Global Report on Children's Care and Protection

Understanding and preventing the separation of children from their families

SOS CHILDREN'S VILLAGES

Contents

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List of acronyms

ECOSOC – United Nations Economic and Social Council

IOM – International Organization for Migration

ILO – International Labour Organization

UN – United Nations

UNCRC – United Nations Convention on the Rights of the Child

UNCRPD – United Nations Convention on the Rights of Persons with Disabilities

UNDP – United Nations Development Programme

UNICEF – United Nations International Children's Emergency Fund

WHO – World Health Organization

Foreword

This year, 2024, marks the 35th anniversary of the Convention on the Rights of the Child, which recognizes that children should grow up in a family environment, in an atmosphere of happiness, love, and understanding. The Convention affirms the role that parents and families play in the upbringing of children and requires States parties to ensure that children are not separated from parents unless that is necessary for their best interests.

Today, millions of children around the world are separated from their families in situations where this could have been prevented. During the period that I have been chairperson, armed conflict has been a dominant factor in the displacement of children, and their involuntary separation from parents.

At the Committee, we remain steadfast in upholding the principles of the Convention, particularly in emphasizing the need to prevent unnecessary separations and to support families in staying together. Articles 9, 18, and 7 of the Convention make clear that it is the responsibility of governments and societies to ensure families are supported in caring for their children and that, when separation is unavoidable, every effort is made to maintain the child's connection to their family.

This report is timely. It offers indispensable insights into the systemic issues - such as poverty, discrimination, and lack of access to essential services - that contribute to unnecessary separations of children from their families. The findings underscore that States have the capacity, and responsibility, to address these challenges through stronger coordination across sectors and greater investment in child protection, social protection, and family-strengthening services.

I am particularly heartened by the participatory approach taken in the research led by SOS Children's Villages and its partners. By actively engaging children, young people, families, and professionals across diverse country studies, this report ensures that the voices of those most affected by separation are heard. Their perspectives provide a deeper understanding of the challenges, and point to practical, grounded solutions.

I am sure this report will inspire policymakers, practitioners, and advocates to take meaningful action to prevent family separation and to invest in solutions that allow children to thrive within their families. Together, we can work to ensure that every child can grow up in a safe, loving, and supportive family environment.

Professor Ann Skelton
Chair, UN Committee on the Rights of the Child

Foreword

In a world facing multiple, simultaneous crises, the social fabric is being stretched to its limits. Insufficient investment in social development policies, coupled with outdated care and support systems, is failing children and families. This results in preventable child-family separation, affecting millions and hindering their ability to reach their full potential and exercise their rights.

We know that, in most cases, separation can and must be prevented at its root. However, this requires a robust response at global, national, and local levels, based on evidence and informed by the voices of those directly impacted.

What factors drive children to be separated from their families and placed into alternative care? And how can the social sector collaborate to prevent separation and transform children's lives? This flagship report seeks to answer these questions through participatory research aimed at gaining a deeper understanding of realities on the ground across diverse country contexts.

The report's findings reveal a complex interplay of factors driving child-family separation—from severe poverty impacting individual families to geopolitical challenges and the effects of climate shocks. These range from societal norms influencing perceptions of gender and violence to systemic issues that hinder families' access to social protection and justice.

Despite this complexity, some simple facts emerge universally—whether in low-, middle-, or high-income countries. It is rarely just one factor that leads to the loss of care; rather, it is the combination of multiple factors and the failure of care and support systems to address these issues in a coordinated manner.

SOS Children's Villages extends its gratitude to all research experts and participants who joined us on this journey to illuminate this complex issue. We commit to working alongside them to put the learnings into practice.

As we mark over 75 years of supporting children and young people who have lost or are at risk of losing parental care, this report serves as a vital guide for the future. It will help us respond more effectively and advocate for their rights and needs, drawing on lessons from the field and listening to their voices.

Preventing child-family separation is not only more cost-effective but also crucial to meet the best interests of every child. We believe that the findings and analysis presented in this report will be invaluable to all those working to ensure that children's rights are upheld.

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Glossary

Abandonment	Abandonment refers to situations in which children are left without parental care by unknown persons (secret abandonment, e.g., on the steps of a mosque, in front of a hospital, in a "baby hatch", or on the street). Local and legal definitions may vary by country.[1]
Adoption	Adoption is the legal and permanent transfer of parental rights and responsibilities for a child to individuals who may not be biologically related. This is usually declared by a judicial body, creating a legal parent-child relationship in accordance with the Guidelines for the Alternative Care of Children.[2]
Alternative care	Alternative care involves any formal or informal arrangement for a child not living with their parents. According to the Guidelines for the Alternative Care of Children, this includes foster care, kinship care, placement in small-scale residential settings, and informal care by relatives or others in the community.[3]
Care and support system	A care and support system is a set of laws, policies, services, and means of implementation designed to provide care, support, and assistance to individuals across various stages of life. It includes both formal services - such as health care, social services, child protection, and educational support - and informal support from family members, community groups, and other social networks. A care and support system aims to enhance well-being, ensure safety, promote independence, and enable individuals to lead fulfilling lives within their communities.[4]
Care Leaver	A child or young person who has left alternative care.
Child	Unless otherwise specified by national law, a child is a person under the age of 18, as defined by Article 1 of the United Nations Convention on the Rights of the Child (UNCRC).[5] Age is recognized as one aspect of defining a 'child' and local definitions may vary.
Child-family separation	Child-family separation refers to a change in a child's care or living arrangement, including separation from parents, extended family, or community caregivers. This separation may be mandated by authorities or occur voluntarily or involuntarily.[6]
Child-parents separation	Separation of the child from the biological or legal parents.

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1   e.g., Marici et al. 2023; Browne et al. 2012.
2   The DataCare Project 2021; UN General Assembly 2009.
3   The DataCare Project 2021; Herczog et al. 2021; UN General Assembly 2009.
4   UN General Assembly 2023; ECOSOC Commission for Social Development 2024; Human Rights Council 2023.
5   UN General Assembly 1989.
6   Objective 7, Global Compact for Safe, Orderly, and Regular Migration, UN General Assembly, 2018.

