Uruguay.

2. Aim and Scope of the Study

The primary aim of the research was to address gaps in evidence relating to the key drivers that contribute to the separation of children from their parents and placement in alternative care.

To collate this evidence, the following questions were considered:
*   What are the key challenges facing families that create conditions in which child-parents separation and placement in alternative care is more likely to occur?
*   Who are the children already in alternative care?
*   What are some of the gaps in multi-level and multi-sectoral approaches and service delivery that could help prevent child-parents separation?
*   What are the ideas of children, young people, family members, and other key stakeholders, about the current support to families and how it could be improved?

Alternative care is recognised in the UN Guidelines as both informal and formal care.[38] The difference being the former is a private arrangement that has not been ordered by an administrative or judicial authority or other accredited body. Traditionally, alternative care includes a variety of settings including kinship care, foster care, other forms of family-based placements, as well as residential care, either in a small group setting or in large institutions, and supervised independent living arrangements.

We realise that around the world, interchangeable definitions are being used in relation to children in alternative care. Some of the literature refers to separation of a child from parents, or another primary caregiver, or legal guardian. Some refers to the process of separating children from their parents as 'child-family' separation. Indeed references to separation from parents and from family are both used in the UNCRC. Furthermore, it is acknowledged that the cultural construct and concept of 'family' can denote different household arrangements including the social norm that different members of the extended family are considered a child's primary caregiver. As Kendrick highlighted, over 'recent years, there have been significant developments in sociological and anthropological thinking in terms of the nature of family and intimate relationships'[39] with growing acceptance of differing concepts of what form a 'family' takes in different geographical and cultural contexts.

---

[36] Wilke et al. 2022
[37] Gale 2018; Martin & Zulaika 2016; Petrowski et al. 2017
[38] United Nations General Assembly 2009
[39] Kendrick 2012

However, the UN Guidelines however, clearly define children in alternative care as those being no longer in the care of a parent/s.[40] In this regard, Article 9 of the UNCRC also notes how 'States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine…that such separation is necessary for the best interests of the child'.[41] In addition, Article 3 of the UN Guidelines require efforts to be primarily directed toward 'enabling the child to remain in or return to the care of his/her parents'. Article 32 of the UN Guidelines clearly states how 'preventing the need for alternative care' should first and foremost be through 'promoting parental care'. This includes policies to 'promote the right to have a relationship with both parents', and to, 'strengthen parents' ability to care for their children' (Article 33). Most importantly, we are aware of research that reflects the voices of children and their clearly articulated wish to remain with, or to return to, their 'parents'.[42]

Taking the differing guidance and terminology into consideration, it was decided to use the term 'child-parents separation' in this report in reference to situations where children lose parental care e.g. when being separated from both parents, and placed in alternative care.

While discourse on the prevention of placing children in alternative care has been explored in previous research and reports,[43] our preliminary desk review found very little evidence that this topic had been directly informed by the voices and perspectives of children, young people, parents, and other primary caregivers themselves. Neither has the available research sufficiently provided for these voices to be jointly heard from different countries and contexts across the world. It was considered important therefore, that the scope of this study included efforts to address these gaps by collating information from different stakeholders across diverse socio-economic locations, and most especially, from children and young people. To this end, participatory research methodology has allowed for the participation of children, young people, and adult family members living in different socio-political and cultural environments in a further six low, medium and high income countries. Gathering the knowledge of professionals from a range of government and non-governmental agencies holding a responsibility to protect and support children and families in these countries has also been an important contribution to the collation of evidence.

The research was not intended to comment on the situation of children whilst in alternative care. Nor was it expected to provide an evaluation of the services provided by SOS Children's Villages or other specific organisations in each country. We also recognise that there may be some topics that have not been incorporated, or examined to a great degree, in our study. For example, the research did not include the situation of migrant, and refugee unaccompanied and separated children, or children who are trafficked. We do recognise their plight however and draw attention to some of the existing documentation on the reasons children affected by migration become separated from parental care.[44] Neither was the topic of climate change and how this is now impacting children and families a specific consideration. Furthermore, although important, as the focus of our study has been prevention of separation, issues related to reintegration and adoption are not incorporated, nor the situation of children deprived of liberty through placement in detention.

---

[40] The UN Guidelines define children without parental care are all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances

[41] United Nations General Assembly 1989

[42] SOS Children's Villages 2020

[43] Casky & Gale. 2015; Family for Every Child 2014

[44] International Organization for Migration 2013; International Organization for Migration 2015; International Social Services 2017; Marcus et al. 2020

3. Participating countries

It was felt important that the research reflected the situation of children in different countries and contexts around the world. To this end, research criteria included consideration of such factors as countries from across the five regions of the world representing land mass and populations of different sizes, cultures, religions and incorporation of low, middle and high-income settings. Based on this criteria, SOS Children's Villages international, working closely with the International Lead Researcher, reached out to SOS country offices to invite their participation. As a result a total of ten countries expressed their willingness to participate in the research programme: Denmark, Cote d'Ivoire, El Salvador, Estonia, Indonesia, Kenya, Kyrgyzstan, Lebanon, Morocco, and Uruguay. Unfortunately due to circumstances beyond our control, Morocco and Estonia were unable to participate during 2023 and therefore, are not included in this report. It is hoped to add findings from research in these two countries during 2024/25.

4. Engagement of academic partners

An important component of the research has been the engagement in partnerships with academic institutions in the eight countries in which the research was conducted. These partnerships were instigated with a number of objectives. The first being the creation of a caring, safe and trusting environment during the research[45] with children and young people which it was believed, would be better achieved if the research workshops with young participants were facilitated by a national rather than an international researcher. This helped with easier flow and communication between researchers and participants thus avoiding disjointed discourse that may have occurred if executed through a translator. It also removed any distrust or suspicion that being asked questions by a 'foreigner' might incur. Furthermore, it meant the person directly interfacing with research workshop participants had a much more informed understanding of the cultural and other influencing aspects of the environment children and adult family members came from. Care was taken to ensure national researchers not only had professional research skills but also the right aptitude and understanding to facilitate the workshops in a caring and careful manner. In all countries, the national researcher was assisted by research assistants and/or research students.

A second aim was the gaining of ethical clearance to proceed with the research. Therefore, the Lead International Researcher worked with national researchers to submit an ethics application through their respective universities. Full ethical approval was awarded by all participating universities. A third aim was the formation of partnerships between the national SOS Children's Villages office and a national academic institution in each country that would allow for future joint work.

A further element of these national partnerships allowed for the sharing of knowledge and ideas on research methodology and, in some countries, additional capacity building of researchers and research assistants in participatory research methodology with children and young people.

As seen in Table 1, these vital partnerships with academic institutions and national researchers included:

---

[45] Welty and Lundy 2013

Table 1. Academic partnerships and researchers

Country	National Academic Institution	National Researcher	Assisted by
Denmark	Københavns Professionshøjskole Center for Socialt Arbejde, Professionshøjskolen Absalon	Dr Charlotte Bredahl Jacobsen Dr Cecilie Kolonda Moesby-Jensen	Associate Professor, Kresta Munkholt Sørensen
Cote d'Ivoire	International University of Grand Bassam	N'Dri Kan David	Ms Madoman Malika Ophelia Diomande
El Salvador	Universidad de Tecnoliga de El Salvador	Dr Paola Maria Navarrete Galvez	Ms Carmen Andrea Carlos Pacheco Ms Samantha Nicole Rivera Donis Ms Xiomara Guadalupe Portal Cornejo
Indonesia	Universitas Islam Bandung	Dr Andhita Nurul Khasanah	Ms Adzkia Nida Gandia
Kenya	Day Star University	Dr Roseline Olumbe Dr Philemon Yugi	Ms Mercy Mwanzana
Kyrgyzstan	American University of Central Asia, Kyrgyzstan	Ms Mehrigiul Ablezova	Ms Aigerim Batyrbek Kyzy Ms Bermet Derbishova.
Lebanon	Université Saint-Joseph de Beyrouth	Dr Joumana Stephan Yeretzian	Ms Julia Bou Dib Ms Ranim Sahily
Uruguay	Universidad Católica del Uruguay	Dr Paola Maria Navarrete Galvez (international Researcher) Ms Pilar Abi-Saab Castagnet	Ms Melanie Gandelman Ms Augusto Bortagaray Professor Cecilia Cracco

In addition, the role of International Researcher was undertaken by Dr Ian Milligan in Kyrgyzstan and Dr Paola Maria Navarrete Galvez in Urugay.

It is with much gratitude and thanks to all the researchers who contributed to the success of the research and the findings of this report.

5. The research framework

5.1. Research framework

The research framework was informed by international child rights conventions and most especially the UNCRC and the 2019 United Nations General Assembly Resolution: 'Promotion and the protection of the rights of children' (A/RES/74/133).[46] Every child in the world has rights. These rights, including those of protection and participation, are universal and indivisible. The role of States Parties in upholding and realising the rights of children has also been taken into account when developing this research including the responsibility to 'develop and implement comprehensive child welfare and protection policies within the framework of their overall social and human development policy'.[47]

The research framework has also been informed by socio-ecological models such as that of Bronfenbrenner.[48] An adaptation of his model can be seen in Figure 1. This considers the impact of inter-relating factors affecting children and families at an individual interpersonal level (microsystem), structural level, including family and community level, (meso and exo systems), and institutional level (macrosystem). We have added an additional consideration to our research which is the influence of international normative frameworks and other global influences within the macrosystem.

---

[46] Please see: https://digitallibrary.un.org/record/3837858?ln=en
[47] United Nations General Assembly 2009
[48] Bronfenbrenner 1977 See also: Bronfenbrenner 1986; Bronfenbrenner 1994

Figure 1. A graphic illustration of Bronfenbrenner's socio-ecological systems theory
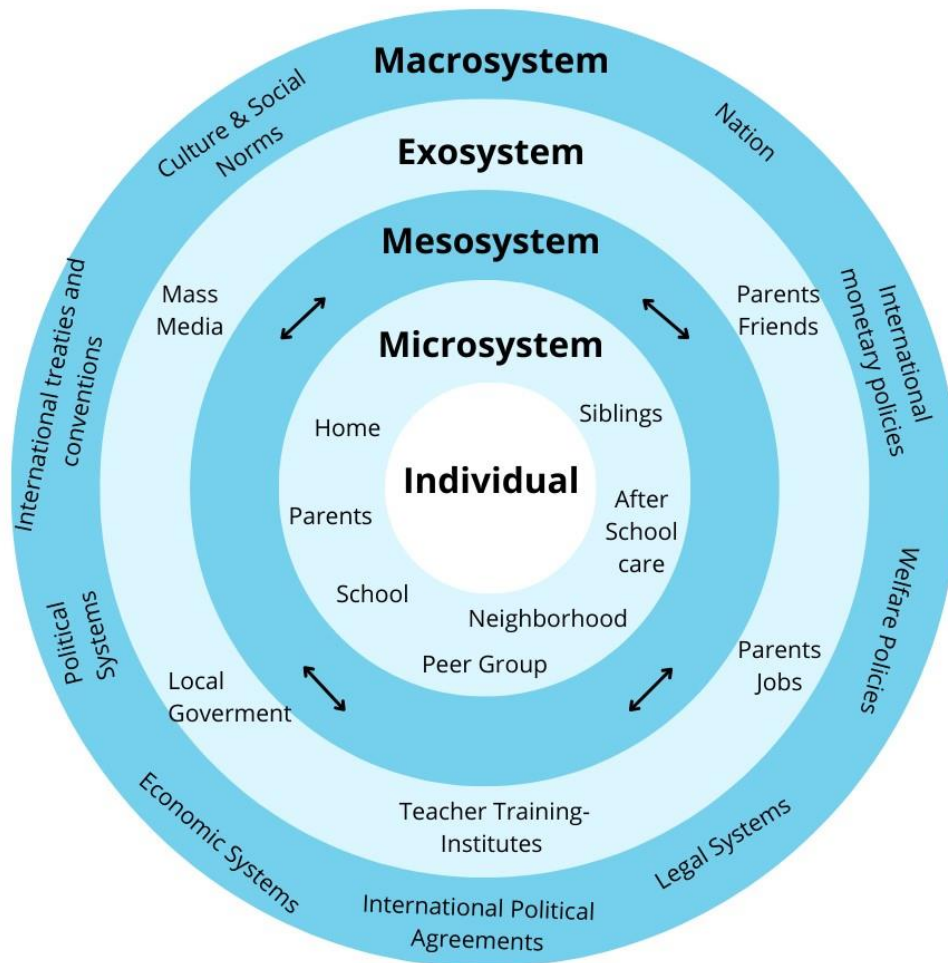
Based on this model, research questions used with respondents remained broad in order to extract information about the range of factors positively and negatively influencing and impacting family life.

The research framework also considered the functioning of different components of the national child protection system (Figure 2). Such system should include a suitable normative framework and programmes informed by rigorous data collection and analysis, as well as structures for the delivery of child protection services and those that help mitigate and respond to the multi-sectoral factors placing children at risk and families in difficulty. It requires efforts to ensure public awareness of child rights and child protection as well as a well-resourced and skilled work force and coordinated, inter-sectoral partnership working between the State, families, communities, NGOs, and the private sector. Utilising such examination of national child protection systems, we also adopted a research focus that sought evidence and understanding of how 'gatekeeping'[49] works in a country.

---

[49] Csaky and Gale 2015

Figure 2. Components of a national child protection system
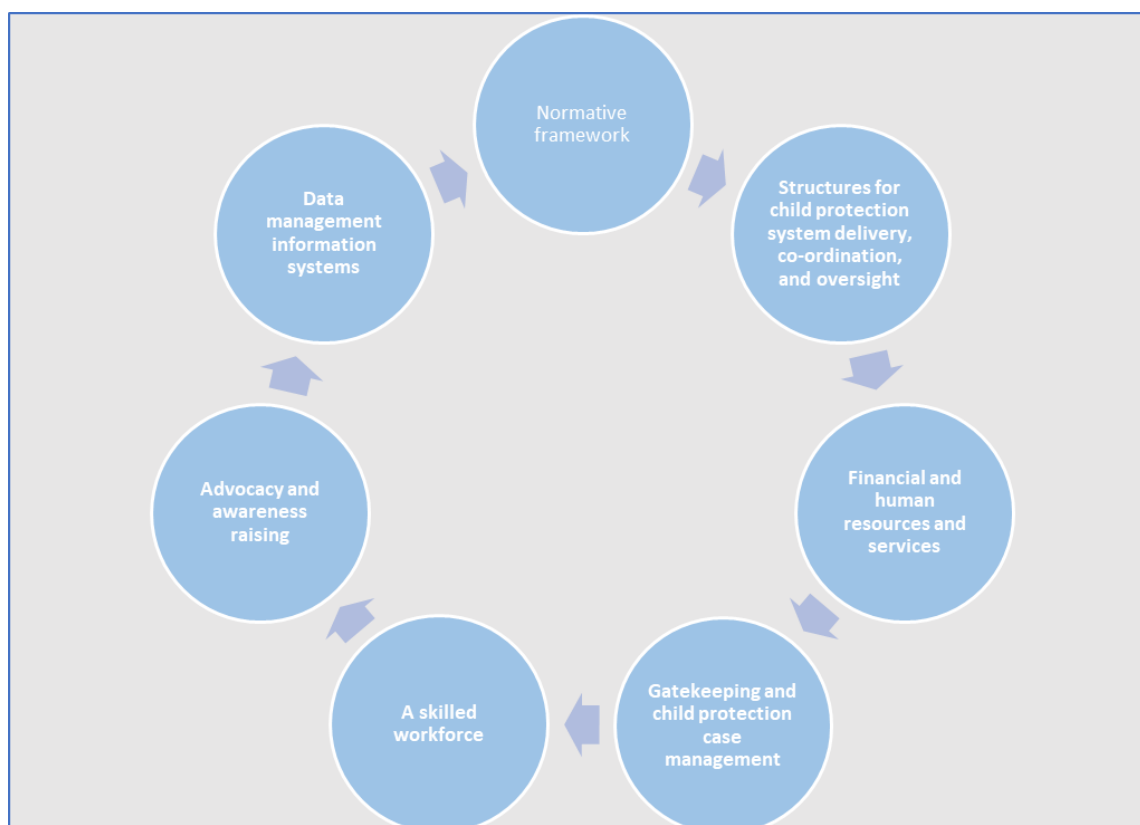
6. Research methodology

Great importance has been placed on the development and use of participatory research methodology to highlight the voices of children, young people and adult family members. Methods were also used that sought the views and understanding of professionals. All findings have been correlated with information drawn from relevant literature. It was also important to develop and utilise research methodology that would be applicable for use across different socio-political, economic and cultural settings. The following methods were used to gather qualitative and quantitative data:

▪ **Desk review**
Desk reviews were conducted by means of a systematic exploration of academic and other web-based databases and search engines[50] as well as hand sought reports and other materials. Country specific desk reviews provided information on the socio-economic, political and cultural environment, the functioning of the national child protection system, and studies related to the use of alternative care. Further information was sought on topics that included participatory research methodology, prevention of family separation, gatekeeping, and family strengthening.

▪ **Participatory research workshops.**
In recognition of the importance of children's right to participate in decisions affecting their lives, and understanding that children are 'competent social actors'[51] who should be 'actively involved in shaping their

---

[50] Including Science Direct, Wiley online, Taylor & Francis online, Springerlink, JSTOR and Sage Journals, UNICEF, the Better Care Network and other agency websites, Google, and Google Scholar search engines.
[51] Gilchrist et al. 2013:577. See also Davidson 2017

own social worlds',[52] steps were taken to achieve as high a degree of participation as possible during the research.[53] To this end, in order to highlight their voices, and seek their knowledge and ideas, children and young people, were not only invited to join qualitative participatory research workshops, but efforts were made to engage them in the design of the research questions and qualitative participatory methodology. This included a series of co-design workshops with a group of children and care-experienced young people in both EL Salvador and Lebanon. The resultant research questions for children and young people were:

Question 1: What makes children/young people in this family happy when they are at home?
Question 2: What makes children/young in this family worried or unhappy when they are at home?
Question 3: What makes the adults in the family feel happy, strong and united when they are at home?
Question 4: What makes the adults in the family feel worried or unhappy when they are at home?
Question 5: What is needed to help families be happy, strong and united

The questions and methods developed in the co-design workshops were then piloted in El Salvador and Lebanon. The results informed the development of qualitative research participatory workshops with children and young people implemented in all eight countries. The questions also informed those utilised with adult family member research workshops. These questions were aimed at understanding stressors within the household as well as what would counter such stressors i.e. what is needed to make children, young people and adult family members happy.

Research workshops with children and young people with special needs and disabilities were undertaken in Denmark, Lebanon, Kyrgyzstan and Indonesia. An adaptation of the version of the workshop methodology for children was initially used with children with special needs and disabilities in Lebanon and Kyrgyzstan. Working with an expert researcher, Dr Cecilie Kolonda Moesby-Jensen in Denmark, this experience was built upon and further participatory research methods for workshops for children with special needs and disabilities were designed and then implemented in Denmark and Indonesia. The overall methodological approach to the research with children with special needs and disabilities was one that would ensure predictability, structure and clarity so that participation was accessible, pleasant, flexible, and not stressful. In the preparation phase with Educators and teachers, and during the workshops, activities and sharing of information was structured around nine guiding questions that would create clarity and meaning for the children as to what would happen, why and how. This included making the following information explicit for the children about what (the content of the workshop), why (reason), how (method), where (location), when (timing), how long (duration), how much (quantity), with whom (people), from whom you can get support from (person), and what you will do next.[54] This information was created pictorially, placed on the wall at the start of each workshop, and discussed. Gathering of data was achieved utilising visually creative elements to engage the children and encourage and support active participation.[55]

We believe the use of creative visual materials was effective in capturing the children's perspectives and contributed to giving a voice to children with special needs who, along with children with other forms of disability, are often excluded from participation in research.[56] This study recognises that children with special needs and disabilities have valid and relevant perspectives on matters that concern their family life.

---

[52] Gilchrist et al. 2013:577
[53] Arnstein 1959; Blanco et al.2022; Bradbury-Jones and Taylor 2015; Bromark et al. 2023; Chevalier and Buckles 2019; Cossar et al. 2014; Cuevas-Parra and Tisdall 2019; Fouché and Light 2011; Garcia-Quiroga and Salvo Agoglia 2020; Grant 2017; Helm 2013; Holland et al. 2008; Jamieson et al. 2021; Lake and Wendland 2018; Lundy et al. 2011; Sabo 2000; Shamji 2007; Stuart et al. 2021
[54] Please see: https://adhd.dk/wp-content/uploads/2022/09/artikel-De-9-magiske-her.pdf
[55] Fayette and Bond 2018; Moesby-Jensen 2019:, Moesby-Jensen 2021
[56] Shakespeare, 2015

What is also very important to note is, upon analysis of the results of these workshops, no overall differentiation in the information provided by children and young people with special needs and disabilities and other groups of children was found. To this end, we have chosen not to separate their answers but to incorporate them into the overall information collated during the research with children and young people.

Table 2 provides details of the 517 children and young people who participated in the research workshops This included children aged 13-15 years old who are living with their own families in vulnerable circumstances[57]. Young people who have left alternative care (with ages ranging from 17 to 25 years old depending on the usual age of leaving care in each country) also participated.

Table 2. Children and young people who participated in research workshops

Country	Children aged 13 - 15 years old	Young People
Denmark	14 (10 girls and 3 boys and 1 non-gendered)	0
Cote d'Ivoire	49 (26 girls and 23 boys)	36 (20 girls and 16 boys)
El Salvador	19 (11 girls and boys)	36 (20 girls and 16 boys)
Indonesia	35 (15 girls and 20 boys)	40 (21 girls and 19 boys)
Kenya	49 (26 girls and 23 boys)	37 (21 girls and 16 boys)
Kyrgyzstan	55 (31 girls and 24 boys)	38 (19 girls and 19 boys)
Lebanon	45 (21 girls and 24 boys)	40 (15 girls and 25 boys)
Uruguay	0	24 (16 girls and 8 boys)
TOTAL	**266**	**251**

It was also important to elevate the voices and ideas of adult family members. To this end, 290 adult family members (overwhelmingly female) living in vulnerable circumstances were also participated in research workshops (Table 3). The research questions used with adult family members were:

- Question 1: What makes families feel happy, strong and united when they are at home?
- Question 2: What makes families feel worried or unhappy when they are at home?
- Question 4. What is needed to help families remain happy, strong and united?

Table 3. Adult family workshops

Country	Number of participants
Denmark	15 (15 female and 0 male)
Cote d'Ivoire	48 (41 female and 7 male)
El Salvador	34 (22 female and 12 male)
Indonesia	42 (41 female and 1 male)
Kenya	48 (41 female and 7 male)
Kyrgyzstan	31 (28 female and 3 male)
Lebanon	36 (32 female and 4 male)
Uruguay	36 (34 female and 2 male)
TOTAL	**290**

▪ **Semi-structured interviews.**
Through a process of purposive sampling, between 12 and 14 semi-structured interviews were conducted in each country with professionals working in child protection, family strengthening and provision of alternative care. A total of 95 interviews were completed across the 8 participating countries.