Child protection	Child protection is a set of policies and practices to prevent and respond to all forms of abuse, neglect, exploitation, and violence against children.[7]
Child protection system	A child protection system is "the set of laws, policies, regulations and services needed across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to [child] protection-related risks."[8]
Children without parental care	Children not in the care of at least one parent. According to the Guidelines for the Alternative Care of Children, this includes "all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances."[9]
Community	A community is a group of people who interact closely with one another and often share common interests, values, or geographical locations. They have a sense of belonging and direct relationships, such as in neighbourhoods, interest groups, or religious congregations. It should not be confused with the term 'society', which refers to larger and more complex entities consisting of many communities and groups (see definition of society below).
Family	Family can include a variety of arrangements that provide children with care, nurturance, and development, including *"the nuclear family, the extended family, and other traditional and modern community-based arrangements, provided these are consistent with children's rights and best interests"*.[10]
Family-based care	According to the Guidelines for the Alternative Care of Children, family-based care refers to care provided to children in a setting that replicates the familial environment, fostering emotional security and social development. It includes kinship and foster care arrangements (see respective definitions below).[11]
Family strengthening	Family strengthening involves programmes and policies designed to enhance family well-being, stability, and resilience to provide a supportive environment for all members.[12]
Formal care	Formal care includes family-based care ordered by an administrative or judicial authority, as well as residential care, whether private or public, mandated by such authorities.[13]
Foster care	Foster care involves children being placed in a family other than their own, selected and supervised by competent authorities for alternative care purposes. This includes formally arranged kinship care.[14]

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7   UNICEF 2021b.
8   UNICEF Europe and Central Asia Regional Office 2023, 1.
9   UN General Assembly 2009.
10 Committee on the Rights of the Child 2005 General Comment 7, para. 15.
11 UN General Assembly 2009.
12 This is also referred to as "family support", though the latter is usually broader and encompasses support measures for families across multiple sectors. See for example Canavan et al. 2016; Daly et al. 2015; Devaney et al. 2013; Devaney et al. 2022.
13 UN General Assembly 2009.
14 ibid.

Gatekeeping	Gatekeeping is the assessment of a child's situation in order to make decisions about their protection and care that are in their best interests. This involves adherence to the 'necessity' principle, meaning no child should be separated from parental care unless necessary for their safety, and the child should receive support to return to the family as soon as it is safe, to avoid a prolonged and unnecessary stay in alternative care.[15]
Inadequate parenting practices	Parenting practices become inadequate when they are harsh, abusive, or fail to promote a child's development or safety. These practices may vary depending on social and cultural contexts.[16]
Informal care	Informal care refers to private arrangements where relatives, friends, or others look after a child without administrative or judicial involvement.[17]
Institutional care	There is no globally accepted definition of institutional care. Based on the work of the European Ad Hoc Expert Group on the Transition from Institutional to Community-based Care and the General Comment 5 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) Committee it can be defined as a form of residential care where individuals, often children, live in settings characterized by an institutional culture.[18] This culture involves residents being isolated from the broader community, compelled to live together without individual choice, lacking control over decisions affecting their lives, and subject to an environment where the organization's needs take precedence over individual needs.
Kafala	Kafala, as recognized under Islamic law and Article 20 of the Convention on the Rights of the Child, involves providing care for children, including financial support or a living arrangement like fostering or adoption.[19]
Kinship care	Kinship care is family-based care within the child's extended family or close family friends, either formally arranged by authorities or informally by the family.[20]
Orphanhood	For the purposes of this report the term orphanhood refers to the experience of children whose parents have both died.
Other primary caregiver	A person, other than a biological or adoptive parent, who has legal or customary responsibility for the day-to-day care of a child. This can include guardians, kinship carers, or any individual formally designated or recognized by law or custom as responsible for the child's care.

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15 Csaky and Gale 2015.

16 For more information, please see Kuppens and Ceulemans 2019; Baumrind 1989; Baumrind 1991; Knerr et al. 2013; Morelli et al. 2018.

17 UN General Assembly 2009.

18 Committee on the Rights of Persons with Disabilities 2017; European Expert Group on the Transition from Institutional to Community-based Care 2012.

19 Cantwell and Jacomy-Vite 2011.

20 UN General Assembly 2009

Reintegration	The process of a separated child making the transition back to living with their family or community (usually of origin).[21] In a migration context, this is linked to return migration.[22]
Relinquishment	Relinquishment refers to the voluntary surrender of parental rights, allowing a child to be raised by another caregiver.
Residential care	"Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergencies, and all other short- and long-term residential care facilities, including group homes."[23] Small group homes are settings where children are cared for in small groups, usually of up to four to six children[24], 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 family's natural 'domestic environment', usually in facilities specifically designed or designated for the care of groups of children.[25]
Reunification	Reunification is the physical reunification of a child with their family or previous caregiver, intended to be a permanent placement.[26]
Social Protection	Social protection, or social security, refers to measures providing access to health care and income security throughout a person's life. This includes protections against various risks such as sickness, unemployment, disability, maternity, and old age, aiming to reduce poverty and inequality.[27]
Social Service Workforce	The social service workforce is an inclusive concept referring to a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being. It constitutes a broad array of practitioners, researchers, managers and educators, including – but not limited to social workers, social educators, social pedagogues, child care workers, youth workers, child and youth care workers, community development workers/community liaison officers, community workers, welfare officers, social/cultural animators and case managers. While social work and social pedagogy have the advantage of history and are relatively dominant in the sector, other categories of professionals and paraprofessionals have evolved over time and make invaluable contributions to ensuring human well-being and development.[28]
Society	A society encompasses broader social structures, cultural norms, and institutions, typically at a national or regional level. It is wider than a community and includes a more comprehensive range of diverse groups.

21 Delap and Wedge 2016.
22 See IOM n.d.
23 UN General Assembly 2009.
24 UNICEF 2020b.
25 Koenderink 2019; UN General Assembly 2019.
26 Delap and Wedge 2016.
27 International Labour Conference 2012; International Labour Organisation 1952.
28 UNICEF 2019.

Unaccompanied and separated children	Unaccompanied children have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. This is often used in the context of migration or mobility. Separated children are those separated from both parents or previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other family members.[29]
Violence against children	Based on the International Classification of Violence against Children (ICVAC), the definition entails "any deliberate, unwanted and non-essential act, threatened or actual, against a child or against multiple children that results in or has a high likelihood of resulting in death, injury or other forms of physical and psychological suffering".[30] This includes the following categories (each of which encompasses different sub-categories): violent killing, physical violence, sexual violence, psychological violence, neglect (including abandonment), and other acts not elsewhere classified. Child marriage, trafficking of children, child labour and the recruitment of children in armed forces and groups are not included in the definition because these events cannot be reduced to a single violent act. However, the various acts of violence within those contexts are included.
Young person	There is no legal or internationally agreed definition of 'young person'. For statistical purposes, the UN has defined 'youth', as persons between the ages of 15 and 24 years.[31] Some bodies (e.g., the African Union) define a young person as someone up to the age of 35 years.[32] In this report, a young person is defined as someone aged 18 to 25 years.

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29 Committee on the Rights of the Child 2005; Alliance for Child Protection in Humanitarian Action 2016.
30 UNICEF 2023b, 13.
31 UN General Assembly 1981, 15.
32 African Union Commission 2006.

Introduction
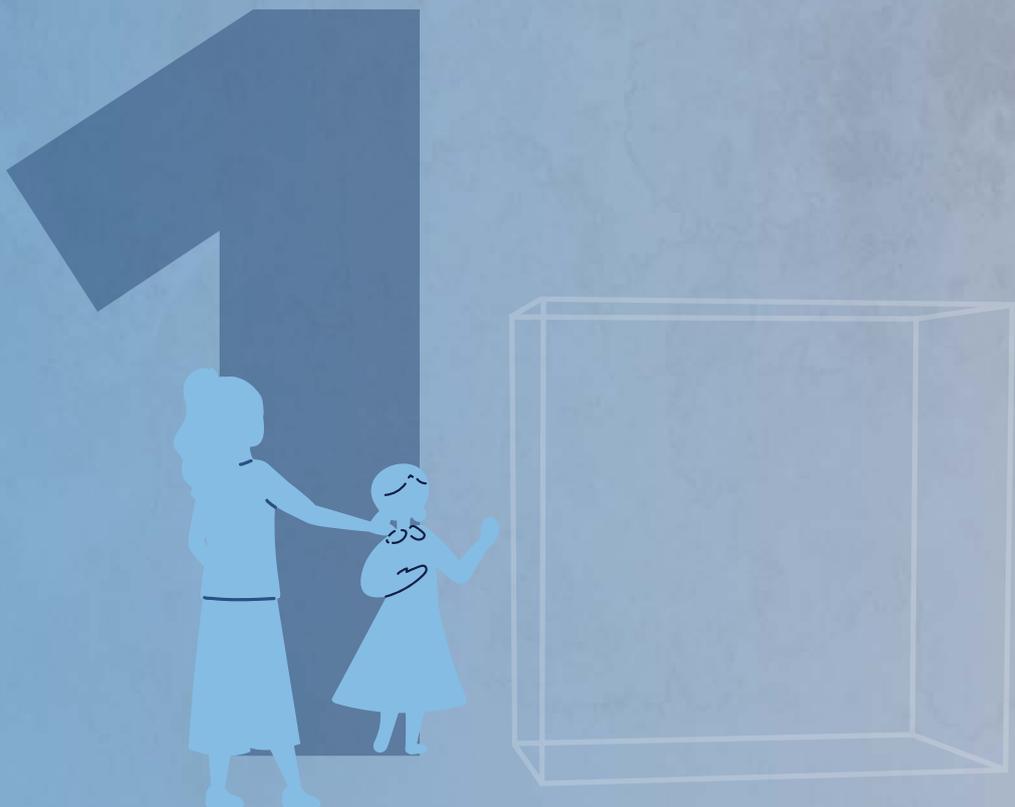
1. Introduction

This report seeks to deepen understanding of the factors driving the separation of children from their families and their placement in alternative care, across diverse contexts, offering key recommendations for preventing separation. Compiled from research conducted over two years at both global and country levels in collaboration with several academic institutions, this report responds to a growing care crisis that affects millions of children and their families worldwide.

It is well established that separation can have long-lasting adverse effects on a child's well-being, extending into adulthood.[33] There is a growing consensus that adequate support could have often prevented many cases of family separation. Over the past decades, States have committed to upholding every child's right to grow up in a family environment through various international and national laws, policies, and service frameworks. Yet, the implementation of these commitments continues to fall short across countries of all income levels.

This report serves as a resource for those designing and delivering family strengthening, child protection, and social protection systems and services, including programme and policy specialists in governments and non-governmental organizations, practitioners, researchers, and donors. It also supports care-experienced children and young people in their advocacy efforts. The findings aim to improve children's care and protection across different contexts and inspire further research.

In Africa alone, an estimated 35 million children were living without parental care in 2023.[34] The World Health Organization (WHO) estimates that globally up to 1 billion children aged 2–17 years have experienced physical, sexual, or emotional violence or neglect in multiple settings, including the home and community, which often leads to family separation.[35] In addition, nearly 3 in 4 children - or 300 million children - aged 2–4 were reported to regularly suffer physical punishment, psychological violence or both at the hands of parents and caregivers, while 1 in 5 women and 1 in 13 men reported being sexually abused as a child aged 0-17 years in 2022.[36] For these and other reasons, many children come into contact with child protection authorities, who must then decide whether the child can safely remain with or return to their family, or if alternative care is necessary.[37] Data on children entering national alternative care systems are often incomplete.[38] However, recent research indicates that 758,000 children in European Union Member States alone were placed in alternative care in 2021.[39] Estimates for children in residential care globally range between 5.4[40] and 7.52[41] million, with Europe and Central Asia having the highest rates, at around half a million children, according to UNICEF.[42] Humanitarian crises and conflicts further contribute to tearing families apart.