---

[57] For the purposes of the research, a definition of 'vulnerable' was extracted from: Bauer & Wiezorek (2016) Vulnerable Families: Reflections on a Difficult Category. *Center for Educational Policy Studies Journal*, Vol 4, pp.11-28.

- **Online survey**

An online survey for professionals working to support, care and protect children was designed utilising the Qualtrics[58] data software programme. The questions were designed to elicit information as to why children are being separated from their family and placed in alternative care, different types of services and support available to families, and the degree to which they are available. The results of the surveys have not been reported in detail in this report but have informed the overall findings and conclusions. A total of 231 responses were recorded after cleaning of the data (Table 4). No surveys were completed in El Salvador.

Table 4 Online survey respondents by country

Country	Percentage of all respondents	Number of respondents
Cote d'Ivoire	22%	50
Denmark	13%	29
Indonesia	12%	28
Kenya	10%	22
Kyrgyzstan	25%	58
Lebanon	9%	21
Uruguay	10%	23
TOTAL	**100%**	**231**

6.3. Limitations of the research

Limitations include the time available to researchers to conduct field work in part due to available budgets. With particular reference to the process of co-designing research questions and methods with children and young people, it is recognised that additional time would have allowed for an even greater degree of participation in the very initial research conceptualisation and methodology design.

We were unable to engage the full number of children, young people and adult family member participants in some countries and we are also aware that in very large countries such as Indonesia, we were unable to represent the situation of the many varied cultural, ethnic and religious factors that impact various populations across the archipelago. It proved very difficult to engage the participation of children, young people and adult family members in Denmark which we recognise, has resulted in a very small participant sample size in this country. In Urugay it was not possible to obtain ethical permission from national authorities to work with children. Our research was limited to two locations in each country which may not have fully reflected the situation throughout. This includes information analysed in relation to national ethnicities or other specific socio-cultural influences is absent in the research findings.

Specifically designed workshops for children and young people with special needs and disabilities were only achieved with small numbers of participants in Denmark, Kyrgyzstan, Indonesia and Lebanon. There was also an uneven response to our online survey in terms of numbers across countries and although distributed, no survey was completed in El Salvador.

A focus was placed on creative activities and writing exercises to gather information rather than discussion groups. Engagement in discussions was therefore, only a very small element of the research. It is recognised this may have limited the opportunity to seek clarification and/or conduct a deeper exploration of the issues raised. Furthermore, research workshops utilised group work methodology that obscured individual voices whilst providing collaborative answers. As a result the data does not allow for the capturing of individual participant's responses. In addition, as almost all research workshops, groups of children and young people

---

[58] Please see: https://www.qualtrics.com/uk/

comprised both girls and boys working closely together, an in-depth analysis of similarities and differences in their answers has not been possible.

We recognise that many children are living in informal care with members of their extended family or other members of the community. The research methodology did not allow for the study of the situation of these children. Other children not included in the research include unaccompanied and separated children affected by migration or children in conflict with the law. Furthermore, we are aware of many studies that have focussed on the impact of the COVID-19 epidemic. This topic was raised occasionally by interviewees but was not a specific focus in our search. Furthermore, research respondents did not raise issues related to climate change although we are acutely aware that this will increasingly impact children and their families. In addition, we realise the topic of lack of birth registration is a factor related to lack of access to basic services for children. However, once again, this was not an issue raised by research respondents and therefore not reflected in this study.

Finally, and importantly, the notable lack of published quantitative and qualitative data on children in alternative care in different countries means it has not been possible to quantify placements according to the different reasons that led to such action.

Further details of the research methodology can be found in Annex 1.

7. Research Findings

There are specific socio-economic, political and cultural contexts, as well as differing strengths and weaknesses in the child protection systems, in each of the participating countries. These are reported in detail within individual country reports. For the purposes of this report however, the research data has been analysed and principle findings extracted to provide a consolidated overview of findings. To this end, this report presents the predominant findings as relevant across the different research settings rather than providing specific variables country by country. The only exception being the few instances in which there is a significant difference as applicable to a specific country context.

Following analysis of the research data, a strong correlation has been identified between the information provided by the different research participants including children, young people, family members, and professional key informants, in the participating countries. What is important to note is, upon analysis of the findings from the research workshops, there was no overall differentiation in the information provided by children and young people with special needs and disabilities and other groups of children. To this end, we have chosen not to separate their answers but to incorporate them into the overall information collated during the research with all children and young people. The primary data has also been triangulated with data from desk reviews.

Overall our findings highlight two distinct influences related to placement of children in alternative care. The first is the impact of the wider society that families live and how this influences outcomes and circumstances within a family that can subsequently lead to children being placed in alternative care (Figure 3). The second is the functioning of the national child protection system in which gatekeeping decisions are made.

We consider one of the most important findings is the need to urgently address the inter-generational aspect of violence, and of poor parenting ability, that are contributing to the perpetuation of family breakdown and separation

Figure 3. Drivers associated with placement of children in alternative care
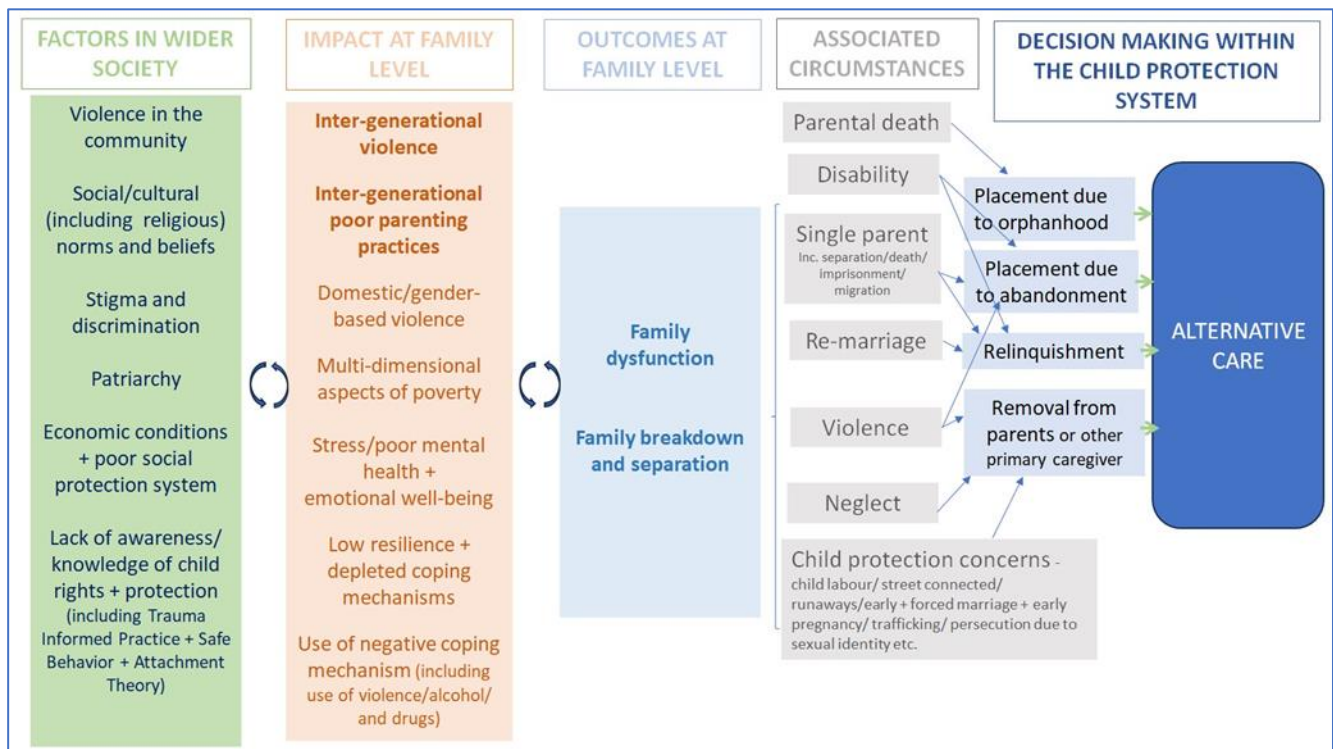
A slight outlier to these findings is Denmark where there is a strong universal welfare and social protection system alongside laws and policies that promote equality and protection, the attainment of high standards of living, and a focus on prevention of child-parents separation. However, even with such provision (factors in wider society), there are those who when facing vulnerabilities, do not reach out for, or are still not accessing, the support they need thus ultimately, a small number of children are coming into the child protection and alternative care system.

7.1. Actions related to the placement of children in alternative care

In the first instance, research findings suggest there are three principle situations and/or actions related to placement of children in alternative care. These are the act of children being relinquished into alternative care by parents, or other primary caregivers, their removal from family through an administrative or judicial process, or placement when children have no primary caregiver as for example those who are orphaned or abandoned (Figure 4).
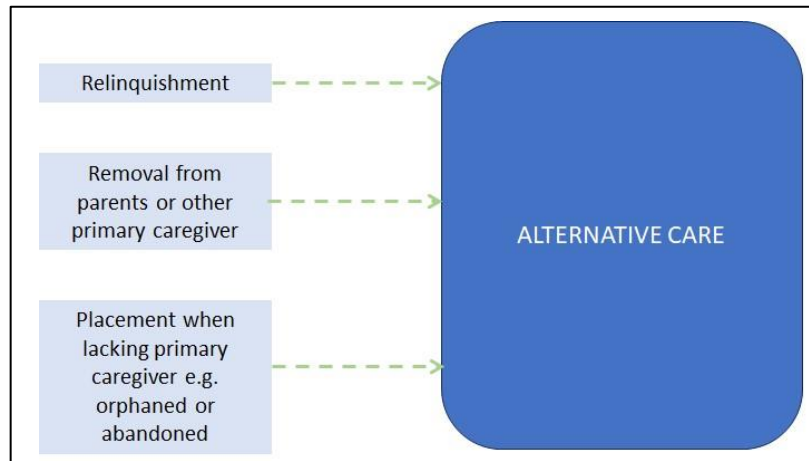
7.1.1.   Removal from parental care

In all countries participating in the research, children are being removed from parents, or other primary caregiver if the child is already separated from parental care, and placed in alternative care as a result of administrative and/or judicial decision making processes. Removal may either be with the consent, or against the wishes, of the parents/other primary caregiver. Our findings suggest removal occurs not only in cases of child protection but also due to decisions based on other criteria as for example some form of parental incapacity or absence of a parent perhaps due to imprisonment. Further causes of removal and the efficacy of gatekeeping and decision making is discussed in further detail later in this report.

Due to lack of reliable and published data in all countries except Denmark that provides details of children in alternative care, it has not been possible to provide accurate information on the overall numbers and/or the percentage of children who have been removed from parents or other primary caregivers through an administrative and/or judicial process by reasons of removal.

7.1.2.   Relinquishment

For the purposes of our study, we define relinquishment of children as a decision made by parents, or other primary caregiver, to take voluntary action to place children in alternative care. This includes those who directly leave children in an alternative care setting, ask authorities to remove their child, or are persuaded by others to relinquish their children.

There are many reasons influencing the decision to relinquish a child including those related to issues of poverty, lack of parenting skills, and re-marriage etc. For example, children might be relinquished because it is believed they would be 'better off' in alternative care e.g. they will be provided 'social care' such as food, health care, a warm place to live, and education. It may be the result of alternative care providers actively persuading parents to use their facilities. Such factors will be discussed in further detail throughout this report. Children are also being voluntarily relinquished by parents into the informal care of extended family or community members.

In all countries except Denmark, the term relinquished is use by some to also describe children who have been abandoned. Due to this fact, and the lack of available published data on children in alternative care, it has not been possible to report on the overall numbers or percentage of those who have been relinquished. Our research indicates however, that countries with stronger child protection systems and strictly observed

gatekeeping mechanisms that prohibit relinquishment of children directly into alternative care, have fewer children placed this way.

7.1.3. Placement when children have no primary caregiver

Children who have no primary caregiver e.g. children who have been orphaned and have no-one else willing to care for them, or those that have been abandoned, are almost automatically placed in alternative care settings. This might be the actions of officials such as police or social workers. In some countries where official procedures can be by-passed, it might be direct placement by a CBO, NGO, faith-based organisation or other body.

7.2. Circumstances at a family level that result in a child being placed in alternative care

This section of the report provides a summary of the research findings in relation to circumstances within the family home that are leading to the placement of children in alternative care. This is followed by an exploration of some of the factors within wider society, including social, economic and cultural issues, that are directly and indirectly impacting the lives of families and contributing to family dysfunction, breakdown, and separation (Figure 5).

Figure 5. Factors at a societal and family level contributing to placement of children in alternative care
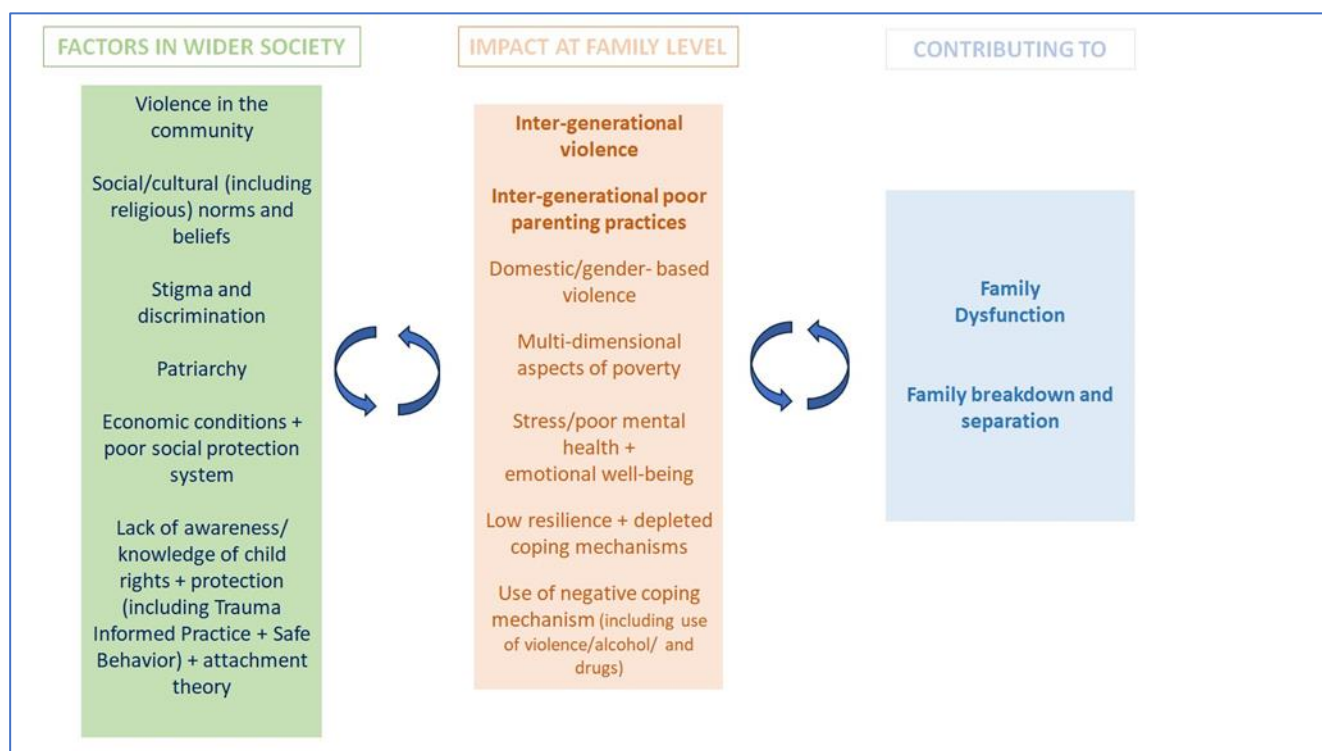
7.2.1. Violence

Violence against children is described by UNICEF as taking many forms, 'including physical, sexual, and emotional abuse, and may involve neglect or deprivation.'[59] Often children experience poly-victimisation.[60] Analysis of information provided in interviews with professional stakeholders, clearly indicates violence is among the principle reasons children are placed in alternative care.

---

[59] Please see: https://data.unicef.org/topic/child-protection/violence/
[60] Ford and Delker 2018; Finkelhor et al. 2007

Due to the general lack of reliable and officially published data on the profile of children in alternative care in all countries except Denmark, it is not possible to provide accurate information as to the percentage of children in care due to violence in the home. Our research suggests that there will that a higher percentage of all children in care that have been placed there for protection reasons in countries with stronger child protection systems and gatekeeping practices that effectively prohibit placement for reasons other than risk of harm. However, our findings suggest gatekeeping practices are not sufficiently robust in all the countries we conducted research in apart from Denmark.

In terms of violence being the reason children are in alternative care, interviewees said,

"Primarily there is the consideration of violence or neglect…There are also cases of physical abuse or attempted sexual assault or actual sexual assault." (El Salvador)

"Both physical but also mental abuse. Lack of emotional connection in the relation between the child and the parent, lack of the parents' ability to know what the child is in need of, emotionally but also physical abuse, violence in different forms. In worse cases sexual abuse." (Denmark)

"The abuse is mostly done by those that are known to the children, family members. Uncles, brothers, grandfathers, grandmothers, strangers are very few. There is a lot of incest…" (Kenya)

"Yes, it can be the reasons, if there is violence at home then the child can be admitted into the residential care institution," (Kyrgyzstan)

"Psychological violence, physical violence, emotional violence, verbal violence, all violence." (Cote d'Ivoire)

"…sexual violence is made by father or mother or brothers or sisters. Or grandmother who lives in the same home, or grandfather." (Lebanon)

"violence towards children, within the family, with all forms of violence, including neglect" (Uruguay)

Data from the primary research also clearly shows how abuse in the form of physical, sexual, and emotional violence is experienced and witnessed by children and young people in the home. Analysis of the 200 most used words in answers provided by all the children and young people who participated in our research workshops have been used to form word clouds (Figures 6 and 7). 'Parent/s' was the most frequently used word mentioned by children and young people. When analysing the answers as they related to 'parents', only seven children and seven young people referred to issues of poverty (a topic discussed later in this report). The remainder of words predominantly related to the different forms of violence children and young people experience as well as difficulties in their relationships with parents. They also wrote about violence and broken relationships between parents.

When asked the question, 'what makes children/young people unhappy or worried at home?' words provided by children and young people that specifically relate to the issue of violence, included *'abuse'*, *'violence'*, *'fights/fighting'*, *'conflict'*, being *'beaten'*, *'physical' violence,* and *'bullying'*. Children and young people also wrote the words, *'angry'*, *'scolds'*, *'argue'*, *'quarrels/quarrelling'*, and *'punished/punishment'*.

Figure 6. Results of workshops with children: What makes children feel unhappy and worried when at home?

Figure 7.Results of workshops with young people: What makes young people feel unhappy and worried when at home?

Below are examples of the individual answers relating to violence in the home provided by children and young people (Figures 8).

Figure 8. What makes children and young people worried or unhappy when they are at home (as answered by children and young people)

What makes children worried or unhappy when they are at home? (as answered by children)
violence against children
parents abusing their children
physical abuse
parents beating you
when flogged
rape
being molested
a girl is left at home with the father and the father sexually abuses the girl
the father or the mother having sex with their children and they get pregnant and others kill themselves
mother or father want you to have sexual intercourse
being forced to engage in sexual intercourse to get money
you are forced to do bad things or to do work that does not make your body or you yourself happy
verbal violence and touching
screaming and anger
bullying
don't let the children live in horror because of tyrants
ill-treatment at home, they want to die
home doesn't feel like home but like a punchbag
punishment
parents being angry
scolding
parents forcing you to steal
parents are forcing us to take drugs
children have to get married at an early age
early pregnancy
parents giving you to child labour
mistreatment from guardians or step parents
ill-treatment at home they want to die

What makes young people worried or unhappy when they are at home? (as answered by young people)
not feeling safe
verbal and physical violence
being beaten
being whipped
sexual abuse
bullying
harassment
neglect
emotional and physical abuse from their parents
gender based violence
rape
violence based on sex – a lot of people want sex
father is an alcoholic and beats the children when he comes home
addiction drugs, alcohol, gaming, gambling
always being yelled at

> *bride kidnapping*
> *quarrelling with parents*
> *do not feel safe*
> *violence is very common, then children go to orphanages, they don't have parent love, then they can even forget about parents*

Further evidence of violence in the home can be found in the answers provided by children and young people when asked 'what makes adults in the family feel worried or unhappy when they are at home?' (Figure 9).

Figure 9. What makes adults in the family feel worried or unhappy when they are at home (as answered by children and young people)

> **What makes adults in the family feel worried or unhappy when they are at home? (as answered by children and young people)**
> *child abuse*
> *uncles can rape children in the family inside the house – it is easier for them*
> *rape cases from parents and relatives*
> *the father is 50 years old, and he can rape his daughter who is 2 years old*
> *sexual abuse*
> *financial, physical, emotional violence*
> *psychological violence*
> *gender based violence*
> *violence in the house between the father and the mother*
> *being dominated*
> *possessiveness and controlling*
> *father treats the mother with arrogance*
> *a father comes home being drunk he can start beating not only his wife but also children, even if he was in a bad mood at work or had quarrelling*
> *hatred*
> *toxic behaviour*
> *alcoholism*
> *drug abuse*
> *lies that poison the family*
> *afraid to tell other people that there is violence in the home*
> *suicide*

Such situations of violence in the home was confirmed in the answers provided by adult family members who attended the research workshops with references *to 'presence of violence', 'physical and mental violence', 'domestic violence that affects all the family', 'continuous fights of parents',* and *'violence in the house'.* There was notably less mention of sexual violence in Denmark and Indonesia. Violence in the home was also noted in many documents sourced for the desk review. Furthermore, in some countries where data was available, there are indications that children with special needs and disabilities are at particularly heightened risk to violence.

Information gathered during interviews triangulated with findings from desk reviews. This also revealed how children and young people are experiencing violence when used as a negative form of **discipline**.

> *"…but in the African culture beating seems to be the only form of discipline…" (Kenya)*

19

"But on parenting, given that sixty percent of the children have been subject to some form of violent discipline it tells you that there is a need for better parenting in this culture. To change the attitudes toward discipline in general and parenting more broadly." (Lebanon)

7.2.2.   Neglect

7.2.2.1   Emotional and psychological violence and neglect

The World Health Organization (WHO) defines emotional or psychological violence as including, 'restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.'[61] Emotional abuse can have a negative impact on feelings of self-worth and emotional well-being as well as other life-long effects.[62]   The term 'emotional neglect' is also used by several other authors. For example, Ludwig and Rostain define emotional neglect as 'a relationship pattern in which an individual's affectional needs are consistently disregarded, ignored, invalidated, or unappreciated by a significant other'.[63] They explain how parents 'may have trouble understanding their children's needs for love, affection, closeness, and support, or they may feel too overwhelmed or powerless to meet these needs on a consistent basis.'[64] This factor is also important to note as later in this report we discuss the ongoing negative impact that lack of love and care in childhood can have across generations.