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33 e.g., Bowlby 1969; Bouza et al. 2018; Otto and Keller 2014; Stein 2005; Simkiss 2019; Howard et al. 2023; Bruskas and Tessin 2013.
34 African Union and ACERWC 2023.
35 WHO 2020.
36 WHO 2022.
37 Desmond et al. 2020; Petrowski et al. 2017.
38 Martin and Zulaika 2016; Petrowski et al. 2017.
39 Herczog et al. 2021.
40 Nowak 2019.
41 Desmond et al. 2020.
42 UNICEF Regional Office for Europe and Central Asia 2024.

In 2020, over 330 million children were estimated to be living in or near conflicts where children were recruited or used by armed groups.[43] In 2019, approximately 153,000 refugees were unaccompanied or separated children.[44]

Despite the scale of the problem, understanding of the reasons behind separation "tends to be general in nature",[45] severely limiting the ability of national care and support systems to design targeted interventions to address the root causes.[46]

This report addresses existing evidence gaps by integrating global and local research efforts, including a systematic literature review and multiple country studies on contributing factors and child protection decision-making related to the separation of children from their families. The research specifically targeted critical issues in the current body of knowledge, such as the predominance of studies from high-income countries, the lack of information on patterns and trends across different contexts,[47] and the scarcity of research centring the voices of children, young people, and families with varied experiences, abilities, and ages.[48] To ensure a diverse representation across geographical and income levels, the research included Côte d'Ivoire, Denmark, Indonesia, El Salvador, Kenya, Kyrgyzstan, Lebanon, and Uruguay.

This report is structured as follows: background on understanding separation (section 2); research methodology and participatory approach (section 3); findings on why children are separated from their families (section 4); insights from children, young people, adult family members and child protection professionals on how to improve family situations (section 5); and conclusions that map common factors contributing to separation at different levels (individual, family, community, societal, systemic) (section 6), along with recommendations to improve research, policy, and practice (section 7).

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43 Kamoy 2021.
44 UN High Commissioner for Refugees 2019; as cited by Maioli et al. 2021. However, the authors note that statistics on these children are hard to come by and are likely severely underreported.
45 Mann 2004, 4.
46 Martin and Zulaika 2016; Petrowski et al. 2017; Wilke et al. 2022; Ainsworth and Thoburn 2014; Boothby et al. 2012; Mansourian 2020b.
47 Wilke et al. 2022.
48 Mann 2004; Bhattacharjee et al. 2022.

2

Contextualizing separation

2. Contextualizing separation

2.1 Key concepts

Children need and want a loving family, as consistently voiced in global consultations conducted for this and other research.[49] However, the concepts of 'family' and 'separation' can mean different things to children based on their unique experiences. This section clarifies key terms related to family separation.

Family: The concept of family varies for children across different contexts, including one or both parents, extended family members, siblings, members of the community, and other caregivers.[50] The Committee on the Rights of the Child recognizes that family can take many forms, such as *"the nuclear family, the extended family, and other traditional and modern community-based arrangements, provided these are consistent with children's rights and best interests".[51]* It is widely recognised that children are more likely to thrive in safe and protective family and community environments than in any other care setting.[52]

Separation: Throughout their lives, children may experience various forms of separation from family members, such as a parent, sibling, or other significant adults. In research and policy discussions, separation often refers to the physical separation of a child from parents or other primary caregivers.[53] International law and guidance emphasize that separating a child from parental care should be avoided unless absolutely necessary for the child's safety and best interests.[54] When parental care is not possible, kinship care is recognized as *"the first form of care that should be explored for children outside of parental care,"* before considering other alternative care options.[55] In humanitarian contexts, separation may be caused by uncontrollable forces, such as disasters or conflicts, where distinctions are often made between *"deliberate and accidental separation"* and *"voluntary"* and *"involuntary or forced"* separation, or *"emergency- or non-emergency-related"* separation.[56]

Decision-making: Decisions regarding a child's separation from parents and family may involve various actors, whether informally or formally by a State authority. These actors can include the child, adult family members (such as parents, caregivers, or other relatives), state actors (e.g., social services workforce, judiciary), or others (e.g., individuals involved in trafficking or armed forces). Within child protection systems, gatekeeping is the process of carefully assessing a child's situation to determine the protection and care that is in their best interests.[57] This process must follow the 'necessity' principle, ensuring that no child is separated from parental care and placed in alternative care unless necessary for their safety. Whenever feasible, reunification with the family should be prioritized.[58]

Child-family separation and child-parent separation: This report includes literature reviews on 'child-family separation' to explore how the concept is framed and discussed, and to understand its underlying drivers. The term 'child-family separation' refers to changes in a child's care and/or living arrangements which may involve separation from parents, extended family, or friends who have caregiving roles (e.g.,

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49 See for example Butler et al. 2021; Gale 2020.
50 Gale et al. 2023. Kendrick 2013; Blanchet-Cohen et al. 2019; Sweeting and Seaman 2005; Jensen and Sanner 2021; Braithwaite et al. 2017; Nelson 2013.
51 Committee on the Rights of the Child 2005 General Comment 7, para. 15.
52 e.g., Csaky 2013; Bruskas and Tessin 2013; Stein 2005.
53 Bhattacharjee et al. 2022.
54 UN General Assembly 2019; UN General Assembly 2009; UN General Assembly 1989.
55 Delap et al. 2024, 1.
56 Tiilikainen et al. 2023; Mansourian 2020b; Mansourian 2020a; Alliance for Child Protection in Humanitarian Action 2016.
57 Csaky and Gale 2015.
58 Cantwell et al. 2012.

siblings, grandparents, or close family friends). This part of the research examines the phenomenon of child-family separation regardless of the care arrangement the child ultimately enters. Meanwhile, the field research conducted for this study focuses more specifically on 'child-parent separation', referring to situations where children lose parental care, such as when separated from both parents and placed in formal alternative care.[59] Additionally, this research examines family and societal factors contributing to child-parents separation, and decision-making processes within child protection systems, recognizing that these factors significantly influence decisions about separation and placement in alternative care.