Emotional care and attachment between parents and their children is a very important element of positive child-parent relationships and good parenting.[65]   The research findings suggest however, that emotional violence is a contributing factor in the breakdown of relationships between children and young people and their parents. This is a situation that can contribute to parents deciding to relinquish their children into alternative care. Furthermore, where this breakdown in relationships leads to use of violence this can also result in placement in care. Along with physical and sexual violence, emotional harm is causing some children to run away from home and as a result being placed at further risk as well as drawing attention from police and child protection authorities.

During the research, in answer to the question, 'what makes children/young people unhappy or worried at home?', children and young people wrote at length about factors that provide evidence of psychological violence and emotional neglect, and of negative child-parent relationships (Figure 10).

Figure 10. What makes children/young people worried or unhappy when they are at home as answered by children and young people

What makes children and young people worried or unhappy when they are at home? (as answered by children and young people)
not being loved
not being cared about
no love and affection makes you feel worthless
belittling the children
disrespect
lack of attention
lack of emotional psychological support

---

[61] Please see: https://www.who.int/news-room/fact-sheets/detail/violence-against-children

[62] SOS Children's Villages International and CELCIS, Centre for Excellence for Children's Care and Protection, University of Strathclyde 2021; SOS Children's Villages International 2022

[63] Ludwig & Rostain 2009

[64] ibid.

[65] Bowlby 1969

> *not being trusted*
> *no support*
> *no understanding*
> *no communication*
> *when children are not listened to*
> *not having someone to talk to*
> *not feeling accepted*
> *feeling insecure*
> *solitude and loneliness*
> *isolation*
> *discrimination by parents where you are not treated equally like others and you end up feeling like you don't belong to that family*
> *parents loving one child more than the other*
> *comparing children to others*
> *when parents are not proud of you even when you do the best*
> *parents that believe others but don't listen to their own children*
> *they are not giving time to their children*
> *never eat together*
> *not having time spent together as a family*
> *not appreciating the effort children make*
> *parents have high expectations*
> *no rights*
> *limiting the freedom of the children*

Children and young people said there is a lack of love, care and attention. They are unhappy and worried when they are criticised, belittled, not trusted, listened to, or understood. They wrote about children and young people feeling left out, lonely, disrespected and lied to by parents. There is unhappiness and worry when parents are disappointed in their children even if they are doing their best. One emerging theme is how children and young people feel 'discriminated' against when parents negatively compare them to other children and/or favour and love one sibling over another. They wrote about poor communication between children and young people and their parents and inability to talk to them about things that matter. They believe parents are not supporting their children nor spending sufficient time with them. The latter concern was repeated by many children especially in relation to families participating in recreational activities and eating meals together. This suggests this situation may invoke some feelings of rejection, in addition to which, there is less time to bond and create happy experiences.. Issues related to parents absence as well as breakdown in relationships leading to separation or divorce are also a concern.

Conversely we were told children and young people are happy when they are loved, especially by their parents. They want to be part of united, happy and secure families that support, listen to, and communicate well with each other. The stable presence of parents is important to children and young people and some wrote about the importance of parents being positive role models.

Interviewees also noted concerns related to poor relationships between children and young people and their families and spoke about ways in which emotional violence contributes to child-parents separation.

> *"So, we look at these like different forms of violence. They might be psychological, physical…. But in relation to my work, we do see it all connected, so if we do see cases of sexual or physical abuse they tend to see also issue related to psychological violence so they are quite complex and connected."*
> *(Denmark)*

"There is…psychological abuse. Children are marginalised by their own family they are belittled by them. (El Salvador)

"Psychological violence, physical violence, emotional violence, verbal violence, all violence." (Cote d'Ivoire)

"This is what you hear of when the children came to the streets. Cause my mother was harsh, she did not understand." (Kenya)

"[there is a need] to promote communication between families. So that families could talk and discuss and fix some family issues." (Indonesia)

"at a physiological level there is like a relationship damage…" (Uruguay)

Respondents to the online survey were asked if lack of love, attachment or bonding between parents and children was a reason children are placed in alternative care. A total of 19% said they thought this was 'often' a reason and 45% answered 'sometimes'.

7.2.2.2   Material neglect

Neglect, as it relates to providing children with adequate nutrition, health care, clothing, hygiene, shelter, access to education, and other necessary living conditions that ensure that a child's health, safety, and well-being are not threatened, is a reason children enter alternative care.

"…sometimes we bring children in [to care] for neglect". (EL Salvador)

…here we can say that children can face neglect yes." (Kyrgyzstan)

"…it would normally be violence and also [harmful] neglect." (Denmark)

"the next thing that is evidently are situations of abuse, neglect…" (Uruguay)

Some interviewees also specifically reflected on how children with special needs and disabilities are being neglected.

"So we need here to focus on the persons with disabilities. When we decide to take a child from their family is when the child is at risk, when the child is neglected. I heard about a case when the child was eating from rubbish…" (Lebanon)

"So I would say that children living with disability are somehow a neglected lot" (Kenya)

A factor related to placement in alternative care is when neglect places a child at risk of harm and would therefore, as in Denmark, be considered a protection concern. Placements are also being made when professionals decide, even if the degree of neglect is not causing serious harm, that a child is 'better off' in alternative care. This is particularly prevalent in countries where offer of 'social care' in alternative care settings is readily available and the functioning of child protection systems actively support such provision.

It is recognised that neglect may not always be a purposeful act especially when parents are facing dire financial and other challenging situations. However, interviewees did speak of what they perceive to be wilful

neglect by parents and parents who show no interest in caring for their children. Many of them linked this situation to an inherent lack of parenting ability.

Our research indicates a considerable number of professionals identify those parents who neglect their children as usually coming from poor, ill-educated families, especially in relation to the educational levels and ability of the mother. This understanding may be based on experience however, it may sometimes lack full consideration of the struggle those who have not received sufficient education face, especially illiterate women. We found women in this situation who not only lose opportunities to participate in economic generating activities, but also lack confidence in themselves and their overall abilities.

Some professionals also think those from particular groups in society, as for example people belonging to certain ethnicities, are more prone to neglecting their children. It was not possible to confirm whether this understanding is based on experience, or is in part influenced by personal bias. Others, however, recognise the efforts of many parents living in vulnerable circumstances to adequately provide for their children. There is also some recognition that rich parents neglect their children, both emotionally and materially.

7.2.3 Orphanhood

Children are placed in alternative care because they are orphans. For the purposes of our study, we define an orphan as someone whose both parents have died. Due to lack of data about children in alternative care, it has not been possible to report on the overall percentage of orphaned children being placed there. Extrapolating such information during our research was further complicated by the fact that many professionals, when referring to orphans, are including children who may have been relinquished or abandoned. In the online survey, 50% of 227 respondents who answered the particular question, think death of both parents is 'often' the reason children are placed in alternative care (Figure 11).

Figure 11. Reasons children are placed in alternative care: both parents have died
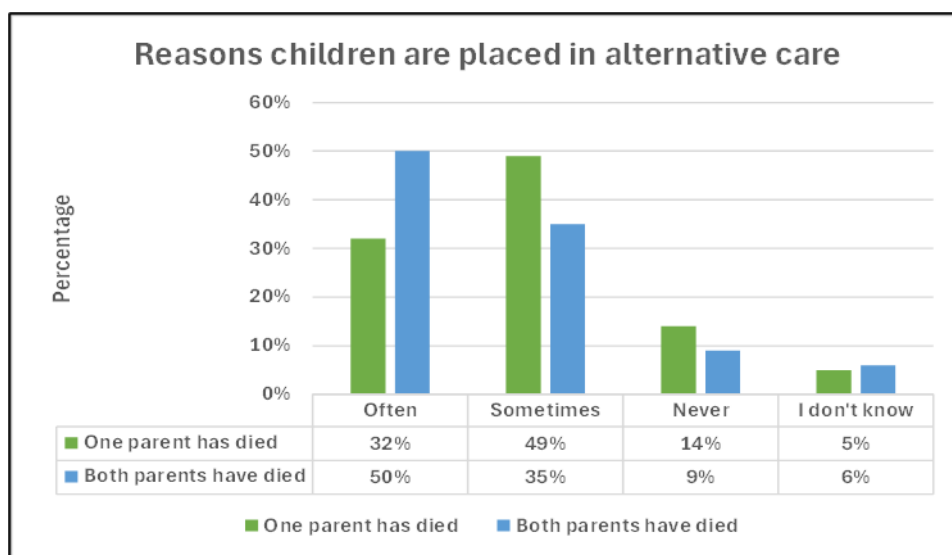
There is also a noted concern regarding risks to orphaned children in informal care which may ultimately result in their placement in formal care settings when primary caregivers are unable, or unwilling, to provide adequate care and protection

7.2.4 Abandonment

Children are living in alternative care because they have been abandoned. For the purposes of this research abandonment is defined as a situation in which children are left anonymously in a 'public' or other place by persons unknown e.g., a baby is left in a park.

In all the research countries, apart from Denmark, the term 'abandoned' is often used not only to denote children whose parentage is unknown, but also interchangeably for those who are orphans or have been relinquished. Due to the lack of data on children in alternative care, and this differing use of terminology, it is only possible to report with any certainty that there are currently no children in alternative care due to abandonment in Denmark. Information collated through interviews suggests that the number of children whose parentage is totally unknown is a relatively small percentage of all those in alternative care in other countries.

We were told it is mostly babies and sometimes infants who are abandoned. Reasons include children who are born out of wedlock and abandoned due to the parent's (usually the mother's) fear of disgrace and/or being disowned by their family, rape, child marriage, substance dependency, poverty, and lack of support within the family and at community level. Depression or poor mental health as well as lack of confidence in, or ability to, parent were also identified. Children with special needs and disabilities are abandoned although most interviewees who spoke on this issue suggested that overall this is a small proportion of all abandonment. Disability and special needs of the parent was also cited as a reason for abandoning a child but again, it is thought this is a small percentage of children in care in the countries we visited.

7.2.5 Divorce/separation and re-marriage/new partnerships

The research findings show how family dysfunction and breakdown of marriages/partnerships is resulting in separation and divorce. This is a situation that can result in children being placed in care, either by the birth parent or the step-parent/new partner who rejects children from a previous relationship. One young person wrote about *'when a parent leaves or dies you might get a step parent who does not love you'*. Children also wrote about situations when '*the child has been adopted by the step mother who will treat him as if he is not one of them"* and when *'your father has married another woman and the woman comes with her children your father can change his mind towards you'.* Children and young people also wrote about "*mistreatment from guardians or step parents*', and *'when they divorce and destroy family and children end up in orphanages'.*

When asked about reasons children come into care, interviewees said,

> *"Sometimes children are rejected by the new husband or wife. We have cases like this where the children can be rejected by one of their parents or both parents if they are remarried again." (Lebanon)*

> *"The cases I already encountered are the case of stepmothers. The man already has children before he gets married, and it is the stepmother does not want the child. It is not her children so she beats them." (Cote d'Ivoire)*

> *"...the second one [reason for placement in care] is divorce or one parent married again, either the father married again, or the mum married again, and then the children get abandoned." (Indonesia)*

Marital breakdown can also lead to custody battles resulting in decisions by courts to place the children in alternative care. In addition, courts, and in some countries, most particularly religious courts, are taking children from their mothers and placing them in the custody of the father even if this is not the wish of either parent. Some fathers are subsequently relinquishing their children into alternative care. Furthermore, there is

evidence indicating single-parent headed households, especially those headed by females, face challenges that include financial difficulties and struggles to adequately provide for their children. This then places children at further risk of being placed in alternative care. In Denmark for instance, there is a very high proportion of children in alternative care who come from single-parent families.

In our online survey, when asked if the reason children are placed in care is due to a parent taking a new partner who does not want the child/children from a previous relationship, of 229 respondents, 19% said they thought this 'often' happened and 43% said 'sometimes'.

7.2.6 Special needs and disability

Special needs and disability is a reason children are placed in alternative care. Due to the lack of reliable disaggregated data on children in alternative care in all countries except Denmark, it has not been possible to confirm the number of children with special needs and disabilities currently in alternative care. However, our research would suggest that in almost all the countries participating in our study, children with special needs and disabilities are a relatively small percentage of all children in the care system. This we were told, is in part be due to the lack of alternative care facilities that will accept these children in many of the countries we visited. We do believe that, due to the system of placement based on a health assessment model, there may be a higher percentage of children with special needs and disabilities in alternative care in Kyrgyzstan than in the other countries we studied.

The reasons given for children with special needs and disabilities living in alternative care include the perception of parents that they cannot cope or indeed, have the inability to do so. This is usually coupled with lack of, or poor provision, and/or cost of, basic and specialist services they have access to. Many parents do not have a network of support either within their own extended family or in the wider community with issues of stigma and discrimination being a factor. All these issues also impact parents with special needs and disabilities and can influence their decision regarding relinquishment or agreeing with the decision of an authoritative body to place their children in alternative care. Even in countries where there are social protection packages for those with special needs and disabilities, these are often inadequate and do not reach all families. In some countries such as Kyrgyzstan, the placement of children with disabilities is based on a medical decision made by panels of 'experts' and parents are 'encouraged' this is the best option for their child and 'persuaded' to relinquish them into specialised residential institutions.

> *"The second type of internat[66], is internat for children with disability, with different types of disabilities. It is a specialist supportive school." (Kyrgyzstan)*

> *"We also work with children who have a disability and we have found that the children that are living with a disability are also at most risk of losing parental care." (Kenya)*

> *"…accepting this child is a very, it's a priority, they are feeling embarrassed, are ashamed of having a child with disabilities at home." (Lebanon)*

Although our research did not include assessments of alternative care, it is important to report concerns regarding treatment children with special needs and disabilities receive in residential institutions as raised by interviewees and confirmed by conditions we witnessed when visiting some residential institutions during the research.

---

[66] Internat is the term used in Kyrgyzstan for a form of residential institution.

As noted above, stigma and discrimination are a principle factor causing barriers that prevent full participation of persons with special needs and disabilities in society. This situation can contribute to the belief of some parents and professionals that a child with a special need or disability would be 'better off' in alternative care. For example, discrimination can impede provision of inclusive education in local communities thus prompting some families to relinquish children into 'special' residential education facilities. Stigma and discrimination also contribute to feelings of shame in some families who, as a result, relinquish their children.

As illustrated in Figure 12, only 10% of 225 online survey respondents think placement in alternative care is 'often' due to a child's physical disability and 15% due to special needs (a mental health condition). However, approximately a quarter (27%) believe having a parent/s with special needs is 'often' a reason for placement. A more significant percentage of respondents think special needs and disabilities of both children and parents are 'sometimes' a reason.

Figure 12. Reasons children are placed in alternative care: special needs and disability of child and/or parents

Reasons children are placed in alternative care

	Often	Sometimes	Never	I don't know
The child has a physical disability	10%	58%	20%	12%
One or both parents have a physical disability	7%	62%	16%	15%
The child has a mental health condition	15%	59%	15%	11%
One or both parents have a mental health condition	27%	64%	4%	6%
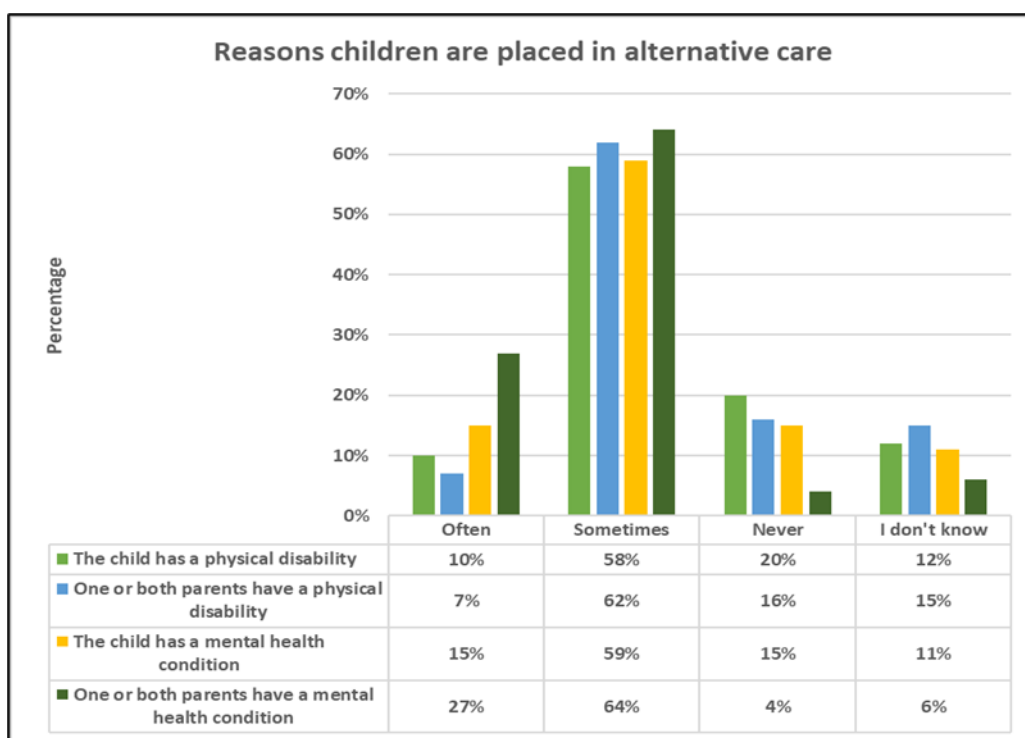
7.2.7   Lack of birth registration and other documentation

Research respondents in a few countries identified the issue of birth registration as a barrier to access to basic and specialist services. One impact of this situation is the placement of children in alternative care, and especially residential care ,that offers social care and education.

According to UNICEF, around the world, 1 in 4 children under the age of 5 years old 'do not officially exist' because of lack because of lack of birth registration.[67]

---

[67] Please see: https://data.unicef.org/topic/child-protection/birth-registration/?_gl=1*bo6s8*_ga*MTk2MTA0MjIuMTcxOTA2Mzg0Mw..*_ga_ZEPV2PX419*MTcxOTMxOTMyMC4zLjAuMTcxOTMxOTMyMC42MC4wLjA.

7.2.8   The multiple dimensions of poverty

Poverty is an inter-generational as well as a multi-dimensional issue with measurements of poverty taking into account not only financial means, but other factors that contribute to well-being.[68] Although lacking reliable published data on reasons children are in alternative care, our primary research clearly indicates issues related to poverty, including for many families, a severe lack of financial resources coupled with insufficient access to basic and specialised services and social protection systems, are factors contributing to placement of children in alternative care. In some cases like Indonesia, this is likely to be tens of thousands of children. Exceptions are countries like Denmark where there are more robust gatekeeping mechanisms and greater efforts to invest in family support.

Poverty can cause parents to relinquish their children into alternative care, especially those settings that offer 'social care' i.e. provision of food, clothing, medical care and education etc. Some parents truly believe the best place for their children is in a residential institution where they will have better living conditions. In this respect, many interviewees noted the particular challenges for female-headed households where women felt they could no longer cope or adequately provide for their children.

Removal of children from parental care is undertaken by professionals when material neglect is placing a child at risk of harm. Furthermore, placement in alternative care is based on decisions taken by professionals when they believe a child will be 'better off' because they will receive material welfare and access to services, even when there is no risk of harm. Challenges related to issue of poverty also result in use of alternative care when there is an absence of a parent/s due to such reason as such as labour migration, or imprisonment when turning to crime as a solution. Some alternative care providers seek out children of poor families and persuade parents to relinquish them. They also undertake active awareness raising of their facilities, as for example, through local places of worship.

A further factor contributing to high numbers of children accepted into alternative care for the sole reason of poverty in many countries, is the easy access to residential institutions providing social care. Such facilities may even be mandated for, and funded by, government departments. Even in some countries where the law and policies clearly prohibit direct relinquishment of children into residential institutions for reasons of poverty, we noted how care providers accept children who have not been through a thorough administrative or judicial process into their institutions.

Information collected during the research interviewees indicates that it is overwhelmingly children from poor socio-economic backgrounds being placed in alternative care. Although they also acknowledge child-parents separation occurs in middle and high income families but far less frequently. Interviewees said,

"For example, parents themselves can't afford so they approach to the Ministry of Social Development and they write an application, "because of a certain situation I cannot take care of my child so can you take temporary care of my child". (Kyrgyzstan)

"Around 80% are here [in a residential institution] for poverty reasons." (Cote d'Ivoire)

"We have very high rates of poverty so high poverty levels is one of the contributing factors [that children are in alternative care]. Actually the major contributing factor according to me" (Kenya)

---

[68] Please see: https://www.worldbank.org/en/topic/poverty/brief/multidimensional-poverty-measure#:~:text=The%20Multidimensional%20Poverty%20Measure%20(MPM,the%20%242.15%20international%20poverty%20line

"I think the parent themselves have some issues. They don't have a job and have social problems themselves. So to raise a child as well can be hard when you have a hard time taking care of yourself…." (Denmark)

The answers provided by children, young people and adult family members signal the struggles being faced due to issues related to poverty. Workshop participants were specifically drawn from vulnerable communities and therefore, a factor to be taken in to consideration when analysing the information gathered during workshops. Below are examples of answers as they relate to issue of poverty provided by children and young people when asked about things that make children, young people and adults worried or unhappy when they are at home (Figure 13).

Figure 13. What makes children, young people and adults feel worried or unhappy when they are at home as answered by children and young people

What makes children and young people feel worried or unhappy when they are at home? (as answered by children and young people)

poverty
basic needs like food, clothing and education
hunger
lack of electricity
not being warm
lack of accommodation
lack of things we want in the home
not having a house
not having their needs met
people in the family get sick and they have no money
no work
bad living environment
lack of education
lack of basic food, water, electricity, Wi-Fi

What makes adults feel worried or unhappy when they are at home? (as answered by children and young people)

poverty
bad financial situation
having financial problems because sometimes it leads to doing bad things
not securing the needs of the family
unable to purchase food
the inability to buy things
bills
education cost
health costs
unemployed
bad salaries
losing their jobs
the children are sick, and they cannot provide treatment
unable to send their children to school
fear of being kicked out of the house
when damage happens to the house
having no means of transportation

Likewise when adult family members were asked 'what makes families worried or unhappy when they are at home?', they wrote about '*poverty'*, '*no financial stability'* and '*debts'*. Their answers included not being able to provide sufficient food, with some mentioning '*hunge*r', poor clothing, and inadequate housing. Worries include not being able to meet the costs of utility bills. Lack of locally available and free health services is a particular issue with many highlighting fears when a member of the family falls sick and they cannot pay medical costs. Many do not have medical insurance. There are concerns around sending children to school due to charges i.e. fees and the cost of uniforms and books etc. and lack of schools that will include children with special nees and disabilities. Available and/or safe transportation is not reaching all communities, especially those in more rural areas. This prohibits access to places of work and reaching health centres and schools. Furthermore, insecurity around inadequate housing, cramped conditions, and lack of stability for many living in rented accommodation, is contributing to anxiety.

Poor or no access to well-renumerated and stable employment opportunities is a particular worry for adult family members as is inability to access adult education and training that would help with employability. Adult illiteracy is a concern, especially for women. In addition, provision of day care for children and after school clubs are deemed necessary if women are to have increased opportunities in gaining employment. The challenging situation facing families is particularly compounded by absence of adequate family support services and social protection systems, including social security payments that would provide a safe net when needed. It is also important to note the way adult participants spoke of their despair when not being able to provide for their children. One woman wrote, *'my daughter asked if we are very poor'.* All the aforementioned issues impact the lives of people with special needs and disabilities but they also face exclusion and additional challenges due to lack of investment in essential and specialist services. A disparity was noted in the answers given in some workshops between those living in urban and rural settings with lack of basic services being emphasised by participants in some rural areas.

Data in Figure 14 indicates the percentage of survey respondents who think certain issues related to poverty are the reason children are 'often' or 'sometimes' placed in alternative care because of issues related to poverty. For example, almost a third (29%) think insufficient money for basic commodities is 'often a reason.

Figure 14. Reasons children are placed in care: issues associated with poverty

Reasons children are placed in alternative care

	Parents do not have enough money for basic commodities such as food and water, etc.	One or both parents do not have a job	Parents do not earn enough money in the employment they can get	The family do not have a house to live in	The family live in a house that is in a very bad condition or not big enough
■ Often	29%	26%	21%	21%	25%
■ Sometimes	40%	32%	30%	46%	37%
■ Never	21%	32%	39%	22%	26%
■ I don't know	10%	10%	10%	11%	13%

■ Often ■ Sometimes ■ Never ■ I don't know

One observation is the concentration of NGO services in cities and other urban conurbations rather than rural areas. An important consideration when family separation is often the result of difficult conditions in rural communities. For example, situations that prompt a parent/s to migrate to urban centres to seek work or, if due

to lack of support when there is domestic violence or other family issues, a women feels she has to leave with or without her children. One interviewee said,

"The rural areas that is where poverty is so so real. Most of the organisations will just focus on the urban areas. I really don't understand how it works. Maybe as a development partners one day we need to open our eyes. Maybe we can even have discussion that [name of agency] can go to this region." (Kenya)

Furthermore, whilst families are experiencing situations of multi-deprivation, there are mixed views from interviewees about the efficacy of coordination and inter-sectoral approaches to providing services and support with some believing coordination is good whilst others think there is definitely a need for improvements. Overwhelmingly respondents to the online survey said there are insufficient essential and specialist services and support for families.

7.2.9   A correlation between issues related to poverty and family dysfunction

Our research findings clearly illustrate how some children are at risk of placement in alternative care as a direct consequence of the negative impact poverty can have on the unity of families. In this respect, there is a correlation between the ability to cope with such daily challenges as providing food, adequate shelter, paying bills, keeping children in school, and finding adequately renumerated employment etc., and stress and tension within households. These ongoing challenges can exacerbate feelings of distress, anger, poor mental health, and for some, an inability to cope. This in turn is diminishing resilience and impacting the ability to maintain strong relationships in the household with outcomes that include, family dysfunction, poor parenting ability, and even violence. Children and young people said, *'financial problems can also lead to quarrelling'* and if the *'stress not being able to take care of the children – especially if you are the head of the family'*. One young person wrote, *'when parents have too many credits and owe much money to others they can commit suicide'*.

When asked about reasons for the placement of children in alternative care, a significant number of interviewees made direct links between the stress caused by issues related to poverty and the breakdown of relationships including divorce, separation, and violence in the home.

"However, poverty can cause stress, and this can raise risk of abuse. Most of the children in the residential centre are from poor families." (El Salvador)

"The poverty, because someone is not able to provide for the family and some misunderstandings come up, maybe they fight, they separate, and the children are left with no one, and they end up in the children's homes or some end up on the streets" (Kenya)

"[The parents lost their money] and after this they both started drinking alcohol. They were both stressed, and they divorced...This lady tried to commit suicide and she was drinking a lot of alcohol and after this she died because of the problems. She could not stand it. And you know she was so much stressed that she was physically violating her children." (Kyrgyzstan)

"So, of course stress is a worsening factor of violence. When someone is under pressure of stress, he is likely to be violent." (Cote d'Ivoire)

Yes, I think that this [poverty] is contributing to domestic violence and could be breaking up the relations… So I think this is also some of the causes yes." (Indonesia)

"poverty aggravates situations of domestic violence …" (Uruguay)

"Because whenever you have a poor situation, or you cannot provide for the needs for the family, it creates an anxiety in yourself, a stressful feeling, and all these bad feelings and negativity will be reflected on the way they treat their children or work with their children. And this is the correlation between being poor and the bad treatment." (Lebanon)

Stress and inability to cope is both the result of, and/or factors contributing to, poor mental health. In this respect, many respondents highlighted the need for greater, and improved, access for families to psychosocial and psychological services.

"Most important is emotional therapy centres for parents – when they lose faith in themselves, they leave the ability to care for their children ..." (EL Salvador)

A number of studies explore the linkages between poverty, violence and family breakdown.[69] This is illustrated by a report published in Lebanon in 2018.[70] The study found household income and limited access to basic services was resulting in increased levels of stress within households and negatively impacting parents' ability to provide adequate care and protection for their children. It was believed that this loss of coping mechanisms was contributing to heightened risk of violence, abuse, exploitation and neglect of children and increased cases of children participating in the worst forms of labour, and of child marriage.

Although we have seen how issues related to poverty contribute to family breakdown and the presence of violence, nevertheless, it is important to acknowledge that around the world there are families living in very difficult circumstances, including coping with poverty, who are able to cope and are supportive and caring of one another. Parents are creating a safe environment for children. This illustrates how strong loving relationships are an important factor in helping families stand up to the impact of poverty and other shocks experienced by households.

7.2.10 The pull factor of education and use of boarding schools

As mentioned previously, issues related to poverty are a factor related to placement of children in alternative care settings that offer education. Although lacking access to reliable published data on children in alternative care settings, our research findings suggest education is a significant pull factor in terms of children residing in facilities many of which, are known as 'boarding schools'. In all countries apart from Denmark, when asked why children are in alternative care facilities, interviewees said costs of, and/or lack of local access to education is a factor. This was a topic also raised by children, young people and adult family members. Children and young people are worried and unhappy when there is a *'lack of school* fees' and families are '*unable to pay for education*'. Adult family members wrote about, '*lack of money to have good education'*, '*limited access to get education', 'not being able to pay transportation for school',* and *'not being able to send children to school because it is too far'.* Although in all the countries we conducted the research, education is purported to be free, there are often associated costs including fees, books, uniforms and transportation.

Also perpetuating the use of residential institutions that call themselves 'boarding schools' is receipt of funding, sometimes in the form of government subsidies, that also provides for aspects of 'social care' i.e. housing, feeding, clothing and medical services etc. In addition, parents sometimes perceive the quality of teaching in boarding schools is higher than that in state schools. Other reasons may be the distance children have to travel to school, especially in rural areas, and lack of access to, or money for, transportation. There are also countries such as Lebanon where severe challenges to the national economic and political environment is impacting the functioning of the state education system resulting in teacher's strikes and long school

---

[69] See for example: Babatope et al. 2022; Berger 2005; Lau et al. 1999; Lodder et al. 2020; Malley-Morrison 2004
[70] Child Protection Working Group Lebanon 2018

closures. The COVID-19 pandemic has also affected available school time leading to parents seeking residential education provision. Interviewees said,

> *"It is more like that we get the report about children that drop of school and most of these are because of financial reasons… we send them to a boarding school. We offer them to go to boarding school and where they can go to school and get the residence there." (Indonesia)*

> *So they put them inside a boarding school, or other institution, because the family is not assuming their responsibility or they are really unable financially because they have a huge financial burden." (Lebanon)*

As previously noted in this report, accessing education is also a factor related to children with special needs and disabilities being placed in residential facilities. Circumstances contributing to this situation include little or no investment in and/or opportunity to attend inclusive education in local schools, discriminatory treatment in the classroom, restricted physical access, lack of trained /specialist staff, and shortage of appropriate educational teaching resources.

Our research suggests most residential schools, apart from those in Kyrgyzstan where the State takes responsibility, even if subsidised by government funds, are managed by NGOs many of which in the countries we visited, are faith-based organisations. Based on interviews alone, it is apparent that in some countries these institutions are offering places to thousands of children. Some are actively seeking children to bring into their facilities either based on a belief that they can better care for and 'educate' children, especially those living in poverty, and/or because they raise funds based on the number of children residing in their institution. The often long-standing consideration of offering 'charity', and a lack of understanding how loss of attachment between children and their parents can inflict long lasting detrimental outcomes, are important factors to be noted when addressing deinstitutionalisation including of those institutions offering education. Furthermore, many, including state officials, do not recognise boarding schools as alternative care facilities also meaning registration, monitoring and oversight of such provision might be outside the child protection and alternative care system.

7.2.11 Labour migration

In some countries, as for example Kyrgyzstan and Indonesia, a consequence of poverty is the push for one or both parents to migrate within or outside their country to find better employment and remuneration opportunities i.e. labour migration. As a result children are relinquished by parents into alternative care. Some interviewees made a direct connection between labour migration and placement of children in alternative care,

> *"Why they are sending children to boarding schools or foster families the reasons are different. One of the biggest, the main reasons, because of the migration, because many people go out in order to earn some money." (Kyrgyzstan)*

> *"Is the first the highest number [of children in alternative care] is because the parents are working outside the city because Bandung is not a big city. So they are working outside Bandung. After that the second reason because a lot of the children, their mother is working abroad, not in Indonesia" (Indonesia)*

> *"Poverty and this can cause migration and children are left alone so end up in care." (El Salvador)*

> *"There is a fourth factor, but for me it is a common denominator that, I don't know, is not a cause, but it is always present, which is poverty…. I always say that any problem is exacerbated by poverty, so what poverty does is precisely make it more difficult to resolve or find solutions to problems and*

aggravates any of the situations.. poverty aggravates situations of disability, poverty aggravates situations of domestic violence…" (Uruguay)

"For socio-economic problem…so, for example, for some of the children… father left the family and moved to another country." (Lebanon)

Children whose parents leave them behind are usually left with extended family, in informal kinship care, including with grandparents, aunts, uncles, older siblings, or other relatives. However, if not adequately cared for, or abused by their new primary caregivers, they are also at risk of formal placement in alternative care by the child protection authorities.

"Actually, we have many children who are left without the care of parents because of labour migration. These children became very vulnerable and very often they stay with their grandparents but even if they are in the together with grandparents, they can undergo some form of violence maybe from neighbours or surrounding people." (Kyrgyzstan)

7.2.12 The use of alcohol and drugs

Indonesia was the only county where no research participant made reference to the use of drugs or alcohol. In other countries, to varying degrees, and with notably more references during interviews in Denmark and Kyrgyzstan, the impact of alcoholism and drugs was raised and how this impacts family life. Children and young people also wrote about unhappiness and worry when *'parents are high with alcoholism and drugs and beat their wives'* and, *'father is an alcoholic and beats the children when he comes home'*. An example of answers provided by adult family members explains how, *'if parents are drunk there will be violence in the house.'*

Some interviewees noted how the use of drugs and alcohol is a negative coping mechanism in the face of life challenges and stress by both adults as well as being used by young people. They also see a direct correlation between use of alcohol and drugs and placement of children in alternative care.

And the same thing about violence is that when they [adults] are under the effect of drugs they often more often go with violence because they cannot regulate themselves when they have the drugs inside them. (Denmark)

"…but the first thing that I am thinking of which I see quite often, is alcohol abuse of the parents, it is often the parent…And not a lot of them are not going to admit it and not getting the treatment they need and that way they cannot take care of their child …" (Denmark)

"Removal of children usually happens in social where families in difficult life situations, like addiction families like alcohol drugs etc." (Kyrgyzstan)

"[I] would place drug and alcohol addictions among those of the parents or adults who provide care" (Uruguay)

"Typically it is what is happening here, many parents are drunkards or drug addicts and they exercise a lot of prostitution, whereby the children are being left alone…" (Kenya)

In total of 34% of 225 online survey respondents think one or both parents having an addiction to drugs or alcohol is 'often' a reason children come into alternative care and 51% think this is 'sometimes' the reason. Information from desk reviews also show how children exposed to, and using drugs or alcohol, is not only a

protection concern[71] in its own right but also place them in situations where they are vulnerable to other risks such as crime and becoming street connected that can lead to placement in alternative care.

8   Additional child protection concerns that can place children at risk of placement in alternative care

As a consequence of circumstances in the home, for example the result of inadequate parental care and protection, children find themselves in situations that place them at risk of placement in alternative care when also outside the home environment. Below are some of the concerns raised by interviewees as well as children, young people and adult family members during research workshops. Information has also been triangulated with data collated from desk reviews and the online survey. Without accurate and reliable published data on children in alternative care it is not possible to report to what degree placement is the result of each circumstance described below.

Street connected children include those living and working on the streets and are recognised by some interviewees as being vulnerable to placement in alternative care. Children become street connected when running away from violence and broken relationships within the home. Poor economic conditions also lead to children working and begging on the streets. Children who have dropped out of school are a particularly at risk group of becoming street connected. Some children are living on the streets with their parents and some have been abandoned there. Street connected children attract the attention of police and child protection authorities/organisations concerned for their safety and welfare and as a result may be placed in residential facilities such as emergency shelters and other settings. Of 228 of the respondents who completed the online survey, 25% and 20% respectively thought children were 'often' or 'sometimes' placed in care because they had been found living or working on the streets.

Child labour is present in most countries, with the exception of Denmark, and can lead to those such as police and social workers engaging with the child, and their parents and sometimes taking a decision to place them in alternative care. Children are being forced to work or choose to help supplement family income. It was noted that even in some of the countries where child labour was not a frequently mentioned topic by research participants, information from desk reviews indicated this is a protection concern linked to placement.

A few research participants mentioned the issue of **early and forced marriage and early pregnancy.** This is a protection issue that overwhelmingly effects girls. Bride kidnapping is a particular concern as highlighted in Kyrgyzstan. Early pregnancy has been noted earlier in this report as an issue connected to abandonment or relinquishment of children.

Very few research participants referred to **female genital mutilation/cutting and forced circumcision** in relation to placement in alternative care. It is noted however, that in the literature reviewed for this study, in some countries this is a reason children can come into the child protection system or, run away from home and subsequently end up in alternative care.

A further issue recognised in the literature as bringing children in to contact with child protection organisations is their **participation in armed forces and criminal gangs**. We recognise that in most countries however, this is more likely to result in detention rather than alternative care.

---

[71] Dube et al. 2001

It has not been possible to gain reliable published data that illustrates if, and how many, children are in alternative care because they were living in **child-headed households**. But literature suggests that in some countries a significant number of children live in child-headed households in extremely vulnerable circumstances including exploitation and participation in child labour.

A small number of research respondents when asked about reasons children are placed into alternative care, referred to concerns related to **sexual orientation or gender identity**. Information gathered during desk reviews also highlighted the possible protection needs of children and young people who identify as LGBTQI+. Firstly, it is recognised that some families and communities around the world reject children and young people who identify as LGBTQI+.[72] This in turn can lead to them running away from home and becoming street connected or, due to breakdown in child-parent relationships, voluntary relinquishment by parents, or removal by professionals due to violence against the child. Secondly countries that persecute and criminalize members of the LGBTQI+ community place children and young people at risk of prosecution and separation from family because of their sexual orientation and gender identity.

9   The phenomenon of inter-generational violence and inter-generational poor parenting capacity

It is evident from the findings above that there are multiple and interconnected factors that contribute to the circumstances within the family home resulting in children's placement in alternative care. When examining these circumstances further, a specific theme emerged in relation to the perpetuation of dysfunction and break down within, and separation of, families. This is the inter-generational aspect of violence, inter-generational poor parenting capacity, and the connection between the two (Figure 15).

Figure 15. Inter-generational violence and poor parenting ability and family separation
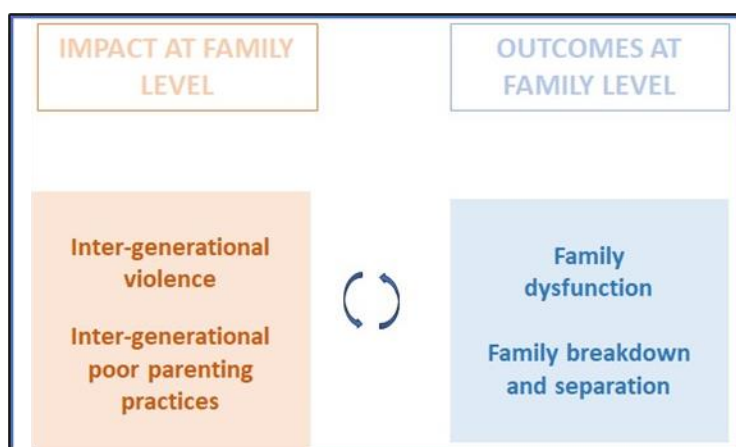
The evidence provided by children, young people and adult family members indicate difficulties in the relationships between children and their parents (please see Figure 10). Our research illustrates how poor parenting skills is a factor contributing to the breakdown of relationships between parents and children. It is a phenomenon that is passed down through generations and is impacting emotional bonding with, and the protection, love and care of, children. As in previous reports, although mostly written in high income countries, we believe this is a significant factor contributing to violence against children in the countries we studied and to serious neglect and relinquishment.[73]

---

[72] Corral et al. 2022; Fish et al 2019; Mallon 2019: McCormick et al. 2017
[73] See for example: Madden et al. 2015; Pears and Capaldi 2001; Serbin and Karp 2003

Whilst discussing parenting and issues of positive attachment, overwhelmingly almost all interviewees in all countries, with the exception of Kyrgyzstan, repeatedly acknowledged the inter-generational aspect of poor parenting ability and the inter-generational use of violence in the home. In this way, they noted the way a parent's negative experience of family life during their childhood can impact their ability to parent well and the need to address this issue.

> *"Because you realise that they don't actually understand what they are doing to their children and to the children's children. So it become inter-generational" (Kenya)*

> *"Only because in Indonesia it is very common for abuse to be like intergenerational." (Indonesia)*

> *"This may be explained by the fact that the parent themselves were abandoned when they were children. So when they grow up and become a parent, they think that they can abandon the child as well. It is like someone who grows up in a violent environment, when he grows up and becomes an adult, he wants to reproduce the same violence around him" (Cote d'Ivoire)*

> *"...so they have poor parenting, like intergenerational parenting, because when the parents' in childhood get abused and have bad childhood and bad parenting then they do it to their children again." (Indonesia)*

> *"The psychological problem that means the mother or the father abandon their role as a parent. The family experience, when a mother or father were a child, is something that is transferred." (Lebanon)*

> *"We all carry trauma and if we don't manage it as a parent, we pass it down to our children. Parents might also have suffered abuse or abandonment – physical abuse, sexual abuse, economic abuse." (El Salvador)*

> *"… is usually something that has been intergenerational. So you might see cases where you have a parent that did not get the necessary emotional care or emotional needs met so that is the hard to give that onto their child because they never got that." (Denmark)*

> *"The truth is that to look for reasons or causes for violence against children, one has to go very, very far back. It is part of a form of relationship that has been transmitted from generation to generation from adults to children…" (Uruguay)*

This situation was also acknowledged by young people and adult family member participants. For example, one young person wrote how *"parents are also traumatized and they also raise their children as their parents were raised themselves." Members of a*dult family workshops wrote about, *'no-one caring about the violence the children are witnessing then they repeat it – it is intergenerational violence and psychological maltreatment'.* They noted how, *'being raised in families with physical violence and it becomes intergenerational',* and *'we need to improve the situation, at least the next generation can see all the problems in a family and rethink and stop the violence.'*

Interviewees also acknowledged the way adverse childhood experiences (ACEs),[74] can contribute to behaviour which can then be repeated throughout a lifetime. This is an issue that is well documented within the literature on ACEs.[75] Dong et al. describe ACEs as a 'complex set of highly interrelated experiences that may include childhood abuse or neglect, parental alcohol and drug abuse, domestic violence, parental marital discord, and

---

[74] SOS Children's Villages International and CELCIS, Centre for Excellence for Children's Care and Protection, University of Strathclyde 2021; SOS Children's Villages International 2022

[75] Asmundson and Afifi 2019; Dube et al. 2001; Dube et al. 2002; Felitti et al. 1998; Kim et al. 2022; Moylan et al. 2010

crime in the home.'[76] Moore and Ramirez wrote of a 'growing body of research'[77] indicating how ACEs described as 'negative experiences'[78] during childhood and adolescence that include psychological, physical or sexual abuse; living in poverty; violence in the home; living with a substance abuser; living with a mentally ill or suicidal person; or living with someone who is or has been imprisoned' can result in life-long negative behaviours. Kim et al. explain how systematic 'reviews suggest negative consequences associated with ACEs throughout the life course that include mental illness, chronic disease, substance use, violence, and self-destructive behaviors.'[79] This is coupled with the recognition that "*learned behaviour*" (interviewee in El Salvador) through 'observation, learning and imitation'[80] of adults, and/or being a recipient of violence, physical neglect, lack of love and affection, can lead to the repeating of such behaviour.[81] Writing about children exposed to violence in Lebanon, Tarabah et al. explain how this can increase the possibility of them 'imitating the aggressive behaviours they watch and considering such behaviour as normal.'[82] Their research goes on to define negative outcomes as a result of exposure to violence including, 'a variety of negative emotional and behavioural reactions, including fear, anger, anxiety, depression, PTS symptoms, aggressive behaviours, and substance abuse.'[83]

This information contributes to an understanding of how experience of ACEs can impact adult life including their ability to parent well and the factors of family dysfunction and violence in the home which then continues generation to generation[84]. All situations contributing to the continuance of children being placed in alternative care.

Most importantly some interviewees noted how often the challenges facing families are being addressed too late to break the cycle of family breakdown and the presence of violence.

> *"So I think the important thing is here is to break the cycle because I think it is very hard when the damage is done. We try a lot of things and we take them away from their families but it does not really make them that much better I think but hopefully we can sometimes break some circles just a little bit so they will develop in the right direction." (Denmark)*

---

[76] Dong et al. 2004
[77] Moore and Ramirez 2016:300
[78] ibid.
[79] Kim et al, 2022:338
[80] Contreras and del Carmen Cano 2016:44
[81] Contreras and del Carmen Cano 2016; Bevan & Higgins 2002
[82] Tarabah et al. 2015
[83] Tarabah et al. 2015:3018
[84] Felitti et al. 1998

10 Factors in the wider society that contribute to vulnerability within families

Utilising a socio-ecological model to inform the research framework included consideration of factors in the wider society that can contribute to inter-generational violence, impact parenting ability, and lead to family breakdown and separation (Figure 16).