Family strengthening: In efforts to prevent family separation, States and other stakeholders play a crucial role in developing a set of policies and practices to enhance the well-being, stability, and resilience of families, enabling them to provide nurturing care to their members. Family strengthening interventions can be more effective if informed by evidence that improves the understanding of factors contributing to separation, which are often complex and varied.[60] Research highlights the need for further evidence of driving factors specific to different countries, contexts, and socio-ecological systems.[61] There is growing recognition that such services must adapt to children's diverse and evolving situations in various family environments to maximize effectiveness.[62] Without this evidence, policies and programmes designed to support families may fail to address the root causes of separation or the specific needs of the children affected.

2.2 Children affected by or at risk of separation

Identifying which children are affected by or at risk of separation is a significant challenge. Around the world, various terms and definitions are used to describe children affected by separation from their parents or extended families.[63] A review of academic and non-academic articles, reports, and policies[64] revealed terms such as *"child-parent"*[65] or *"child-family"*[66] separation, *"children without parental care"*[67], *"unaccompanied and separated children"*[68], *"family separation"*[69], *"separated children"*[70], and *"separated childhoods"*[71].

Robust statistics on the scale of children affected by, or at risk of, different forms of separation are scarce, unavailable, unpublished, or based on estimates. This lack of data significantly limits the ability to reach these children through targeted service provision. For example, no reliable global estimates of street-connected children living outside households exist. Available data is often inconsistent in definitions and methodologies, making it difficult to derive precise figures.[72] In the field of migration, estimates are more common, but they also remain incomplete, lack comparability, are insufficiently disaggregated, and involve diverse counting methods with limited data sharing.[73] Additionally, there is a lack of accurate statistics

59 This is in line with the Guidelines for the Alternative Care of Children (UN General Assembly 2009), which define children without parental care as those being no longer in the care of a parent(s) (see articles 3, 9, 32, 33). Section 2.4 will explore this aspect in more depth.

60 Bryson et al. 2017; Laumann 2015; Csaky 2013; Wilke et al. 2022.

61 Mann 2004; Petrowski et al. 2017; Martin and Zulaika 2016; Gale 2018.

62 e.g., Hosegood 2008; Beegle et al. 2010; Martin and Zulaika 2016.

63 Wilke et al. 2022.

64 Please refer to the methodology section, in reference to the research, data, and policy review that was carried out.

65 e.g., Humphreys 2019; González-Ferrer et al. 2012; Glick et al. 2022, vol. 1.

66 Gwenzi 2023; Mansourian 2020b.

67 UN General Assembly 2009; UN General Assembly 2019.

68 Children outside their country of habitual residence or victims of emergency situations that are not accompanied by a legal or customary caregiver and are or are not accompanied by another relative (para. 29a, UN General Assembly 2009).

69 e.g., Naseh et al. 2023.

70 Owusu-Bempah 2014; Mann 2004.

71 Bhattacharjee et al. 2022.

72 Cappa and Vlamings 2023; Naterer and Lavrič 2016; de Benitez 2011.

73 Maioli et al. 2021; IOM 2013; Marcus et al. 2020; International Data Alliance for Children on the Move 2023; Migration Data Portal 2024.

on children in alternative care, including their characteristics, profiles, and care histories.[74] Little is known about the profiles of children in alternative care and how they vary by type of care, or their care histories.[75]

When available, statistics can reveal the overrepresentation of specific groups in alternative care, particularly residential care. For example, in the European context, children with disabilities, with ethnic minority or recent migration backgrounds, or from low-income households are disproportionately affected.[76] Such data is crucial for policymakers and practitioners to improve support for these children, prevent recourse to alternative care, and address associated stigma and discrimination.

Based on the review of research and policy, Figure 1 provides an overview of the diverse situations in which children affected by or at risk of separation may find themselves. While not comprehensive, it highlights the multiple and varied situations in which separation may occur and illustrates that existing knowledge often focuses on specific situations, definitions, or groups. Few studies address the topic of separation holistically.[77] Importantly, the impact of these situations can differ across social and cultural contexts.[78] Additionally, children may experience multiple of these situations simultaneously, or differently depending on their gender or age.[79] Not all children in these situations may experience separation from their parents or families, but they may be identified as being at risk to some degree. The overview in Figure 1 aims to encourage reflection on the complexity of the issue, with a view to promoting stronger, more comparable definitions and improved data collection. Strengthening these areas is crucial for gaining a better understanding of the variety of situations that place children at risk of separation, and for informing targeted responses.

Figure 1: Situations in which children (may) experience separation, as described in policy and research

- children living or working on the street (or street-connected, homeless, runaway children)[80]
- children children who have been abandoned[81]
- children whose parents or primary caregivers have died[82]
- children who are described as orphaned and vulnerable children[83]
- children who have experienced illegal adoption[84]
- children in different forms of alternative care[85]
- children in boarding schools[86]
- children born out of wedlock[87]
- children of adolescent/teenage parents or children whose parents are adolescents/teenagers[88]

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74 Gale 2018; UNICEF 2024.

75 Wilke et al. 2022.

76 Frazer et al. 2020.

77 Bhattacharjee et al. 2022; Tiilikainen et al. 2023; Mann 2004; Mansourian 2020b.

78 Mann 2004. For example, a child born out of wedlock may experience stigma and discrimination in some countries, while in others this is considered normal.

79 Bhattacharjee et al. 2022.

80 e.g., Cappa and Vlamings 2023; Aptekar and Stoecklin 2014; Ongowo et al. 2023.

81 e.g., Navne and Jakobsen 2021. Especially in high-income contexts, refers to children who have been anonymously surrendered; however local definitions and usages can vary.

82 Kentor and Kaplow 2020; Hillis et al. 2022.

83 "Orphaned and vulnerable children" has been in use since the early 1990s during the AIDS epidemic e.g., Skinner et al. 2006.; definitions of "orphan" vary, and can include children who have lost one, or both parents, which can further complicate understandings of separation.

84 e.g., Loibl 2021. Para. 33, UN General Assembly 2009.

85 e.g., Wilke et al. 2022; Leinaweaver 2014.

86 e.g., UNICEF Regional Office for Europe and Central Asia 2024.

87 e.g., Nurlaelawati and Huis 2019; Schlumpf 2016.

88 e.g., Garwood et al. 2015; Crooks et al. 2022. Para. 36, UN General Assembly 2009.