Figure 16. Factors in the wider society contributing to vulnerability within families
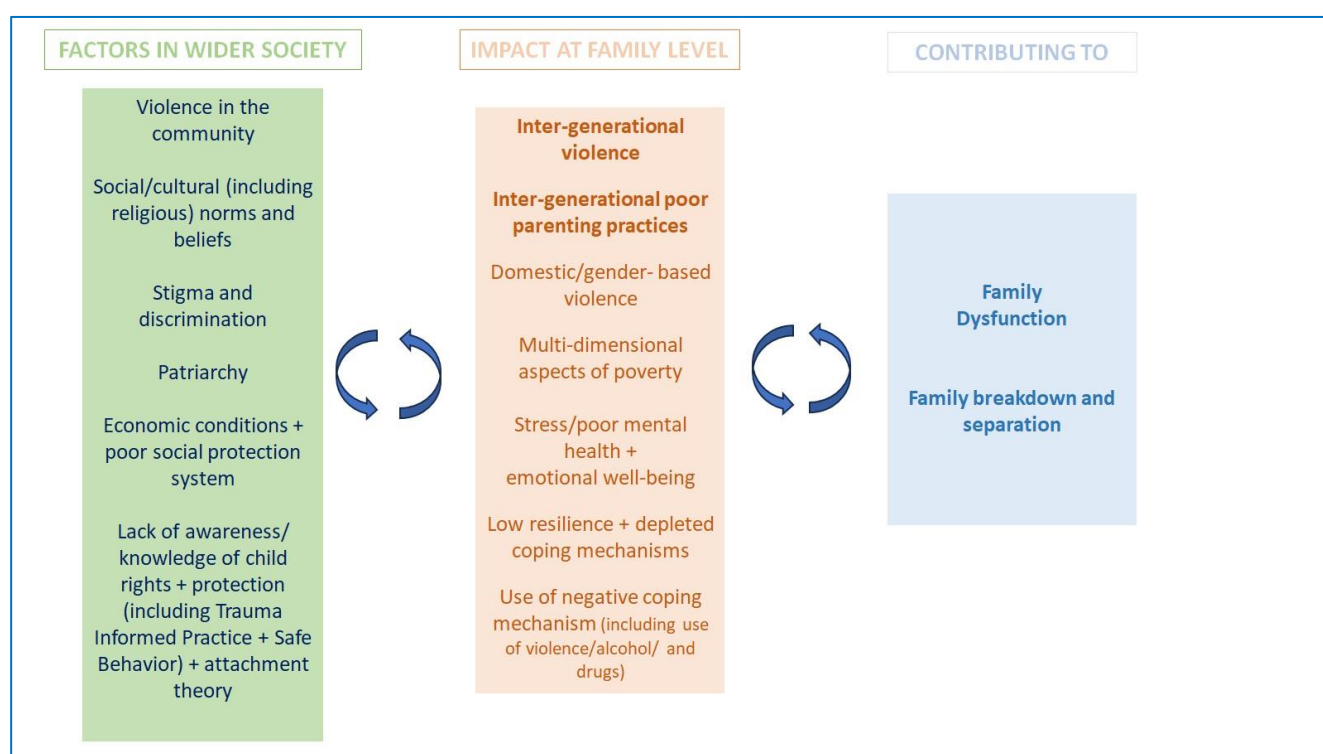
10.1 Living in a patriarchal society and gender based violence

Issues related to living in a patriarchal society arose during the collection of research data. UNICEF has defined patriarchy as a 'social system in which men hold the greatest power, leadership roles, privilege, moral authority and access to resources and land, including in the family.'[85] Patriarchy has also been described as a system in which 'attributes seen as "feminine" or pertaining to women are undervalued, while attributes regarded as "masculine" or pertaining to men are privileged.'[86] Throughout our research, young people, adult family members and interviewees also referred to living in a 'macho' society. Macho is defined in the Collins Dictionary as behaviour that is 'denoting or exhibiting pride in characteristics believed to be typically masculine, such as physical strength' or, 'an overly assertive, virile, and domineering man' demonstrated through a sense of power.[87]

A highly concerning impact of patriarchal/ macho societies is the manifestation of domestic abuse and gender-based violence. This is something that is usually inflicted on women and girls and also has serious ramifications

---

[85] Please see: https://www.unicef.org/rosa/media/1761/file/Genderglossarytermsandconcepts.pdf
[86] Please see: https://www.sciencedirect.com/topics/social-sciences/patriarchy#:~:text=Patriarchy%20is%20a%20system%20of,pertaining%20to%20men%20are%20privileged.
[87] Please see: https://www.collinsdictionary.com/dictionary/english/macho

in terms of gender inequality.[88] Interviewees spoke about the impact of living in a patriarchal/macho society and the correlation with domestic violence and abuse of girls and women.

"Violence is caused by …a machismo culture in which relationships are damaged." (El Salvador)

"The culture is dominantly men that are egocentric and as a woman you have no value you have no voice you are supposed to submit. You are supposed to obey when I say this way it should be that way and so when it becomes a contrary, and that is when fights arrive." (Kenya)

"…but the norm in Indonesia is that the role of the man is that the man work and the women stay at home but because maybe the man is not working and he does not have a job and has no income but the wife keep pressuring the husband to fulfil the needs and the man getting violent. So instead of finding solutions he becomes violent." (Indonesia)

"[domestic violence] is because of the lack of education about equality between genders. In our country this is a main issue" (Lebanon)

It is also apparent from the information gathered in our research workshops that children and young people are very aware of, and witness, violence in the home with a significant number of children and young people writing about "*domestic* violence", "*gender-based violence"*, "*when the father beats the mother*", and "*father treats the mother with arrogance*" One young person wrote of the unhappiness and worry caused by *"gender based violence among parents where a young person who is of age may try to save the parent who is being hurt and this may bring more problems"* and another of situations when the *"husband kills the children and the mother".*

Adult family members also wrote of, *"domestic abuse"* and how men inflict *" tyrannical behavior and controlling the life of others", "violate the rights of the female", as well as "oppression of the mother by the father".* They noted *"women having to endure violence"* and *"emotional and verbal maltreatment".* One participant wrote about unhappiness and worry in a family *"if the father is not obeyed and oppressing mother and children".* It is recognised that information gathered during the adult family workshops may have particularly reflected the perspective of females due to the very high percentage of women who attended.

Research respondents said domestic violence is something that perpetuates women's dependence on men and often means they and their children remain in abusive situations. It is understood that women are remaining inside violent relationships fearful of being socially ostracized and destitute when lacking the ability to find employment, become financially independent, rent a house and provide for their children.

"Sometimes when there is a complex situation involving gender violence that is sustained, because the woman has nowhere to go with the child and living in a house on her in-laws' land…" (Uruguay)

If domestic violence leads to marital separation, and especially when lacking support from extended family, friends or community networks, women are left struggling to raise their children alone with all the pressures and challenges this can bring. Some said the norm of supportive extended family and other social networks is eroding, in part due to harsher financial situations. One interviewee said,

---

[88] United Nations Development Programme (UNDP) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) 2023. Please see: https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/

"If they have positive support it can prevent abandonment/separation but if it is negative it can have the opposite effect." (El Salvador)

Our primary research findings highlight the risk of separation of children from their parents as a result of domestic violence including when marriages and partnerships breakdown. Findings also indicate that female-headed households are at higher risk of losing their children into 'social care' in many countries although we have not sourced official data in participating countries to support this claim. Children are also direct victims of that violence thus prompting child protection authorities to remove them.

"They [children] are coming [into alternative care] from families who have a lot of social problems, addiction, relationship problems, divorce separation and also violence against children and against the women." (Lebanon)

In some countries, interviewees identified the patriarchal social system and values as being more prevalent in rural communities and parts of the country where there were generally lower levels of education. We also heard about women running away from rural areas to the cities with their children to escape domestic violence when not finding help within their community. In this respect, and as previously mentioned in this report, some spoke of the concern regarding lack of NGOs operating in rural settings.

It is noted that domestic violence and domination can also be experienced by men although interviewees suggested this is not common. It should not be overlooked that men are also struggling within the family home, especially when there are societal expectations that place responsibility on them to adequately provide for their families. Interviewees realise how living for example in a harsh economic environment is placing additional stress on men. As a UNICEF report noted, when men cannot meet social expectations and fully provide for the family needs, 'stress grows and leads to them practicing intimate partner violence and violence against children.'[89]

Information gathered during the desk review also reveals the connection between violence against women and violence against children and the inter-generational impact it can have. For example, a systematic literature review conducted by Guedes et al. that considered published articles from high, middle and low income countries illustrated how many forms of violence against women and violence against children have 'common and compounding consequences across the lifespan'.[90] Their research pointed to the inter-generational effects when perpetrators witness or experience violence in childhood. Guedes et al. also looked at factors contributing to the presence of domestic violence in society and, as with other studies, found linkages with societies that have social norms that fail to condone violence and gender inequality including physical punishment of wives/children, social, economic, legal, and political disempowerment of women, [and]weak legal sanctions'.[91] They also reported on 'elevated rates of child maltreatment and partner violence in families characterised by'[92] male dominance, family and marital conflict, family disintegration, economic stress including male unemployment, and the presence of non-biological father figures of children in the home.

10.2 Violence in the community

Families are impacted by violence in the community including events related to war, civil unrest, and gang warfare. Events that can result in loss of homes and livelihoods; witnessing, taking part in, and enduring violence, and having to cope with everyday survival impacted by physical and emotional harm. As reported

---

[89] UNICEF 2020b:35
[90] Guedes et al. 2016:1
[91] Guedes et al. 2016
[92] Guedes et al. 2016:4

elsewhere in this study, ongoing traumatic and challenging experiences of some parents and other family members can negatively affect parenting and family life.[93]

It has been reported that more than one billion children are exposed to violence every year not only in their homes, but out in the community.[94] What these various forms of violence share, based on a review of the literature previously referenced in this report, is their enduring potential for life-long consequences that impact coping mechanisms and social relationships.

10.3 Violence in Schools

Interviewees in most countries spoke of how children's lives are also impacted by violence at school. Our research gathered information about violence in schools inflicted by teachers on students as well as peer to peer violence. Several interviewees called special attention to the stigma, discrimination, and violence children with special needs and disabilities experience at school.

10.4 Climate change

A few interviewees spoke of concerns related to climate change, particularly in relation to labour migration. Our desk review also revealed studies identifying risks to children and families caused by climate change including those of protection and family separation.[95] These vulnerabilities include increased poverty due to loss of livelihood and migration of parents for work, child labour, early or forced marriage and vulnerability to trafficking and exploitation. It results in children becoming unaccompanied or separated migrants and being sent to places of 'safety' across or in other countries sometimes through the use of smugglers and traffickers. There are also concerns about increased poor health and death of parents during disasters, for example, lost in floods or tsunamis.[96]

10.5 Social and cultural norms and practices and lack of awareness of child rights and protection mechanisms

The subject of how negative social and cultural norms and practices can contribute to concerns about protection and other situations that lead to the placement of children in alternative care is of concern. This includes stigma and discrimination against persons with special needs and disabilities, misunderstanding of, or prejudice toward, people from different ethnicities, and norms in society that allow for gender inequalities and the perpetuation of domestic and gender based violence. Social and cultural norms and practices are also placing children at risk as for example, the ongoing use of FGM/cutting, early and forced marriage, and the belief that children with special needs and disabilities are associated with witchcraft.

Research respondents noted how religious beliefs for example, encourage couples to respect the sanctity of marriage and remain together regardless of the violence that women and children may be being experiencing. Such beliefs, often through religious laws, are also forcing separated women to relinquish their children or by de facto, giving custody to the father. It is also noted how in many countries in which the research was conducted, beliefs of different religious denominations are contributing to the setting up of residential institutions that 'care' for children of 'poor' families some of which actively encourage the relinquishment of children into their facilities. This in part is based on wanting to do good and a charitable approach as well as understandings such as in Indonesia where we were told that it is a religious duty and providing alternative care will also mean providers and those offering charitable donations to the facilities will be guaranteed a place in '*heaven'*.

---

[93] See for example: Dong et al. 2004; Eltanamly et al. 2021; Hillis et al. 2016; Sim et al. 2018
[94] Hillis et al. 2016. See also: Know Violence in Childhood 2017
[95] Gender-Based Violence AoR 2021; Save the Children 2021; UN Human Rights Council 2017
[96] International Federation of Red Cross and Red Crescent Societies 2019; Save the Children 2021

The continuation of social norms and practices that are detrimental to children can in some part be attributed to a lack of knowledge and understanding of children's rights and also more positive and protective approaches. For example, our research reveals a lack of awareness by parents and professionals about harmful outcomes due to lack of attachment between children and their parents or another primary caregiver, and the detrimental impact placement in alternative care can have, especially when placed in residential institutions. There is also a lack of awareness of such topics as trauma informed practice and the impact of ACEs.

11 Decision Making: child protection systems and gatekeeping

As previously noted, we consider the decision to place a child in alternative care to be influenced by two particular factors: the circumstances they are living in, and the decision making of those with responsibility for children, their safeguarding, and judgements about placement in alternative care. To this end, the research framework for this study included a focus on decision makers and factors influencing their decision making. Most especially consideration has been given to decision making within the context of a national child protection system (please see Figure 2).

There are a number of different key decision makers in relation to children's placement in alternative care. These include parents who might voluntarily decide to relinquish their children into care, abandon them or, be persuaded by others that alternative care is the best place for them. Those who report their concerns about a child to official authorities and organisations are also decision makers. This may be family members, neighbours and community members, teachers, health workers, and others that children come into contact with. Principle decision makers include social workers, or their equivalent. In some countries only government social workers, child protection officers, or their equivalent, are mandated to manage children's cases. In others NGO workers can take on this responsibility. Police, members of the legal profession and the judiciary are also significant in decision making. Most especially the judiciary play a leading role in countries where their judgement is required before a child can be legally placed in alternative care. Not all decision makers have the knowledge, understanding and experience of necessity principles and child protection. As a result, many interviewees suggest the best decisions focussing on the best interest of the child are not always taken. Children are also decision makers in respect of reporting what is happening to them. However, these decisions are often hampered by lack of clearly signposted reporting mechanisms such as hotlines or being able to turn safely to a trusted adult.

Decision making is an objective and subjective action.[97] In some countries decisions are highly influenced by national laws and policies whilst in others personal beliefs and experience of decision makers as well as societal norms and culture may be more influential. Some are motivated by the belief that whenever possible children should remain with parents whilst the primary motivation of others is an understanding that children will be better off in care facilities, even when there is no protection risk. Factors that influence such decisions include such concepts as 'bad parenting' being related to families living in poverty and/or levels of parents' education and cultural background. This study did not entail an in-depth investigation of the level to which professional decision making is subjective or objective in all countries.

Other factors that impact decision making are explored in further detail below.

---

[97] Helm 2013; Sicora et al. 2021; Stokes and Schmidt 2012; Taylor and White 2001

11.1 A normative framework

Decision making in relation to placing a child in alternative care is guided and influenced by the adequacy of a normative framework containing relevant national legislation, policy, strategic plans, and statutory guidance. The strength of the normative framework varies considerably from country to country. There are countries that have invested in a strong normative framework and others where laws, policy and statutory guidance is very weak. There are also countries where some confusion has been caused by the development of copious laws and policies that supersede each other without some form of consolidation or rescinding of former laws and regulations. Neither does the presence of a strong normative framework always correlate with good gatekeeping. So for example, countries might have sufficient laws, policies and statutory guidance but they are not well understood by relevant personal and/or implemented if not matched with investment in service development and employment of highly skilled and well-trained personnel. In the countries we studied, many key professionals seem to be aware of legislation however, it was not possible to assess the depth of their understanding and how well they implement it.

There is a lack of regular State and independent monitoring and evaluation of the implementation of the normative framework in most countries. This includes the poor implementation of registering, monitoring and oversight of alternative care providers even in countries where they must legally register. In some countries there may be numerous unregistered residential institutions allowing for children to be taken into care without any gatekeeping and legal procedures being followed. It has not been possible to ascertain the degree to which some alternative care providers are actively encouraging the placement of children in their facilities for the prime reason of financial gain but an example of information gained during interviews includes comment on organisations that are "*against deinstitutionalisation. The focus is to keep the children because it is a business. They want to keep their jobs. It is self-interest…It is important to change the model.*"

All countries have some configuration of standards for child and family case management, and in some, guidance for the implementation through standing operating procedures (SOPs). The underdevelopment and under-use of SOPs is discussed later in this section of the report. Furthermore, in some countries, the SOPs or other aspects of the normative framework allow for some children to be placed in care in 'social care' without any gatekeeping checks and balances including lack of an administrative or judicial process.

11.2 Structures for child protection system delivery, co-ordination, and oversight

The role of government ministries

In all participating countries there is a ministry responsible for child protection. However, in some countries there are multiple ministries or, different departments within a ministry, that provide various child protection services and different forms of alternative care. For example, in Lebanon the Ministry of Social Affairs has one department for alternative care related to child protection and another providing placements for social care within residential institutions. In other countries ministries of education and health provide residential facilities. Such practice can lead to different pathways into alternative care within a country making decisions based on differing policies, guidance and regulations.

Interviewees told us that all the ministries or government departments we surveyed lack the human or other resources necessary to implement a strong child protection system and/or available finance and services is a factor influencing decision making. For example, in Denmark where there are far more resources available than in other countries, social workers believe decisions on the form of support offered to children and families is influenced by availability of funds, or lack of, within local authority budgets. Furthermore, ease of access to provision, and often all or partially funded, residential care managed by non-governmental organisations, can influence the direction of government strategies and policies that favour placement in such facilities. There

was no indication of cost-benefit analysis studies being undertaken by governments that would help inform the social and monetary benefits of prevention of child-parent separation and deinstitutionalisation.

Capacity varies but in general, apart from Denmark, there are gaps in the ability of government ministries to coordinate and maintain oversight of the different players contributing to the national child protection system, and in particular alternative care providers.

The role of UN and non-governmental agencies
NGOs, CBOs, faith-based organisations and private companies/individuals are significant providers of alternative care. They are also decision makers in the sense of the advocacy programmes they develop, the advice and support they provide to government bodies, and the support services they decide to offer children, young people and families. During our interviews and workshops, we noted how the role of NGOs/CBOs as service providers seems to be well recognised and appreciated, particularly by adult family members. NGOs/CBOs are providers of different programmes of family support, family strengthening, positive parenting and family guidance services. However these are considered to be insufficient in both the numbers of people they reach and the breadth of issues they address. Some also spoke of the repetition of services whilst there were also gaps. It was not possible during our fieldwork to assess the breadth and impact of these programmes.

UN agencies and national and international NGOs also contribute through provision of training and capacity building for both their own staff as well as those working in government services. Furthermore, UN agencies and NGOs are influential when instrumental in advising and working with governments on the development of legislation, policy and strategic plans. This is complemented with work to raise awareness of children's rights and to advocate with and on their behalf for positive change.

Whilst families are experiencing situations of multi-deprivation, there is a view that inter-sectoral approaches to providing support is not sufficient. A disconnect and lack of coordination between service providers is also impacting families who have to spend time and effort going between providers to seek the assistance they need.

11.3 Financial and human resources and services

Interviewees recognised a range of common factors impacting the ability of professionals to always make the correct decisions for children and families and effectively undertake their child protection roles and responsibilities. Due to insufficient numbers of qualified social works, child protection officers, and their equivalent, there are very high caseloads which affects ability to adequately fulfil roles, including the effective use of a case management approach. Very often social workers, not only work with children but are generalists and have responsibility to support other vulnerable members of the community. Many feel overworked, undervalued and underpaid resulting in high staff turnover and emotional burn out. They also lack the basic resources to undertake their duties properly. For example, an absence of transportation to reach families in which concerns had been reported, or to follow up on cases. Assessment of the quality of child protection work and decision making by judges, police, teachers, health workers and other relevant professionals was not possible in the time allocated for this research.

In terms of achieving a strong focus on gatekeeping and prevention of child-parents separation, interviewees, and particularly social workers, said decision making is significantly impacted by available budgets within the central and local government departments and, the lack of support services they can refer families to. In some countries this includes insufficient government and non-governmental support for families with basic necessities such as food, clothing and housing, specialist services such as mental health and counselling

programmes, social protection packages, and family strengthening programmes. Restrictions on time and resources available to decision makers means it is often quicker and easier to place a child in an alternative care facility than to support them in their own family, or assist children to return to their families.

The availability and functioning of alternative care services as already noted above, can have a profound impact on decision makers. As for example, in many countries, the ease of access to, and availability of, care placements that are fully funded or subsidised by non-governmental bodies, especially when other services are not available, influences professional worker's decision and make it more likely children will be placed there. In terms of investment in reunification, our research indicates very few children being returned to parents or extended family once placed in care.

11.4 Gatekeeping and child protection case management

Gatekeeping procedures that should prioritise prevention of unnecessary child-parents separation are an essential component of a national child protection system.[98] In this regard, and as noted in the previous section on a normative framework, child protection case management procedures that have clear multi-sectoral processes for reporting, comprehensive child and family assessments, case planning and monitoring[99], are insufficient in most countries. And in some cases, are not being used at all e.g. when decisions are made to relinquish or place/accept a child directly into alternative care without any official process. This is in part due to lack of standardised multi-sectoral SOPs for case management and other guidance including measurements and indicators for risk thresholds in relation to child safeguarding and best interest determination as well as insufficient training on their use. Our research suggests that, apart from in Denmark, there is little or no time consistently being put into rigorous multi-sector assessments before a placement is made. Our conclusion is that as a result, the placement of children in care is often based on insufficient, or no, evidence and true understanding of a child and family circumstances. This in turn suggests there are children for whom placement in alternative care was not necessary. Furthermore, in some countries, the SOPs actually mandate for children to be placed in care in 'social care' without sufficient checks and balances, including lack of judicial process. There is an agreement that more needs to be done to unify the use of the child protection case management and SOPS amongst relevant organisations and continuous capacity building of those who use them and time allocated to make well-informed decisions. New legal reforms in Denmark call for more in-depth participation of children in all stages of assessment and decision making which is something that is poorly implemented, or completely absent, in other countries.

In Denmark a different scenario is presented in terms of assessments and decision making. Assessments are undertaken and recommendations are made by social workers but this is then passed to a supervisor and subsequently to a panel of local authority managers and other professionals for a final decision. Furthermore, many interviewees in Denmark question whether the decision to place some child in care is being taken soon enough due to the strong focus on keeping children in parental care. They report how efforts to keep a child in vulnerable circumstances can intensify their trauma if in the end, extended support services do not work.

International guidance highlights the importance of decision makers from all responsible inter-sectoral bodies and organisations sharing the same gatekeeping tools and child protection case management processes. However, in all countries apart from Denmark, the involvement of all relevant professionals from different sectors is often missing in the assessment and decision making process.

---

[98] Cantwell et al. 2012; Csaky and Gale 2015
[99] Cantwell et al. 2012

11.5 A skilled workforce

The ability to make the correct decision for each child and family is impacted by the capacity of professionals and their knowledge, understanding, training and experience. It has not been possible to accurately assess the quality of higher education or additional training opportunities for social workers, judges, policy makers, and others responsible for child protection. Neither has the evaluation of the quality of one-off and in-service training been possible. Information provided by interviewees suggest the quality of professional training for social workers varies considerably from country to country but even within countries, there are differing opinions on this matter. We would suggest that in all countries except possibly Denmark, the ability of those such as teachers, health workers, police and other front line workers who come into daily contact with children lack not only appropriate statutory guidance, but also the skills and training to identify, respond to and support children in vulnerable circumstances in a way that might prevent situations escalating to a point where alternative care is a consideration. Lack of training for those working in other sectors e.g. health and education, law enforcement etc. was identified with one interviewee noting how "*everyone should have the training".*

In general, many interviewees, again except those in Denmark, identified topics that would help inform better decision making and which, require further training provision. These include topics covering violence prevention, trauma-informed practice, understanding of attachment theory, use of case management tools, decision making that is in the best interest of the child, and understanding of risk thresholds. In Denmark where it is considered there is a high quality of training, social workers said there is a good focus on theory but insufficient in-service practice placements that would fully prepare them for taking decisions in 'real life' situations.

In countries where the use of large residential institutions is still common, there was little evidence of training and information sharing that would help promote deinstitutionalisation and reforms to the alternative care system resulting in increased prevention of child-parent separation. Typical barriers of residential care staff to deinstitutionalisation include concerns regarding lack of re-training and employment skills if funding is to be re-allocated to different service provision including family support and strengthening programmes.
The provision of in-service workshops and other capacity building opportunities, mostly offered by UN bodies and NGOs, is seen as important. However, there is a perception that too much '*ad-hoc training'* is being offered, with a lack of coordination between agencies, especially in terms of topics. This is resulting in both repetition and gaps in training. Improvements are also deemed necessary with regards the quality of some of the training that is being provided.

11.6 Advocacy and awareness raising

Very little information was gathered on views and opinions around advocacy and awareness raising. During workshops some adult family members said they want messages to be given to governments about the support they need. We believe service providers are well placed to effectively use their experience and knowledge to raise the awareness of politicians, policy makers, and other professionals. In this way they can bring about a better understanding of the situation of children and families and the need for laws, policies, programmes, resources and services that would address the drivers contributing to child-parent separation and placement in alternative care. Most especially, our research highlights the important contribution children, young people and other family members can make to identifying topics to include in advocacy programmes as well as the substantial impact their involvement in raising awareness could bring about.

11.7 Data management information systems

The UN Guidelines[100] advise State Parties on the need for 'development and implementation of coordinated policies'. Such policies should be based on sound information and statistical data. The necessity of accurate and systematic data collection for information on characteristics and trends of child protection and alternative care is crucial for the development and application of appropriate and evidence-based policy, practice, and services. In all countries there are various government or UN and NGO reports providing varying degrees of information on child protection and alternative care. However, apart from Denmark, no county in our study has a complete, systematic and rigorous system of data collection, management and analysis that provides the full necessary information about children in alternative care. Furthermore, we are aware that if government departments do have data, they are not necessarily making it publicly available. In some countries where data systems are utilised, or under development, lack of transparency as to data collection methods, and absence of definitions with regards terminology etc. can render the information unreliable. This in turn suggests that legislation, policies, strategic plans and programming is not necessarily being based on the necessary evidence that would lead to the effective mitigation of key drivers contributing to child-parents separation and placement in alternative care.

12 Conclusions and recommendations

There are thousands of children being placed in care unnecessarily because drivers leading to such placement including the impact of poverty, inter-generational violence, and parenting capacity, are not being addressed. Our research shows how guidance within international resolutions and agreements holding State Parties, and other bodies and organisations responsible for addressing drivers of separation and ensuring children can remain with their parents in a safe and caring environment, is not being met. This requires a society that is free from violence. It means combatting stigma, discrimination and marginalisation that individuals and families face on the basis of ethnicity, sex, gender, special needs and disability, sexual orientation, and birth status etc. It is necessary to recognise and tackle the inter-generational aspect of violence and poor parenting skills. It is incumbent on governments to develop the necessary normative framework, a strong economy, and programmes of poverty alleviation. It requires the safety and security of all citizens, and systems and delivery of a range of basic and specialist services such as education and health and psychosocial support as well as essential utilities, employment, and adequate shelter. A social protection system should provide for individuals and families when needing support including unemployment, sickness and disability benefits, pensions and other social safety nets. Furthermore it requires a strong child protection system, including the systematic application of gatekeeping mechanisms and a well-resourced and trained workforce.

Our research has not included an in-depth analysis of all the different aspects of government responsibility but has considered some of the gaps in provision. We also recognise that national and international NGO, CBOs, including faith-based organisations, and private enterprises, UN and other international bodies, play a significant role in influencing service provision and these differing roles and responsibilities should be a consideration when reading the conclusions below.

Although not advocating for direct policy transfer between countries and regions, and especially recognising the differing contexts in which policies and programmes should be developed and implemented as well as the importance of a 'bottom up approach', nevertheless, our findings suggest there is previously published research that provides evidence and theory that may be informative. As for example, literature on attachment theory, parenting, ACEs and the inter-generational aspects of violence. It is also important to recognise that

---

100 United Nations General Assembly 2009

although the research identifies some commonalities across countries in terms of drivers of child-parent separation, each family is an individual entity with specific challenges, stressors and strengths.

The recommendations in this report have been informed by answers provided by children, young people and adult family members when asked about the solutions they thought would help address the worries, challenges and concerns they had identified. This information was complemented by recommendations of interviewees regarding actions and services they believe would help improve the situation for families and prevent child-parents separation. Furthermore, the research framework and analysis of findings have been informed by the content of the UNCRC, the 2019 United Nations General Assembly Resolution, 'The promotion and protection of the rights of children' and the UN Guidelines for the Alternative Care of Children. Recommendations are therefore addressed in reference to children's rights. Although these rights are indivisible, and all are essential to the well-being of children, we have chosen to develop recommendations based on a certain number of rights thought most applicable to the findings of the research and prevention of child-parents separation.

The recommendations below are divided into themes. However, it is recognised that there are many inter-relating drivers that contribute to the placement of children in care and therefore, the importance of investing in multi-faceted approaches to preventing separation of children from parental care.

Protection

Amongst articles of the CRC are those that afford children the right to protection include, protection from violence, abuse and neglect (Article 19 and Article 37(a)), from sexual exploitation and abuse (Article 34) and, from sale, trafficking and abduction (Articles 11, 35, 36, 39). Article 2 of the UNCRC guarantees children protection from discrimination. Article 42 requires States Parties to make the principles and provisions in the Convention 'widely known, by appropriate and active means, to adults and children alike.' In particular, Article 19 requires:

> States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Children and young people who participated in our research said they want to be protected, loved, and cared for, and to live in a violence free and stable home environment. They particularly emphasised the responsibility of their parents to keep them safe from harm.

Recommendations

- There is an urgent need for investment in violence prevention programmes for adults and for children to help break the inter-generational cycle of violent behaviour. These programmes should be systematically applied in a repeated and sustainable manner. To this end, provision of violence prevention programmes that reach children at an early age could be built into the school curriculum and comprise not just one-off 'civic' lessons, but continuous learning that promote positive messages and behaviour throughout school life. Violence prevention should also be built into family strengthening programmes that include participation of all members of a family.

- Violence prevention programmes should include efforts to combat factors that contribute to the presence of abuse and exploitation including discrimination, stigmatisation, and lack of equality - and particularly gender-based violence and inequality. They should incorporate clear messages that promote tolerance and understanding. Issues of gender equity, discrimination against persons with special needs and

disabilities or from different religious, ethnic, or other specific backgrounds, and acceptance of those identifying as LGBTQI+, are examples of topics such programmes should include.

- To help inform policies and programmes that promote safe and united families, professionals would benefit from a better understanding of the well-evidenced factors that are contributing to violence in the home in their country.

- To help break the cycle of inter-generational aspect of poor parenting ability (including the use of violence), professionals would benefit from a better understanding of such topics as attachment theory – including the impact of separation that children face when placed in alternative care - the negative impact of adverse childhood experiences (ACEs),[101] and trauma-informed practice. These topics should also be incorporated into programmes for parents and other caregivers as prevention of violence also requires sustained actions working closely with families to bring about an understanding of the harm being created when they use violence and finding ways to address such abusive situations.

- Those living in situations of domestic violence and gender-based violence, most especially girls and women, need someone to turn as for example, access to counselling and psychosocial services provided within a caring and safe environment. When rejected by extended family and the wider community, and with no-where else to go, crisis shelter centres, and other support services, for women and their children could offer immediate protection and help prevent situations from deteriorating to the stage where children may be separated and placed in alternative care. Access to child day care and after school clubs would also provide some important respite for women who are struggling. The building of stronger supportive social networks is also important.

- Men should be actively involved in family strengthening and other programmes that help them understand the importance of, and how to maintain, strong and caring family relationships. This should include awareness on issues of gender parity and prevention of domestic violence.

- Consideration should be given to strengthening all elements of the national child protection system with a focus on early prevention of violence against children.

- Efforts to increase the awareness of child rights amongst the general public as well as the harm to children when they lack love, affection and are victims of violence - including impact of separation from parental care - can help strengthen the protective environment in the home and community.

- Efforts to ensure prohibition of corporal punishment into law would not only lead to less violence against children but also send a significant message that children should not be harmed.

Adequate standard of living and well-being

Article 27 of the UNCRC requires States Parties to recognise the right of every child to a 'standard of living adequate for the child's physical, mental, spiritual, moral and social development.' The Article also calls on State Parties to take appropriate measures to support and assist parents with their responsibility toward children and 'shall in case of need provide material assistance and support programmes…' Further relevant articles include a right to health (Article 24), education (Article 28 & 29) and survival and development (6), to social security (Article 25), protection from discrimination (Article 2), and rights for children with disabilities (Article 23). Article 18 requires States Parties to 'take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.'

---

[101] Please see: https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next.See also: SOS Children's Villages International and CELCIS, Centre for Excellence for Children's Care and Protection, University of Strathclyde 2021; SOS Children's Villages International 2022

Article 1 of the UNGA 2019 Resolution, 'the Promotion and protection of the rights of children' also urges States to improve the situation of children living in poverty and take into account how 'a severe lack of goods and services…is particularly threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of society, and exposed to conditions that lead to increased violence.'

Recommendations

▪ Addressing issues related to poverty is a structural issue that requires the presence of a strong and stable government with political aspirations to serve all people and strengthen the country economically, politically and socially. To prompt necessary development it is also incumbent on different actors to instigate advocacy for change and information sharing that would support government policy makers, and others, in gaining a concise understanding of efforts needed to prevent placement of children in alternative care. This also requires systematic gathering of information that takes into account the multi-dimensional reasons children are in alternative care including aspects of poverty and the impact on families. This also requires information and awareness raising that informs a multi-sectoral and family-centred approach to the design, development and delivery of policies for, and support to, families with the understanding it is often more than one pathway or driver that contributes to family breakdown. One specific focus of advocacy should include the development and availability of fully functioning and holistic social protection systems that reach all those in need of social safety nets and increased efforts of governments to provide such necessary support.

▪ Helping families address the many challenges they are facing requires closer multi-sectoral cooperation and improved coordination between Government and non-governmental bodies and agencies, UN agencies, academics, faith-based leaders, the private sector, and donors. This should include those responsible for education, health, security, social protection and social welfare, justice, and child protection.

▪ There should be a concerted effort across and within organisations, bodies or departments, to assess and recognise where each can most effectively contribute to prevention of placement in alternative care: whether it be direct service provision, advocacy to effect change, signposting so that families know how and where to receive the support they need, fundraising, or even leading/supporting such coordinated response. Organisations should also look at the breadth of their outreach to ensure they are reaching vulnerable families including those residing in rural areas.

▪ Families need informed and coordinated access to service provision in a way that will address all the inter-related challenges they face. This should be available universally to address the concern that support often comes too late and so that vulnerability of families might be prevented. To this end consideration should be given to providing families with signposting to basic and specialist services as well as ensuring joined-up provision in a way that overcomes barriers of access e.g. providing access to all support coordinated in one location rather that family members having to move from agency to agency to agency to resolve their problems. In some countries this is access to something called a 'one-stop shop'. [102]

▪ Helping families undertake the responsibility in providing for their families might include increasing access to income generation schemes and the obtaining of stable, well remunerated employment. This should be linked with the need for more easily available and free training, including adult education programmes, and

---

[102] Please see: https://www.undp.org/botswana/news/undp-supports-establishment-one-stop-shop-public-services-botswana And: https://www.undp.org/kazakhstan/stories/one-stop-shop-window-problem-solver-people-difficult-life-situations

especially those related to improved literacy for women. These activities should only be undertaken by organisations that actually have the expertise and specialism to implement such programmes.

- Affordable or free day care for children would be of specific help to women trying to find their way into the work force. It could also provide respite for those struggling with household responsibilities, being overwhelmed by challenges of everyday life, and looking for help in alleviating pressure building up within families. This includes day care for infants as well as after-school/school holiday provision.

- Children should not be placed in alternative care solely for the reason of poverty. Alternative care should only be used when absolutely necessary for children who need protection. This should be mandated in legislation. Efforts should be made to stop the placement of children in government sponsored (in terms of legal and statutory guidance and funding) and NGO run residential institutions including those offering 'social care' and 'boarding schools'. Deinstitutionalisation requires legislation, policies and strategies that refocuses the efforts and funds currently used to run residential institutions toward services and programmes that allow children to remain safely in their own homes.

- Increased efforts are needed to ensure access to free health care services and/or national health insurance. This should include provision of sufficient psychosocial, mental health, and counselling services. They should also be a consideration in the delivery of family strengthening programmes.

- Investment should be placed in ensuring that all children are registered at birth and are issued with birth certification..

- Opportunities to build better support and social networking within communities would be a positive action. Strengthening family networks is also important.

Support in parenting

The preamble to the UNCRC states that the 'family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community'. This requires States to provide parents, and other primary caregivers, with the support needed so that children have the best protection and opportunities in life.

Recommendations

- As with previous recommendations, actions are needed that will break any inter-generational cycle of poor parenting. This requires consideration of parenting programmes that take a holistic and family-centred approach and incorporate such topics as attachment theory, the negative impact of adverse childhood experiences (ACEs),[103] and trauma-informed practice.

- It is important that professionals working with families are in receipt of training, knowledge and understanding that prevent them taking decisions based on negative social and cultural norms and beliefs. This requires a deeper understanding of the different factors impacting parents and their ability, family dynamics, what is necessary to maintain harmonious, unified, supportive relationships in the home, and ways to build on existing resilience and coping mechanisms.

---

[103] Please see: https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next.See also: SOS Children's Villages International and CELCIS, Centre for Excellence for Children's Care and Protection, University of Strathclyde 2021; SOS Children's Villages International 2022

- In those countries that do offer strong and universal systems of welfare and social protection but the ability to parent well and to protect children still exists, further emphasis should be placed on understanding why families do not reach out for, or have difficulty accessing, the support they require.

Special needs and Disability

Children with special needs and disabilities have the right to enjoy 'a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community (Article 23 of the UNCRC). Article 23 also requires provision of special care and assistance to ensure children with disabilities have, 'access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities'.

All the issues covered in this conclusions and recommendations section apply equally to children, and parents or other primary caregivers, with special needs and disabilities. There are some risks however, that are heightened in the case of children with special needs and disabilities, and children whose parents are disabled, that professionals should be aware of and take steps to address.

Recommendations

- Family support programmes should ensure the inclusion of families that face challenges due to special needs and disabilities, and especially the full inclusion of those members of families that have a special need or disability.

- Violence prevention programmes, as previously mentioned, should inherently incorporate protection of children with special needs and disabilities.

- Advocacy and awareness raising programmes should promote an understanding and acceptance of special needs and disability, both within families and amongst the general public. Public information campaigns should speak about fair and respectful treatment of people with special needs and disabilities, the harm of stigmatisation, and topics that would help prevent violence and exclusion. Advocacy programmes by and with people with special needs and disabilities are important and help bring a specific focus to improving services, opportunities, and support.

- Inclusion in schools should not just offer children with special needs and disabilities an equal opportunity to receive an education, but they should also ensure a place of security.

- Children with special needs and disabilities, as with other children, should not be placed in residential institutions. Consideration should be given to the specialist support necessary to prevent the placement of children with special needs and disabilities in alternative care.

Education

Article 28 of the UNCRC requires States Parties to 'recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity'. Article 23(3) recognises education should be provided free of charge in a manner that responds to the special needs of a disabled child. Article 24 of the United Nations Convention on the Rights of Persons with Disabilities[104] calls on States Parties to 'recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning'.

---

[104] United Nations Convention on the Rights of Persons with Disabilities 2006

Recommendations

- Investment in high quality and provision of free public education, including without costs of fees, materials and uniforms etc. should be made in all local communities.

- It is important that increased efforts and resources are put into provision of inclusive education for children with special needs and disabilities.

- There is a need for increased awareness raising and efforts that will prevent placement of children in alternative care, for purposes of education, including into boarding schools. This includes raising awareness that boarding schools are residential institutions as children are outside of the care of their parents and therefore, in alternative care. Most particularly it requires governments and other organisations to refocus expenditure on residential education facilities, including those that also promote the provision of 'social care', into all necessary aspects of prevention of child-parent separation programming and public welfare and protection services.

Play and leisure

UNCRC Article 31 of the UNCRC directs States to the right of children to rest and leisure and encourages access to cultural, artistic, recreational and leisure activity. This right is highlighted in this report, not just because of the importance this brings to children's development, but also the opportunity recreational pursuits can play in strengthening family life.

Recommendations

- Time spent together as a family has been noted to be particularly important in the way it contributes to family unity and can help forge closer bonds. Activities that address this important issue would add value to parenting and family strengthening programmes.

Capacity of professional decision makers and the efficacy of the national child protection system and gatekeeping

Article 31 of the 2019 UNGA resolution on the 'Promotion and the protection of children's rights', urges States to 'strengthen child welfare and child protection systems and improve care reform efforts…and improved capacity-building and training programmes for relevant stakeholders'. In this respect Article 1 promotes, 'adequate and systematic training in the rights of the child, including by encouraging States to take the Guidelines for the Alternative Care of Children into account for professional groups working with and for children, including with children without parental care'. This includes 'specialized judges, law enforcement officials, lawyers, social workers, medical doctors, care professionals, health professionals and teachers, and coordination among various governmental bodies involved in the promotion and protection of the rights of the child'.

Recommendations

- We suggest countries undertake an in-depth review of national legislation and policies to inform future developments in line with international conventions, standards, and guidance that include a focus on protection of children whilst applying gatekeeping principles that prevent unnecessary placement in alternative care. Consideration should be given to incorporating legally mandated provision of services and programmes that support families in difficult circumstances, and ensure financial and material poverty, or conditions directly and uniquely ascribed, to such poverty, are never the only justification for the removal of a child from the care of parents. Legislation should also include the gradual elimination of all forms of residential institutions. In countries where there is a plethora of different legislation, regulations and polices leading to confusion and contradictory guidance, we suggest a streamlining and consolidation of the normative framework. Furthermore, attention should be given to improved regulation and oversight of

alternative care providers that prevents the direct relinquishment of children into care settings without an administrative and judicial process.

- All national child protection systems should incorporate gatekeeping mechanisms that apply child protection case management, including rigorous multi-sectoral assessments of children and families, and standing operating procedures that guide decision making in relation to the level of risk a child may be facing and best interests of the child.

- To ensure cohesion and streamlining of gatekeeping decisions and implementation of child and family case management, all responsibility for coordination, oversight and delivery of the national child protection system, including alternative care, should be under one department in one ministry.

- The undertaking of a national cost benefit analysis study would inform the government and other actors as to the social and monetary benefits of prevention of child-parent separation and deinstitutionalisation.

- To inform the development of future training and capacity building, it is recommended that an assessment of the quality of social work training in higher education institutions is undertaken along with a review of provision and standards of in-service capacity building. This should be coupled with a study of current skills, knowledge and capacities of all those responsible for making decisions about protection and care of children including social workers, police, judiciary, health and education workers etc. This should consider their understanding of risk thresholds in relation to protection and how to apply the principle of the best interest of the child.

- Awareness raising and ability of those such as teachers, health workers, police and other front line workers who come into daily contact with children should be raised through provision of statutory guidance and training to identify, respond to and support children in vulnerable circumstances, especially in a way that could help prevent situations escalating to a point where alternative care is a consideration.

- Training of those working in residential institutions may not only help alleviate some of the opposition to those working in such settings, but also contribute to re-skilling. If sufficiently trained, they could be offered new roles in family strengthening programmes and, if family based care settings are developed, they might become providers.

- Steps should be taken to address such issues as professional burn out of social workers and making sure they are fully supported in their work, i.e., caring for the carers.

Data management systems
The 2019 UNGA Resolution, urges States to,

> 'improve data collection, information management and reporting systems relating to children in Improving data collection, information management and reporting systems related to children without parental care in all settings and situations in order to close existing data gaps and develop global and national baselines.'

Recommendations
- Investment is needed in the development of systematic and rigorous qualitative and quantitative national child protection data collection and analysis. Such data should provide evidence to inform legislation, policy, statutory guidance, planning and programme delivery, and more effective support to children and families that focusses investment on the prevention of unnecessary placement in alternative care. Such

data collection should be a government responsibility but the building of effective data management systems should be encouraged and supported by NGOs. The collection of data should consider:

- Detailed quantitative and qualitative date on children in alternative care including reasons for their placement.

- Understand the main drivers that lead to placement of children in alternative care, and how are these influenced by various factors, e.g. gender, age, ethnicity, societal, socio-economic circumstances, and access to services etc.

- How are children at risk of separation officially identified and recognised in official data.

- Which child protection, social protection, and other basic and specialist services are available to the families of children at risk of placement in alternative care, where are the gaps and barriers to access.

- Involvement and consideration of the ideas and proposals of children, young people, adult family members, and other key stakeholders, about responses to the issue of child-parents separation and how they could be improved.

- Data collection and analysis should take into consideration not only the rigour of research methods but also the use and definition of different terminology so that evidence is transparent and understandable.

Participation
Article 12 (1) of the UNCRC requires,

> States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

In recognition of the importance of children's right to participate in decisions affecting their lives, and indeed for anyone to play an integral role in deciding on things that impact their life, it is necessary to facilitate a careful and supportive process that allows for full and meaningful participation in different decision making situations.

Recommendations
- Children should be supported in a way that allows their full and meaningful participation in any decision making processes that will affect them, including their placement in alternative care.

- All children should be acknowledged as active citizens and afforded equal opportunity to contribute to their society. In this respect, policy makers and programme designers and implementers may need help understanding that children are experts in their own lives. This will require challenging negative assumptions regarding children's capacities to engage and participate and providing them with opportunities that allow them to build and demonstrate such capability.

Annex 1. Research Methodology

Research methodology

Desk Review

A desk review was conducted by means of a systematic exploration of academic and other web-based databases and search engines[105] as well as hand-sourced reports and materials. Topics included participatory research methodology, prevention of family separation, gatekeeping and family strengthening.

A specific desk review was also undertaken for each country in order to gather socio-economic and other relevant information regarding each context as well as data on issues of child protection and the national child protection system.

Development of participatory research methodology

Article 12 (1) of the UNCRC requires,

> States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

In recognition of the importance of children's right to participate in decisions affecting their lives, it was deemed very important to try and achieve as high a degree of participation as possible during our research[106]. To this end, children and young people were not only invited to join qualitative participatory research workshops, but efforts were made to engage them in the design of the research questions and methodology. Adult family members were also invited to a series of workshops that also employed participatory methodology.

To ensure full compliance with best practices and ethics of participatory research, the desk review included a search for literature providing guidance on, and critiques of, such methods. The search extended to literature that would offer advice in terms of co-design of research which children and young people. Although a considerable amount of literature on the ethics, process, and methodologies of participatory research with and by children and young people was sourced, there was a surprising absence of literature on co-design. Information that guided the development of the participatory research methods included that of Kirby et al.[107] who describe participation not only as 'taking part' or 'being present' but having influence in decisions and actions.[108] The aim of participatory research according to Pain and Francis,[109] is 'to effect change for and with research participants'. Others see children as 'competent social actors who are actively involved in shaping their own social worlds.'[110] Methods frequently used in Participatory Action Research (PAR) and Participatory Rural Appraisal (PRA) were also drawn on and adapted.