- children who are internally displaced, (unaccompanied) refugees or asylum seekers[89]

- children who have been left behind by parents or caregivers who have migrated[90]

- children of families separated at the border, not reunified (e.g., due to migration policy), or both[91]

- children who are victims of trafficking and exploitation[92] [93]

- children living with or whose caregivers are affected by HIV/AIDS or other serious illnesses/diseases[94]

- children affected by mental or physical disabilities or children whose caregivers are affected by mental or physical disabilities[95]

- children affected by different or multiple forms of violence[96] (e.g., those experiencing abuse or neglect by their caregivers)

- children who are deprived of liberty in different situations (e.g., in the administration of justice, for migration-related reasons, in the context of armed conflict, or on national security grounds)[97]

- children with detained or imprisoned parent(s)[98]

- children in armed groups or gangs[99]

- children engaged in harmful or hazardous work or child labour[100]

- children who have experienced forced marriage[101]

- judicially emancipated children (i.e. children who have chosen to rescind the guardianship of their parents)[102]

- children whose parent(s) have separated, divorced, remarried, or are in new partnerships[103]

2.3 Effects of separation on children

Research has consistently shown that multiple positive attachment relationships within families and communities are crucial for children's resilience and well-being.[104] Even under challenging circumstances, strong, loving, and consistent family relationships enable children to become social actors and sources of support for others.[105] As such, it is widely acknowledged that children are more likely to thrive in safe and protective family and community environments compared to other care settings.[106]

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89 e.g., Ali-Naqvi et al. 2023; Jimenez-Damary 2019.
90 Chang et al. 2019; Bonizzoni 2013; Oliveira 2019; Zhao et al. 2018; Valtolina and Colombo 2012; Račaitė et al. 2021.
91 e.g., Tiilikainen et al. 2023; Naseh et al. 2023.
92 e.g., van Doore and Nhep 2023. Para. 35t, UN General Assembly 2009.
93 e.g., Reid et al. 2019; Rigby and Malloch 2020.
94 Unwin et al. 2022; Thielman et al. 2012. Para. 9a, UN General Assembly 2009.
95 e.g., Nankervis et al. 2011. Para. 31, UN General Assembly 2009.
96 e.g., Eriksson et al. 2022.
97 Nowak 2019.
98 e.g., Bai and Newmyer 2022.
99 e.g., Legassicke et al. 2023.
100   Maioli et al. 2021.
101   e.g., Harrison 2023.
102   e.g., Cataldo 2014.
103   e.g., Grant and Yeatman 2014.
104   e.g., Masten 2001; Otto and Keller 2014; Bowlby 1969.
105   e.g., Boyden et al. 2019; Bouza et al. 2018.
106   e.g., Csaky 2013; Bruskas and Tessin 2013; Stein 2005.

Many studies demonstrate that separation from families and communities can have long-term adverse effects on children's well-being, even into adulthood.[107] Research has documented that separation from parents and extended family qualifies as an adverse childhood experience, with detrimental effects on children's well-being.[108] These effects include increased risk of suicide, physical and mental health issues, early pregnancy, or increased likelihood of imprisonment. The loss of protective family environments also increases vulnerability to recruitment into armed forces or exploitation for labour and sex.[109]

In addition to the literature on the adverse effects of separation, an increasing body of research focuses on children's agency and coping mechanisms. How children experience and make sense of separation also varies depending on factors such as gender, age, and contextual circumstances.[110] Studies have explored the emotional and social relationships children actively maintain, redefine, or forge. For example, research has examined how children who migrate without family navigate multiple social relationships[111], cope with family relocation[112], experience care through various means of communication across borders[113], and how street-connected children maintain relationships with family and peers.[114] Further literature has explored children's resilience in alternative care and their coping mechanisms, such as positive peer relationships.[115]

Many children separated from their parents are cared for by kin, a widespread global practice.[116] Scholars have highlighted both the benefits and potential harms of informal kinship care.[117] Benefits include expanding the range of relatives providing care (rather than merely replacing one parent with another)[118], helping children maintain ties with their families and social surroundings[119], increasing the likelihood of placement stability[120], offering children positive opportunities (e.g., education or apprenticeship)[121], and giving children decision-making power in their care.[122] However, kinship care can also be harmful, such as when children are treated differently within the family, exploited for labour, or abused.[123] Proximity to home can sometimes trigger additional trauma.[124] This suggests that when assessing a child's best interests, *"those involved should consider local norms, the range of alternatives, and the child's own wishes."*[125]

Beyond preventing unnecessary separation of children from parental and kinship care, scholars argue that for children who have been separated, it is crucial to understand the relationships they maintain and how they do so. Understanding children's situations, how they make sense of them, and their existing relationships can enhance the effectiveness of support services. These services should build on children's strengths and positive relationships to enable reunification and reintegration with their families as quickly as possible.[126]

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107   Simkiss 2019; Howard et al. 2023; Bruskas and Tessin 2013; Bouza et al. 2018.
108   Ibid, Stein 2005; Waddoups et al. 2019.
109   Stark et al. 2016; Mansourian 2020b; Hepburn 2006.
110   Mann 2004.
111   e.g., Chase and Allsopp 2020; Beazley 2015.
112   e.g., Olwig 1999; Shaw 2022.
113   e.g., Arnold 2021.
114   e.g., Beazley and Miller 2016; van Blerk 2012.
115   Haddow et al. 2021.
116   Leinaweaver 2014; Hallett et al. 2023; Delap et al. 2024; Delap and Mann 2019; Brown et al. 2019.
117   Delap and Mann 2019; Leinaweaver 2014.
118   e.g., Bledsoe 1990; Donner 1999.
119   Delap and Mann 2019.
120   Brown et al. 2019.
121   e.g., Gottlieb 2004; Leinaweaver 2008.
122   Groza et al. 2011.
123   e.g., Bledsoe 1990; Collard 2005; Leinaweaver 2014.
124   Ingham and Mikardo 2022.
125   Leinaweaver 2014, 133.
126   e.g., Bennouna et al. 2018.