Research workshops were developed using creative approaches with the hope this would particularly engage children and young people and encourage active participation. We recognise and appreciate participants were giving up their time to take part and it was important to make sure the activities not only provided the data being

---

[105] Including Science Direct, Wiley online, Taylor & Francis online, Springerlink, JSTOR and Sage Journals, UNICEF, the Better Care Network, Google, and Google Scholar search engines.
[106] Arnstein 1959
[107] Kirby et al 2003
[108] ibid.
[109] Pain and Francis 2003 p. 44. See also Clark and Statham 2005; Haijes and van Thiel 2016
[110] Gilchrist et al. 2013:577. See also Davidson 2017; Smith e al. 2002

sought, but also provided some enjoyment. To this end, all meetings and workshops with children and young people also included a number of 'ice breaker' exercises and games to help create a friendly and happy atmosphere.

Research participants

Plans for the participatory research workshops included invitations being issued to 4 different groups of research participants. This included children aged 13-15 living with their families. Young people who had previously lived in alternative care (whose ages ranged from 17-21 years or 20-25 years depending on the usual age of leaving care in a country) were also invited to participate. In addition, adult family members were also invited to attend research workshops (Table 5). In total, 266 children, 251 young people, and 290 adult family members participated in the workshops. Workshop were deliberately kept to approximately 10 participants in each group to allow for close teamwork.

In addition a total of 95 professional stakeholders participated in the research through a series of semi-structured interviews. This includes government and NGO social workers, social work managers, members of the judiciary, policy makers and alternative care providers. A further 231 professionals completed an online survey.

Selection of research participants

Guidance sheets were prepared containing a profile of different research participants and a careful process for issuing invitations to participate. Workshop participants were drawn from recipients of governmental and non-governmental organisations' programmes as well as SOS Children's Villages services. Government agencies and UN agencies and NGOs were contacted, information about the study and the research process disseminated, and their support in identifying children, young people and adult family members was sought.

An aim was to ensure workshop participants represented a cross section of the community in terms of ethnicities and religions, sex, gender, and people with special needs and disabilities etc. Overall, there were slightly more girls than boys in the children and young people workshops. Participants in the adult family workshops were predominantly female.

A purposive sampling approach was applied to professionals invited to attend semi-structured interviews. Purposive sampling is a methodology widely used in qualitative research and was chosen because it allows for intentional selection of knowledgeable participants that will generate theory and understanding of a specific social process and context.[111] Criteria for the selection of interviewees was prepared and shared with each country. Based on this profile, members of SOS Children's Villages teams selected interviewees based on their knowledge of different key professional stakeholders in the country.

Research co-design workshops and piloting research questions and methodology

A series of co-design workshops were undertaken with children and young people in El Salvador and Lebanon. The aim being their input into the development and implementation of participatory research methodology. To achieve this, one group of children aged 13-15 years old living with their families and one group of young people aged 17 to 21 years old who had left care attended the co-design workshops in each country.

To ensure the participants involved in the co-design workshops were fully informed about the research and what their participation would mean, they were first invited to an Introduction Meeting (one meeting for each group). During these meetings participants were told about the research aims and what their participation in the co-design workshops would involve. They were provided with the opportunity to ask questions and gain as much information necessary to help them decide whether or not to participate.

---

[111] Arber 2006; Ritchie et al. 2006; Robson 2002

Following the introduction meetings, the same groups of children and young people attended the research co-design workshops. During the workshops, they were invited to 'test' and evaluate different research exercises designed specifically for their age group. They included exercises that had the aim of:

- Understanding what are, and exploring ways to ask, research questions
- Developing the research questions that could be used with other children and young people
- Developing participatory research exercises that would elicit answers to the research questions

To help achieve the research, each group was asked to create different questions they thought children and young people could answer that would elicit the sought information.   As a result, the following questions were developed:

Question 1: What makes children/young people in this family happy when they are at home?
Question 2: What makes children/young people in this family worried or unhappy when they are at home?
Question 3: What makes the adults in the family feel happy, strong and united when they are at home?
Question 4: What makes the adults in the family feel worried or unhappy when they are at home?
Question 5: What is needed to help families be happy, strong and united

It was important that questions did not ask anyone about their personal experience but drew on knowledge of families within their local communities. This questions also helped inform the research questions subsequently used in workshops with adult family members.

The workshops continued with a series of exercises that included activities such as drawing and providing information through short – often one or two word long - written answers to the research questions. Following the completion of each exercise, participants were provided an evaluation sheet containing a number of questions about the efficacy of the exercise. They were asked if the exercise should be changed and if so, any suggestions for re-designing it. A discussion helped gather feedback and other suggestions. Almost all the participants thought the exercises were 'very good'. They particularly liked the exercises that involved the use of art materials and drawing. Other suggestions included making some of the exercises easier, more 'active', and shorter. They particularly enjoyed the icebreakers and energisers. Overall, the exercises were assessed as appropriate for eliciting answers to the research questions.

After some adaptations made in light of the feedback, the workshops were piloted with additional groups of children and young people. These workshops followed the same format as the co-design workshops but without the development of the research questions and evaluation process.

Research workshops

The results of the workshops in El Salvador and Lebanon informed the content of a set of Participatory Research Workshop Handbooks that guided the implementation of workshops with children and young people and adult family members in Cote d'Ivoire, Denmark, Indonesia, Kenya, Kyrgyzstan and Uruguay. To ensure that the methodology was applicable in all other countries, except in Denmark and Uruguay, workshops with the first group of children and young people involved a short evaluation exercises. Furthermore, specific methodology for the implementation of research workshops with children with special needs was developed with the support of Dr Cecilie Kolonda Moesby-Jensen, in Denmark.

At the start of each workshop it was important to make sure participants fully understood the Information Sheet they had been given and informed consent requested. Children and young people were then split into two groups and asked to draw an imaginary house and family (Figure 17). It was left to the children and young people to identify the composition of the family. However, in almost all instances, the families the children and young people drew were composed primarily of a father, a mother and children. They were then asked to write their

answers to research questions 1 to 4 on different coloured post-its. Some children with low literacy abilities were supported by the researchers and/or were told they could draw their answers.

Children were able to provide their answers to question 1 and 2 privately by writing on the post-its and putting them in small bags placed on the table. They placed answers to questions 3 and 4 on their drawings. Young people placed all their answers directly onto the drawings. Children were invited to present their pictures and the answers to questions 3 and 4. Young people were invited to present their answers to all four questions. If appropriate, short discussions about what participants had written were facilitated by the researchers. In some countries the happy and worry bags were also made available to young people in case participants wanted to privately add information.

Figure 17. Examples of children and young people's drawings

(Denmark)

(El Salvador)

(Cote d'Ivoire)

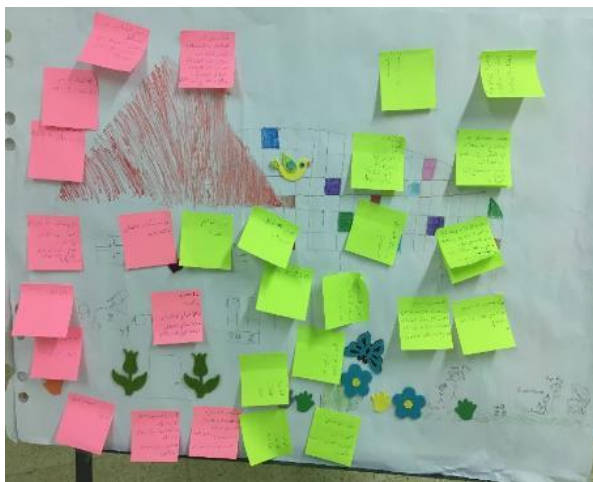(Indonesia)

(Kenya)   (Kyrgyzstan)

(Lebanon)   (Uruguay)

In workshops with children with special needs and disabilities in Lebanon and Kyrgyzstan, the workshop methods were adapted and shortened. In Denmark and Indonesia, methodology was further adapted. To this end, the overall methodological approach to the research with children with special needs and disabilities was one that would ensure predictability, structure, and clarity so that participation was accessible, pleasant, flexible, and not stressful. In the preparation phase and during the workshop activities, the sharing of information was structured around nine guiding questions that would create clarity and meaning for the children as to what would happen, why and how. This included making the following information very clear: what (the content of the workshop), why (reason), how (method), where (location), when (timing), how long (duration), how much (quantity), with whom (people), from whom you can get support from (person).[112]

Gathering of data was achieved by employing visually creative elements so as to engage the children and encourage and support their active participation and easy communication.[113] To do this, everyone gathered around large pre-prepared posters, each adorned with drawings and pictograms that illustrated the discussion topics/questions. For example, for the first four research questions, Dr Moesby-Jensen prepared a set of large drawings depicting a family home with graphics that emphasised each research question. Figure 18 illustrates the graphic corresponding to the question, 'What makes adult members of this family happy?'. Accordingly it depicts a house (a family home), the children in the home, enhanced graphics of two smiling adults, and a smiley

---

[112] Please see: https://adhd.dk/wp-content/uploads/2022/09/artikel-De-9-magiske-her.pdf
[113] Fayette and Bond 2018; Moesby-Jensen 2019:, Moesby-Jensen 2021

icon to represent happiness. Children provided verbal and non-verbal answers which were written down by the researcher and the Educators and teachers accompanying the children.

Figure 18. An example of graphics used in workshops with children with special needs in Denmark
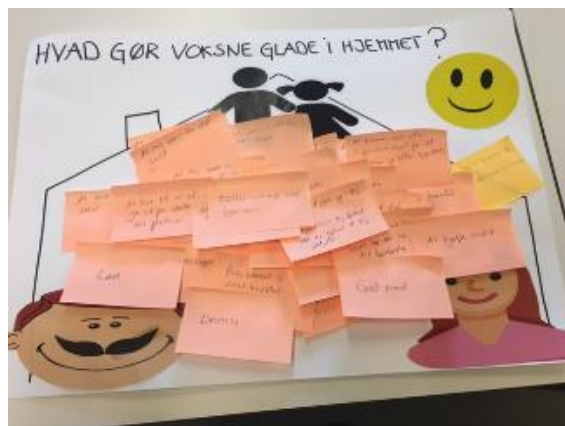
Solutions

Children were asked about their solutions to the challenges for children and families that they had identified. They were asked to think of themselves as a superhero and to depict this in drawings. They then wrote 3 things they would do with their superpowers to help families address the identified challenges. Examples are illustrated in Figure 19.

Figure 19. Examples of children's superhero drawings
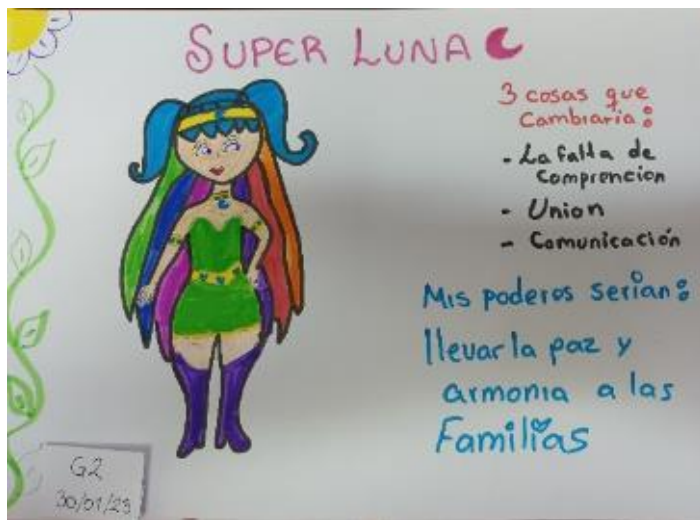
(El Salvador)   (Kenya)
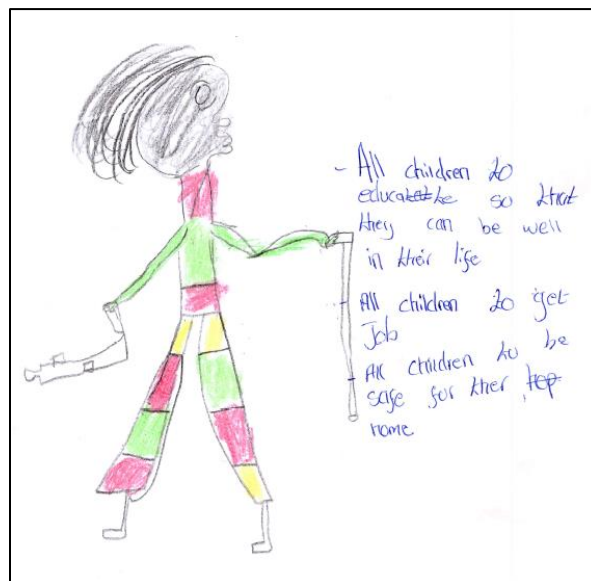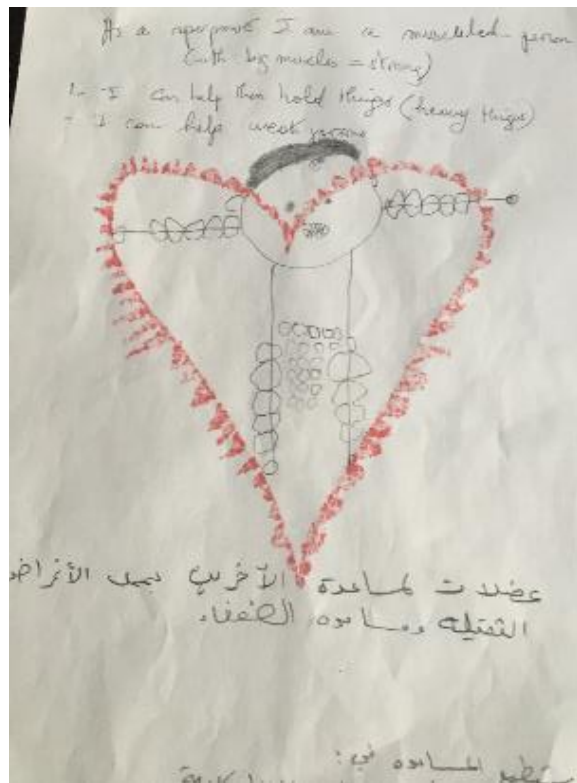
(Kyrgyzstan)   (Lebanon)

For the workshops with children with special needs and disabiltiies in Denmark and Indonesia , the methodology was adapted to include the use of graphics prepared by the researcher depicting superheroes and help was provided in writing answers on the post-its (Figure 20).

Figure 20. An example of graphics used in workshops with children with special needs in Denmark

Problem and solution trees were used in the workshops with Young People. They placed the previously identified challenges facing young people and families on the trunk and their solutions were written on 'leaves' (Figure 21).

Figure 21. Examples of problem and solution trees prepared by young people

(Indonesia   (Uruguay)

Young people were also asked to group the solutions into different categories e.g., money, health, education and then to rank them in order of importance Participants were invited to present their 'trees' to the full group and to briefly discuss their solutions.

At the end of all the workshops, participants were invited to ask questions or asked if they wanted to discuss topics that had arisen during their time together. Workshops always finished with thanks and an energiser.

We believe the use of creative visual materials was effective in capturing children and young people's perspectives, including those with special needs and disabilities to giving them a voice. In particular children with special needs and disabilities are often excluded from participation in research but this study recognises their valid and relevant perspectives on matters than concern their family life.[114]

Adult family workshops

In each country, adult family members were invited to participate in research workshops. At the beginning of each workshop, a short introduction to the research aims and objectives was provided, previously distributed Information Sheets were discussed, and participants were asked to sign consent forms. Participants were split into two groups and either asked to draw a house with a family in it, or were provided a picture of a house and family that had previously been drawn by children or young people. They were asked to answer the following questions and write their answers on different coloured post-its:

---

[114] Shakespeare, 2015

Question 1: What makes the adults in the family feel happy, strong and united when they are at home?
Question 2: What makes the adults in the family feel worried or unhappy when they are at home?

Written answers were then placed on the house and each group was invited to present their answers.

A problems and solution tree exercise was then used with participants. Participants placed the post-its containing answers to the question what makes members of the family worried or unhappy when they are at home on the trunk of a tree. Their solutions were written on the 'leaves' (Figure 22). Participants were invited to present and briefly discuss their answers.

Figure 22. Examples of problem and solution trees produced by adult family members
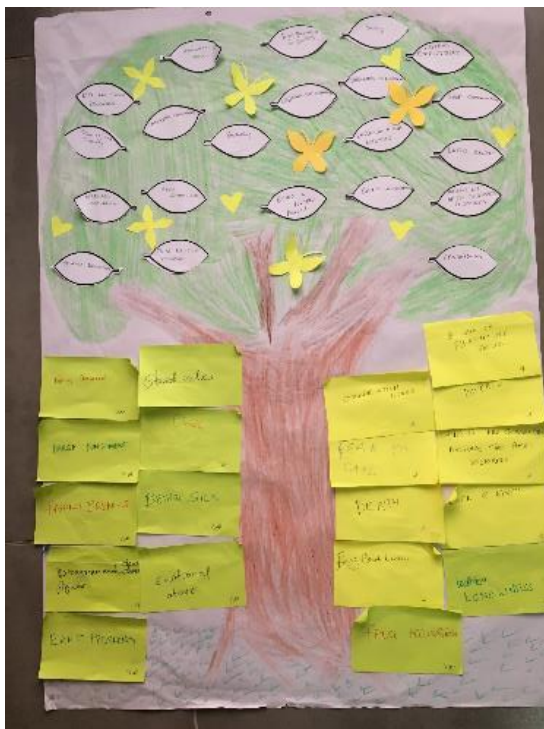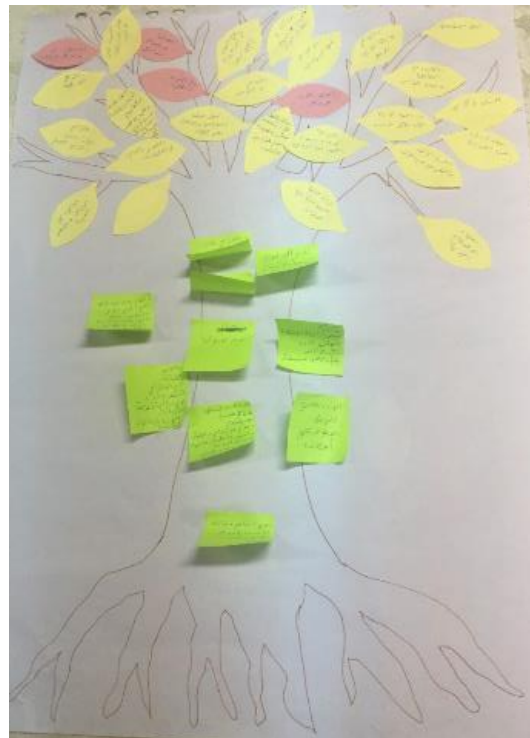
(Kenya   (Lebanon)

At the end of each workshop, participants were invited to ask questions or if they wished, to discuss topics that had arisen during their time together.

Semi-structured interviews

A series of semi-structured interviewees with 95 professional stakeholders were completed in each country. The same interview guide containing a set of questions was used in all the countries. Interview topics included reasons why children entered alternative care; challenges facing families that can lead to child-parents separation; the content, strengths and weaknesses of the legal and regulatory framework and its application; the role of decision makers in relation to placement in alternative care; structures for, and the delivery of, family support and alternative care services; workforce capacity; and recommendations for improvements to prevent family separation.

Online survey

An online survey for professionals working to support, care and protect children was designed utilising the Qualtrics[115] data software programme. There was a target to achieve 25 responses in each country. Some countries achieved more than this and some were slightly under this target. The survey was not completed in El Salvador. After cleaning of the data a total of 231 surveys were analysed. The questions were designed to elicit information as to why children are being separated from their family and placed in alternative care, different types of services and support available to families, and the degree to which they are available.

Research process and ethics

Informed participation and consent

It was important that participation in the research was fully informed and voluntary. All prospective participants were provided with language, age and respondent appropriate Information Sheets when first invited to be part of the research. Age and language appropriate consent forms were also prepared in all countries. At the start of each workshop, the content of the Information Sheets were discussed and content explained. Participants were given the opportunity to ask questions before signing the consent form. A strong emphasis was placed on participants understanding they were free to withdraw their participation at any time. This process was also repeated at the start of each semi-structured interview.

For the online survey, participants were provided with an Information Sheet in advance of their participation. The consent process was built into the survey and respondents could not complete the questionnaire without giving consent.

Confidentiality and data protection

Research participants have been assured confidentially and anonymity, unless information that suggested risk of harm to a child was revealed. All data used in reporting has been anonymised, and care taken not to reveal the identity of participants. Workshop participants were asked not to share personal stories, name anyone in any discussions, or share participant's information outside of the workshops. National researchers, translator accompanying the international researcher, and transcribers, all signed third party confidentiality agreements.

Recordings of interviews were made using an encrypted recording device and uploaded to secure password protected folders. These are now held only by the international Lead Researcher. All data has been stored in an electronic format and held securely in password protected computer files.

Facilitation of participation and remuneration

Care was taken to balance the available time researchers had to complete the field work with efforts not to disrupt the lives of participants. This included consideration of the times and length of workshops. All out of pocket expenses for participants such as transportation were covered. Children, young people and family members were given non-monetary remuneration. This varied from country to county and included gift cards, vouchers, food and school materials.

---

[115] Please see: https://www.qualtrics.com/uk/

Ethics and child safeguarding

All elements of the research process have been designed and conducted in a manner guided by professional standards and ethical principles.[116] Ethical clearance to conduct the research was sought and granted from universities in all participating countries.

All efforts were made to ensure participation in the research did not lead to harm, stigma, re- victimisation or discrimination. Careful consideration was given to the sensitive nature of the topic under consideration i.e., events that may cause distress in the lives of participants. In this regard, the study was designed in a way that did not ask workshop participants about personal experience. Through careful observation, researchers did their best to pick up on cues indicating any distress. Ground rules developed by the participants themselves at the start of each workshop also highlighted issues such as respect, trust, the importance of being able to talk freely and being listened to. All efforts were made to ensure the workshops were safe and welcoming. The physical environment was important with efforts to use light, airy and spacious rooms. Food and other refreshments were supplied, and children and young people were given the opportunity to go out and play during breaks. No other adults except the national and international researchers and a translator were present in the workshops.

The issue of child safeguarding was taken with the utmost seriousness and informed the design of an ethical research process that took all steps possible to ensure the rights and dignity of participants. An SOS Children's Villages social worker, or equivalent, (a 'responsible adult') was present at the same location as the research workshops with children and young people. They were available if any participant wanted to speak with them. If a researcher become concerned about the safety or wellbeing of a child or young person during the workshop or, something was revealed that suggested a child or young person was at risk of harm, the 'responsible adult' was informed. In the event of such disclosure, SOS child safeguarding procedures were to be followed. Children and young people were informed of this process. In addition a room was made available on the same premises as the workshops and designated a quiet and safe space children and young could use if they needed time alone.