2.4 International legal and policy frameworks

Over the past decades, States have strengthened their legal and political commitments to protect children and families. This section highlights key international documents that clarify States' obligations to ensure children grow up with their families in a secure and nurturing environment.

State protection of children and their families

Several international human rights instruments recognize the family as the fundamental unit of society and emphasize the need for State protection. These include the **Universal Declaration of Human Rights**, the **International Covenant on Civil and Political Rights**, the **International Covenant on Economic, Social and Cultural Rights**, and the **Convention on the Rights of the Child**.

The **Convention on the Rights of the Child** establishes the right of every child to "grow up in a family environment, in an atmosphere of happiness, love, and understanding" (Preamble), recognizing that this right is essential for a child's healthy development and ability to exercise other socio-economic, civil, political, and cultural rights. Families - identified as "parents, legal guardians, or other individuals legally responsible for the child" (Article 3) - hold the primary role in raising children. States are obligated to support families in overcoming challenges, ensuring they can remain together when safe, and only consider separation if it is in the child's best interests for protection from harm.

The Guidelines for the Alternative Care of Children provide approaches for States to prioritize family preservation over admission into alternative care by offering family strengthening services, social protection, and early intervention. They also detail standards for when separation is unavoidable, emphasizing prompt referral[127], suitable alternative care[128] meeting the individual needs of the child concerned, and maintaining contact between the child and the family with the goal of reunification where safe and feasible. The Guidelines address child protection decision-making, particularly with respect to the principles of necessity, suitability, and best interests' determination, to ensure that children are not placed in alternative care when other family support options are available. They also emphasize that States should enforce gatekeeping mechanisms for all service providers, ensuring that a range of care options is available. This allows decision-makers to make informed choices when determining appropriate care placements for children.

Other treaties and "soft laws" further detail States' roles in ensuring adequate family support so that children in vulnerable situations - such as those with disabilities or in migration contexts - have equal rights to family life. Examples include the **UN Convention on the Rights of People with Disabilities**, the **Convention Relating to the Status of Refugees** and its Protocols, the **International Covenant on Civil and Political Rights**, the **International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families**, and the **2018 Global Compact for Safe, Orderly, and Regular Migration**.

Moreover, **international social security law**, as developed by the International Labour Organization (ILO) between 1919 and 2012 (31 conventions and 24 recommendations), provides standards and guidance for

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127   The 2019 United Nations Resolution on the Rights of the Child on Children without Parental Care (para. 35q, UN General Assembly 2019) emphasizes that authorities must ensure swift matching of all separated children with the appropriate services to provide stable support as quickly as possible. This is to avoid leaving children in a state of uncertainty or moving them through multiple settings before finding a stable placement.

128   The role of the State in alternative care varies between informal and formal family-based arrangements. In informal care, which is a private arrangement among children, parents, and extended family or community members, the State is not directly involved, and informal caregivers hold no legal rights and responsibilities, which remain with the parents. In formal family-based care, the State is directly involved, as an administrative or judicial order determines who holds the legal rights and responsibilities for the child, such as a foster parent or relative in a formalized care arrangement. For residential care, all facilities caring for children—whether private or State-run, and whether or not under an order from competent authorities—fall under formal care. In such cases, the State has a responsibility to ensure the application of standards and safeguards as outlined in the Guidelines for the Alternative Care of Children (UN General Assembly, 2009).

States to offer social protection systems to support families during times of need. This includes income security, maternity protection, family benefits, healthcare, and social protection floors to prevent poverty, vulnerability, and exclusion, including basic health and income security for children (Recommendation No. 202, 2012).

Supporting families to enhance their capacity for resilience and caregiving

In recent years, international frameworks have expanded to improve support for families in their caregiving roles, reflecting a growing recognition of the value of both paid and unpaid care work for human rights, sustainable development, and societal well-being.

In 2015, Heads of State, Government, and High Representatives adopted the **Sustainable Development Goals**, declaring that they "will strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend, including through safe schools and cohesive communities and families."[129] Several Sustainable Development Goals promote social protection systems and measures to reduce poverty, socio-economic, and gender inequalities by 2030, thereby improving families' access to services, education, and employment.[130] This in turn enhances stability within families and reduces adverse outcomes, such as mental health issues and interpersonal violence.[131]

In 2019, the **Resolution on the Rights of the Child, focusing on children without parental care**, urged States to prevent unnecessary separation by "developing and strengthening inclusive and responsive family-oriented policies and programs for poverty reduction (…) including initiatives to promote involved and positive parenting, health (…), decent work, social security" (para. 34f) and by "providing gender-sensitive and child-sensitive social protection systems (…) accompanied by other measures, such as access to basic services, high-quality education, affordable quality childcare services, and healthcare services" (para. 34g).

Between 2023 and 2024, following the COVID-19 pandemic, four additional international resolutions were adopted, underscoring the centrality of providing care and support for human rights and social development. These include: the **UN General Assembly's 2023 Resolution** declaring the **International Day of Care and Support**, the **Human Rights Council's 2023 Resolution on the Centrality of Care and Support from a Human Rights Perspective**, the **ECOSOC Commission for Social Development's 2024 Resolution on Promoting Care and Support Systems for Social Development**, and the **Human Rights Council's 2024 Resolution on the Rights of the Child: Realizing the Rights of the Child and Inclusive Social Protection**. The first three resolutions call on States to recognize and value both paid and unpaid care work, redistribute care responsibilities among individuals, families, communities, and sectors, and implement the necessary systems to ensure the well-being of both caregivers and care receivers.[132]

The Human Rights Council's 2024 Resolution on the Rights of the Child urges States to "ensure the widest possible inclusive social protection and assistance for families, taking, when necessary, relevant special measures of protection and assistance on behalf of all children and ensuring that inclusive social

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129   UN General Assembly 2015.

130   For example: Goal 1 No Poverty / Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable; Goal 5 / Target 5.4: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate; Goal 10 Reduced Inequalities / Target 10.4: Adopt policies, especially fiscal, wage and social protection policies, to progressively achieve greater equality.