Research analysis

All interviews have been transcribed and collated into a word document of which, in-depth reading was completed by the Lead Researcher. All the information provided on post-it notes by children, young people and adult family members during the research workshops have been transposed into digital word documents These document have been imported into the NVIVO 11 data analysis programme[117] and through a text query process, used to extract and collate 'instances' of similarities (and variances) to inform emerging and core themes. Linkages were identified in highlighted text and illustrated in word clouds and tree maps.

The software programme, Qualtrics, allowed for the analysis of responses to the online survey.

---

[116] See for example, Social Research Association (2020)
[117] Please see: https://lumivero.com/products/nvivo/

Bibliography

Adebiyi, B.O., Goldschmidt, T., Benjamin, F., Sonn, I.K., Rich, E. & Roman, N.VC. (2022) Enablers and barriers to effective parenting within the first 1000 days: an exploratory study of South African parents and primary caregivers in low socio-economic communities. *BMC Public Health,* Vol.22, pp.1-13.

Arber, S. (2006) *Secondary Analysis of Survey Data.* In: Gilbert, N. (ed.) (2006) Researching Social Life (2nd edition) London: Sage Publications Ltd. pp.269-286.

Arnstein, S.R. (1959) A Ladder of Citizen Participation. *Journal of the American Planning Association,* Vol 35(4) pp. 216-224.

Asmundson, G.J.G. & Afifi, T.O. (2019) eds. *Adverse Childhood Experiences, Using Evidence to Advance Research, Practice, Policy, and Preventions*. Academic Press.

Babatope O. Adebiyi, B.O., Goldschmidt, T., Benjamin, F., Sonn, I.K., Rich E. & Roman, N.V. (2022) Enablers and barriers to effective parenting within the first 1000 days: an exploratory study of South African parents and primary caregivers in low socio-economic communities. *BMC Public Health,* Vol.22, Article 793.

Beger, L.M. (2005) Income, family characteristics, and physical violence toward children. *Child Abuse and Neglect*, Vol.29(2), pp.107-103.

Better Care Network (2017) *Violence Against Children and Care in Africa: A Discussion Paper*. Better Care Network.

Bevan, E., & Higgins, D. J. (2002) Is domestic violence learned?: The contribution of five forms of child maltreatment to men's violence and adjustment. *Journal of Family Violence*, Vol. 17(3), pp. 223–245.

Blanco, T.M., Sánchez-Lissen, E., Gil-Jaurena, I. & Romero-Pérez, L. (2022) Child-Led Participation: A Scoping Review of Empirical Studies. *Social Inclusion*, Vol 10(2).

Bradbury-Jones, C & Taylor, J. (2015) 'Engaging with children as co-researchers: challenges, counter-challenges and solutions', *International Journal of Social Research Methodology*, Vol 18(2), pp. 161- 173.

Bromark, K., Knutsson, O. & Weitz, Y.S. (2023) Co-designing a dynamic tool to enhance participation for young people: A participatory design project with young service users and social workers. *Child and Youth Services Review*, Vol 127, pp.1-10.

Bronfenbrenner, U. (1977) Toward an experimental ecology of human development. *American Psychologist,* Vol 32(7), pp. 513–531.

Bronfenbrenner, U. (1986) Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, Vol 22(6), pp. 723–742.

Bruskas, D.& Tessin, D.H. (2013) Adverse Childhood Experiences and Psychosocial Well-Being of Women Who Were in Foster Care as Children. *The Permanent Journal*, Vol.17(3), pp.131-141.

Bryson, C., Purdon, S. & Skipp, A. (2017) *Understanding the lives of separating and separated families in the UK: what evidence do we need?* Brydon Purson Social Research LLP.

Bywaters, P. & Skinner, G. with Cooper, A., Kennedy, E. & Malik, A. (2022) *Final Report, The Relationship Between Poverty and Child Abuse and Neglect: New Evidence.* Huddersfield University and Nuffield Foundation.

Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'.* UK: Centre for Excellence for Looked After Children in Scotland. University of Strathclyde, Glasgow: Scotland.

Cantwell, N. and S. Jacomy-Vite, (2011) *Assessment of the Alternative Care System in the Syrian Arab.* Republic of Syria Ministry of Social Affairs and UNICEF.

Casky, C. & Gale C. (2015) *Making Decisions for the Better Care of Children.* Better Care Network and UNICEF.

Chaitkin, S., Cantwell, N., Gale, C., Milligan, I., Flagothier, C., O'Kane, C. & Connelly, G. (2017) *Towards the Right Care for Children: Orientations for Reforming Alternative Care Systems, Africa, Asia, Latin America.* SOS Children's Villages International.

Chevalier, J., & Buckles, D. M. (2019) <u>Participatory action research theory and methods for engaged inquiry</u> (2nd ed.). Routledge, Taylor & Francis Group.

Child Protection Working Group Lebanon (2018) *Minimum Standards for Child Protection in Humanitarian Action in Lebanon*. Child Protection Working Group Lebanon.

Clark, A. & Statham, J. (2005) Listening to young children Experts in their own Lives. *Adoption and Fostering,* Vol.29(1), pp.45-56.

Contreras, L. & del Carmen Cano, M. (2016) Child-to-parent violence: The role of exposure to violence and its relationship to social-cognitive processing. *The European Journal of Psychology Applied to Legal Context,* Vol.8, pp. 43-50.

Cooper, K. (2021) Are Poor Parents Poor Parents? The Relationship between Poverty and Parenting among Mothers in the UK. *Sociology,* Vol.55(2), pp.349–383.

Corral, N.O.V., Lopez, M.L. & Armenta, M.F. (2022) Children in residential care in México: Understanding profiles, trajectories and outcomes) *Child and Family Social Work,* Vol.27(2), pp.152-162.

Cossar, J., Brandon, M. & Jordan, P. (2014) 'You've got to trust her and she's got to trust you': children's views on participation in the child protection system. *Child and Family Social Work,* Vol.21(1), pp. 103–112.

Cuevas-Parra, P. & Tisdall, K.M. (2019) Child-Led Research: Questioning Knowledge. *Social Sciences*, Vol.8(44).

Davidson, E. (2017). Saying it like it is? Power, participation and research involving young people. *Social Inclusion*, Vol.5(3), pp. 228–239.

De Swart et al. (2012) The effectiveness of institutional youth care over the past three decades: A meta-analysis. *Children and Youth Services Review*, Vol.34(9), pp.1818-1824.

Delap, E. & Reale, D. (2013) *Protect my Future: The links between child protection and population dynamics.* An Interagency Publication.

Desmond et al. (2020) Prevalence and number of children living in institutional care: global, regional, and country estimates. *The Lancet Child & Adolescent Health,* Vol.4(5) pp. 343-344.

Dong, M., Anda, R.F., Felitti, V.J., Dube, S.R., Williamson, D.F., Thompson, T.J., Loo, C.M. & Giles, W.H. (2004) The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect,* Vol.28(7), pp. 771-784.

Drew, C. (2023) Microsystem Examples & Simple Definition (Bronfenbrenner). Helpful Professor.
Please see: https://helpfulprofessor.com/microsystem-examples/

Dube, R.S. Anda, R.F., Felitti, V.J., Croft, J.B., Edwards, V.J. & Giles, W.H. (2001) Growing up with parental alcohol abuse: exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, Vol.25, pp.1627–1640.

Dube, S.R., Anda, R.F., Felitti, V.J., Edwards, V.J. & Williamson, D.F. (2002) Exposure to abuse, neglect and household dysfunction among adults who witnessed intimate partner violence as children. *Violence and Victims*, Vol.17(1), pp.3–17.

Eltanamly, H., Leijten, P., Jak, S. & Overbeek, J. (2021) Parenting in Times of War: A Meta-Analysis and Qualitative Synthesis of War Exposure, Parenting, and Child Adjustment. *Trauma, Violence, & Abuse*, Vol. 22(1), pp. 147-160.

European Expert Group on the Transition from Institutional to Community-based Care (EEG) (2012) *The Common European Guidelines on the Transition from Institutional to Community-based Care*. European Expert Group on the Transition from Institutional to Community-based Care.

EveryChild (2009) *Every child deserves a family: EveryChild's approach to children without parental care*. London: EveryChild

Family for Every Child (2014) *Why Care Matters: The importance of adequate care for children and society*. London: Family for Every Child.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss. M.P. & Marks, J.S. (1998) Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, Vol.14(5), pp.245-258.

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007) Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, Vol.31(1), pp.7–26.

Fish, J.A., Baams, L., Wojciak, A.S. & Russell, S.T. (2019) Are Sexual Minority Youth Overrepresented in Foster Care, Child Welfare, and Out-of-Home Placement? Findings from Nationally Representative Data. *Child Abuse and Neglect,* Vol.89, pp. 203–211.

Flick, U. (2006) An Introduction to Qualitative Research (3rd edition). London: Sage Publications.

Flick, U. (2009) An Introduction to Qualitative Research (4th edition). London: Sage Publications.

Ford, J.D. & Delker, B.C. (2018) Polyvictimization in childhood and its adverse impacts across the lifespan: Introduction to the special issue, *Journal of Trauma & Dissociation*, Vol.19(3), pp. 275-288.

Fouché, C., & Light, G. (2011) An invitation to dialogue: 'The world café' in social work research. *Qualitative Social Work: Research and Practice*, Vol.10(1), pp. 28-48.

Gender-Based Violence AoR, (2021) *Climate Change and Gender-Based Violence: What are the Links?*
Available at: https://gbvaor.net/sites/default/files/
2021-03/gbv-aor-helpdesk-climatechange-gbv-19032021.pdf.

Gale, C. (2018) *Children without Parental Care and Alternative Care: Findings from Research*. University of Strathclyde, Glasgow: Scotland.

Garcia-Quiroga, M. & Salvo Agoglia, I.S. (2020) Too Vulnerable to Participate? Challenges for Meaningful Participation in Research with Children in Alternative Care and Adoption. *International Journal of Qualitative Methods*, Vol.19, pp. 1–11.

Gilchrist, F., Rodd, H.D., Deery, C. & Marshman, Z. (2013) Involving children in research, audit and service evaluation. *British dental journal*, Vol.214(11), pp. 577-582.

Grant, T. (2017). *Participatory research with children and young people: Using visual, creative, diagram, and written techniques.* In Evans, R., Holt, L., & Skelton, T. (Eds.), Methodological Approaches. Springer.

Guedes, A., Bott, S., Garcia-Moreno, C. & Colombini, M. (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global Health Action,* Vol.9(1), pp.1-15.

Haijes, H.A. & van Thiel, G.J.W. (2016) Participatory methods in paediatric participatory research: a systematic review. *Paediatric Research*, Vol.79(5), pp. 676 – 683.

Helm, D. (2013) Sense-making in a social work office: an ethnographic study of safeguarding judgements. *Child & Family Social Work*, Vol.21, pp. 26–35.

Hillis, S.D., Mercy, J.A. & Saul, J.R. (2016) The enduring impact of violence against children. *Psychological Health and Medicine,* Vol.22(4), pp.393-405.

Ho, L.L.K., Li, W.H.C., Cheung, A.T., Luo, Y., Xia, W. & Chung, J.O.K. (2022) Impact of Poverty on Parent–Child Relationships, Parental Stress, and Parenting Practices. *Public Health*, Vol.10, pp.1-10.

Holland, S., Renold, E., Ross, N. & Hillman, A. (2008) *Rights, 'right on' or the right thing to do? A critical exploration of young people's engagement in participative social work research*. Economic and Social Research Council.

Howard, A.H., Gwenz, G.D., Taylor, T. & Wilke, N.G. (2023) The relationship between adverse childhood experiences, health and life satisfaction in adults with care experience: The mediating role of attachment. *Child & Family Social Work,* Vol.28(3), pp. 589-896.

International Federation of Red Cross and Red Crescent Societies (2019) *The Cost of Doing Nothing: The Humanitarian Price of Climate Change and How It Can Be Avoided*. Geneva: IFRC.

International Organization for Migration (IOM) (2013) *Children on the Move*. International Organization for Migration

International Organization for Migration (IOM) (2015) *Unaccompanied children on the Move*. International Organization for Migration

International Social Services (2017) *Children on the Move: from protection towards a quality sustainable solution, a practical guide.* International Social Services.

Jamieson, L., Feinstein, J.L., C., Kapell, A., & Dulieu, N. (2021). *Working together: Including children in research on violence against children. A resource pack for research practitioners*. End Violence Partnership Knowledge Network, End Violence Lab, and Save the Children.

Kendrick, A. (2012) Relations, relationships and relatedness: residential child care and the family metaphor. *Child and Family Social Work,* Vol.18, pp.77–86.

Kim, Y., Lee, H. & Park. A. (2022) Patterns of adverse childhood experiences and depressive symptoms: self-esteem as a mediating mechanism. *Social Psychiatry and Psychiatric Epidemiology,* Vol.57, pp.331–341.

Kirby, P., Lanyon, C., Cronin, K. & Sinclair, R. (2003) *Building a Culture of Participation, Handbook: Involving children and young people in policy, service planning, delivery and evaluation.* National Children's Bureau on behalf of the Department for Education and Skills.

Know Violence in Childhood (2017) *Ending Violence in Childhood Global Report.* Know Violence in Childhood A Global Initiative.

Lake, D., & Wendland, J. (2018) Practical, epistemological, and ethical challenges of participatory action research: A cross-disciplinary review of the literature. *Journal of Higher Education Outreach and Engagement*, Vol.22(3), pp. 11-42.

Lau, J.T.F., Liu, J.L.Y., Yu, A. & Wong, C.K. (1999) Conceptualization, reporting and underreporting of child abuse in Hong Kong. *Child Abuse Neglect*, Vol.23, pp.1159-1174.

Laumann, L. (2015) *Household Economic Strengthening in Support of Prevention of Child Separation and Children's Reintegration in Family Care*. ASPIRES.

Lodder, A., Mehay, A., Pavlickova, H., Hoare,., Box, L.,. Butt, J., Weaver, T, Crawford, M.J., Clutterbuck, D., Westbrook, N., Manning, K., Karlsen, S., Morris, S., Brand, A., Ramchandani, R., Kelly, Y., Heilmann, J. & Watt, R.G. (2021) Evaluating the effectiveness and cost effectiveness of the 'strengthening families, strengthening communities' group-based parenting programme: study protocol and initial insights. *British Medical Journal of Public Health,* Vol.20, pp1-13.

Lundy, L., McEvoy, L. & Byrne, B. (2011): Working with Young Children as Co-Researchers: An Approach Informed by the United Nations Convention on the Rights of the Child. *Early Education & Development*, Vol.22(5), pp.714-736.

Ludwig, S. & Rostain, A. (2009) *Family Function and Dysfunction*. In Carey, W.B., Coleman, W., Crocker, A.C.. Elias, E. & Feldman, H. (Eds.), <u>Developmental-Behavioral Paediatrics</u> (Fourth Edition). Elsevier Inc.

Madden, V., Domoney, J., Aumayer, K., Sethna, V., Iles, J,. Hubbard, I., Giannakakis, A., Psychogiou, L. & Ramchandani, P. (2015) Intergenerational transmission of parenting: findings from a UK longitudinal study. *European Journal of Public Health*, Vol.25(6), pp.1030–1035.

McCormick, A., Schmidt, K., & Terrazas, S. (2017) LGBTQ youth in the child welfare system: An overview of research, practice, and policy. *Journal of Public Child Welfare*, Vol.11(1), pp.27–39.

Malley-Morrison, K. (Ed.). (2004) <u>International perspectives on family violence and abuse: A cognitive ecological approach.</u> London: Routledge, Taylor and Francis Group.

Mallon, A.N.& Ferrera, M. (2002). There's no place like home: achieving safety, permanency, and well-being for lesbian and gay adolescents in out-of-home care settings. *Child Welfare*, Vol.81, pp.407–439.

Marcus, R., Khan, A., Leon-Himmelstine, C. & Rivett, J. (2020) *What works to protect children on the move*. UNICEF.

Martin, F.S. & Zulaika, G. (2016) Who Cares for Children? A Descriptive Study of Care-Related Data Available Through Global Household Surveys and How These Could Be Better Mined to Inform Policies and Services to Strengthen Family Care. *Global Social Welfare*, Vol. 3, pp. 51–74.

Moore, K.Q. & Ramirez, A.N. (2016) Adverse Childhood Experience and Adolescent Well-being: Do Protective Factors Matter? *Child Indicators Research*, Vol.9, pp.299-316.

Moylan, C.A., Herrenkohl, T.I., Sousa, C., Tajima, E.A., Herrenkohl, R.C. & Russe, M.J. (2010) The Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behavior Problems. *Journal of Family Violence,* Vol.25(1), pp. 53–63.

Namey, E.H. & Brown, A.N. (2018) Learning About Integrated Development Using Longitudinal Mixed Methods Programme Evaluation. *IDS Bulletin*, Vol.49(4), pp. 97-114.

Nankervis, K., Rosewarne, A. Vassos, M. (2011) Why do families relinquish care? An investigation of the factors that lead to relinquishment into out-of-home respite care. *Journal of Intellectual Disability Research,* Vol.4, pp.422-433.

NGO Working Group on Children Without Parental Care (2013) *Identifying Basic Characteristics of Formal Alternative Care Settings for Children: A Discussion Paper'.* NGO Working Group on Children Without Parental.

Ortea, C., Pérez-Padillab, J., Mayad, J., Sánchez-Prietoa, L., Amera, J., Sofía Baenad, S. & Lorencec, B. (2022) An Integrated Analysis of the Impact of Spanish Family Support Programmes with Informed Evidence. *Psicología Educativa.*

Pain, R., & Francis, P. (2003). Reflections on participatory research. *Area*, Vol.35(1), pp.46–54.

Pears, K.C. & Capaldi, D.M. (2001) Intergenerational transmission of abuse: a two-generational prospective study of an at-risk sample. *Child Abuse and Neglect*, Vol.25(11), pp.1439-1461.

Petrowski, N; Cappa, C., Gross, P (2017): Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse & Neglect,* Vol.70, pp. 388-398.

Ritchie J., Lewis, J. and Elam, G. (2006) Designing and Selecting Samples. In: Ritchie, J. and Lewis, J. (eds.) Qualitative Research Practice: A Guide for Social Science Students and Researchers. London: Sage Publications.

Robson, C. (2002) Real World Research (2nd edition). Malden: Blackwell Publishing.

Sabo, K. (2001) *The benefits of participatory evaluation for children and youth, Participatory Learning and Action Notes Issue 42.* International Institute for Environment and Development London.

Save the Children (2021) *Born into Climate Crisis, We must act now to save children's rights*. London: Save the Children.

Serbin L., & Karp, J. (2003) Intergenerational Studies of Parenting and the Transfer of Risk From Parent to Child. *Current Directions in Psychological Science,* Vol.12(4), pp.138-142.

Shamji, Y. (2007). "'Our Voice' - A Project by Children and Youth with Additional Needs: A Children's Participation Case Study from Lebanon." *Children, Youth and Environments* Vol.17(3), pp. 66-83.

Sicora, A., Taylor, B.J., Alfandari, R., Enosh, G., Helm, D., Killick, C., Lyons, O., Mullineux, J., Przeperski, J., Rölver, M. & Whittaker, A., (2021) Using intuition in social work decision making. *European Journal of Social Work*, Vol.24(5), pp.772-787.

Sim, A., Bowes, L. & Gardner, F. (2018) Modeling the effects of war exposure and daily stressors on maternal mental health, parenting, and child psychosocial adjustment: a cross-sectional study with Syrian refugees in Lebanon. *Global Mental Health,* Vol.5, edition 40, pp. 1-12.

Simkiss, D. (2019) The needs of looked after children from an adverse childhood experience perspective. *Paediatrics and Child Health*, Vol.29(1), pp 25-33.

Smith, R., Monaghan, M., & Broad, B. (2002) Involving Young People as Co-Researchers: Facing up to the Methodological Issues. *Qualitative Social Work*, Vol.1(2), pp.191-207.

Social Research Association (2021) *Research Ethics Guidance*. Social Research Association.

SOS Children's Villages International (2020) *Consultation Conducted with Children: Receiving Family Strengthening Services and Residential Care, A summary of findings*. SOS Children's Villages International.

SOS Children's Villages International and CELCIS, Centre for Excellence for Children's Care and Protection, University of Strathclyde (2021) *Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings*. SOS Children's Villages International and CELCIS, Centre for Excellence for Children's Care and Protection, University of Strathclyde, Glasgow, Scotland.

Stein, M. (2005) *Resilience and young people leaving care: overcoming the odds.* Joseph Rowntree Foundation.

Stein, M. (2012) Young People Leaving Care: Supporting Pathways to Adulthood. London: Jessica Kinglsey Publishers.

Stokes, J. & Schmidt, G. (2012) Child Protection Decision Making: A Factorial Analysis Using Case Vignettes. *Social Work*, Vol.57(1), pp.83–90.

Stuart, K., Robson, I., Henderson, E. & Browning, R. (2021) *Youth Participatory Research Resources.* NIHR Applied Research Collaboration (ARC) North East and North Cumbria.

Tarabah, A., Badr, L. K., Usta, J., & Doyle, J. (2016) Exposure to Violence and Children's Desensitization Attitudes in Lebanon. *Journal of Interpersonal Violence*, Vol.31(18), pp.3017-3038.

Taylor, C. & White, S. (2001) 'Knowledge, Truth and Reflexivity: The Problem of Judgement in Social Work'. *Journal of Social Work,* Vol.1(1), pp. 37–59.

UN Human Rights Council (2017) *Analytical study on the relationship between climate change and the full and effective enjoyment of the rights of the child: Report of the Office of the United Nations High Commissioner for Human Rights*. UN Human Rights Council.

UNICEF (2020a) White Paper: *The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region*. UNICEF ECARO Office.

UNICEF (2020b) *Underneath the Surface: Understanding the root causes of violence against children and women in Lebanon.* UNICEF Lebanon.

United Nations Development Programme (UNDP) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) (2023) *The Paths to Equal: Two indices on women's empowerment and gender equality.* UNDP and UN Women.

United Nations General Assembly, (1989) Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577 (Preamble)

United Nations General Assembly. (2009). *Guidelines for the Alternative Care of Children*. Resolution A/RES/64/142.

United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395.

Ward, H., Brown, R. & Hyde-Dryden, G. (2014) *Assessing Parental Capacity to Change when Children are on the Edge of Care: an overview of current research evidence*, *Research report*. UK Department of Education.

Welty, E. & Lundy, L. (2013) A children's rights-based approach to involving children in decision making. *Journal of Science Communication*, Vol.12(3).

Wilke, N.G., Howard, A.H., Todorov, S., Bautista, J. and Medefind, J., (2022) Antecedents to child placement in residential care: A systematic review. *Institutionalised Children Explorations and Beyond*, Vol 9(2), pp.188-201.

Willi, R., Reed, D. & Houedenou, G. (2020) An evaluation methodology for measuring the long-term impact of family strengthening and alternative child care services: the case of SOS Children's Villages. *International Journal of Child, Youth and Family*, Vol.11(4.1) pp. 7-28.