131   Richardson et al. 2020.

132   Children are not only care recipients, but often caregivers themselves, particularly girls and those in child-headed households.

protection measures are available, adequate, and accessible" (para. 6) and to "progressively move towards universal inclusive social protection coverage, including by implementing universal child benefits without discrimination of any kind and integrating them with complementary services" (para. 10).[133]

The international documents highlighted here collectively establish a comprehensive framework to ensure children's rights to grow up in a family environment, emphasizing the importance of social support for family preservation and child protection. States are obligated to adopt legal, social, and economic measures that align with these standards, recognizing that the family is fundamental to a child's well-being and development.

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133   UN General Assembly 2023; Human Rights Council 2023; Human Rights Council 2024; ECOSOC Commission for Social Development 2024.

3

Methodology and participatory approach

3. Methodology and participatory approach

3.1 Research aims and scope

The primary objectives of this research are two-fold: to understand the key factors contributing to the separation of children from their parents and families across different contexts and to explore strategies for preventing such separation.

The following research questions were considered and addressed through different research components:

1. What does existing evidence say about why children are separated from their families?
2. What key challenges do families face that increase the likelihood of separation and placement in alternative care across different contexts?
3. What gaps exist in multi-level, multi-sectoral approaches and service delivery that could help prevent separation?
4. What are the views of children, young people, family members, and professionals on current support for families, and how can it be improved?

A systematic literature review on 'child-family separation' was conducted to explore how separation is framed and discussed, as well as its associated causes (research question 1). The field research (questions 2-4) focused on a specific population group with experience of 'child-parents separation' to investigate factors contributing to the loss of parental care and placement in formal alternative care.

Since the study focuses on preventing separation, it does not address the situation of children currently in alternative care or issues related to reintegration or adoption. Additionally, it was not intended as an evaluation of services provided by SOS Children's Villages or other providers in the research countries. Some topics, such as the situation of migrant, refugee, unaccompanied or separated children, trafficked children, and those deprived of liberty, were explored to a lesser extent in the field research. However, attention is drawn to these children's situations in relevant sections of the report based on existing literature. The separation of children from non-caregiver siblings is also outside the scope of this study. This decision was made solely to limit the research scope for this report, without downplaying the importance of sibling relationships. More research is needed to better understand the different ways children experience separation, how it affects them, and how they cope with these circumstances.

3.2 Research methodology

A multidisciplinary approach is crucial to investigating the complex phenomenon of child-family separation. To this end, SOS Children's Villages collaborated with researchers from various disciplines, including social policy, social work, anthropology, sociology, public health, and psychology. Researchers were based in institutions across different world regions (refer to the acknowledgements section for details). This report combines four main research components, as highlighted in Table 1.

Table 1: Overview of main research components

Review of existing evidence	Systematic literature review on the drivers of child-family separation[134]
	Research, data and policy review[135]
New evidence generated through field research	Desk review and eight country studies on the factors contributing to child-parents separation and placement in formal alternative care[136]
	Desk review and four country studies on child protection decision-making[137]

The methodology for each component is outlined below. For further information, please refer to the respective research reports.

Systematic literature review on the drivers of child-family separation

The systematic review, conducted by scholars from Brown University, aimed to identify empirical social scientific studies related to children experiencing separation, regardless of study outcome or perspective, including studies that reported on qualitative or quantitative data from the perspective of children, caregivers, or institutions. The review covers a wide range of forms of family organization. The keyword search strategy identified search terms related to the main topic and key populations: 1) reasons for child-family separation and 2) children aged 0-17 (following the UN definition of "child") and their parents or families.[138] The initial search yielded over 15,000 unique results; these were screened for relevance, followed by deeper analysis in a second stage of extraction and close reading. Subsequent extraction and analysis focused on relevant subsets. The findings are based on a review of English-language peer-reviewed scholarly literature indexed in PubMed and other platforms, including research from low-, middle-, and high-income contexts.

Research, data, and policy review

This component involved a review of both grey and academic literature, as well as data, state obligations, and international policy guidance concerning care and support systems rooted in human rights and the Sustainable Development Goals. The aim was to understand how child-family separation is framed and discussed and to assess the situation of affected children.[139] The review also included an analysis of quantitative data from 19 countries in the global case management database of SOS Children's Villages, examining reasons for referrals to alternative care and family strengthening services.[140] Additionally, a scholar from Brown University conducted an in-depth analysis of qualitative data from one country.[141] This research has informed the global study's background and recommendations and provided complementary analysis to the other research components.

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134   Short et al., forthcoming.
135   Mainly conducted by SOS Children's Villages, in consultation with members of the academic advisory group.
136   Gale et al. 2024a and individual country reports here: Global Report on Children's Care and Protection (sos-childrensvillages.org)
137   Gale et al. 2024b and individual country reports here: Global Report on Children's Care and Protection (sos-childrensvillages.org)
138   The choice was guided by the UN Convention on the Rights of the Child, which defines child as "a human being below the age of 18 years unless under the state law applicable to the child, majority is attained earlier," though it is recognized that age is only one way of defining of a child.
139   This involved a key word search and inclusion and exclusion criteria of academic peer-reviewed articles (SCOPUS database; supplementary articles using Elicit), grey literature (i.e. non-academically published research reports), and statistical databases. Review of state obligations under international law and public policy orientation at international level
140   Koblinger and Willi, forthcoming.
141   Leinaweaver, forthcoming.

Eight country studies on factors contributing to child-parents separation and placement in alternative care

The eight country studies were conducted by an international lead researcher[142] in collaboration with a university in each country. The theoretical framework for this research was guided by a child-rights-based approach, prioritizing the participation of children and young people.[143] Additionally, a socio-ecological approach was adopted to examine the various environments that positively or negatively influence the lives of children and families.

Figure 2: Bronfenbrenner's ecological systems theory[144]

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142   Dr. Chrissie Gale. Dr Paola Galvez Navarrete also acted as international researcher in Uruguay, and Dr. Ian Milligan did so in Kyrgyzstan.

143   Bessell 2017.

144   Adapted from Drew 2023.

To understand decision-making processes within these systems, a child protection framework was employed, emphasizing key aspects such as the national legal and normative framework, service delivery structures, coordination and oversight, financial and human resources, gatekeeping, case management, the child protection workforce, advocacy and awareness raising, and data management information systems. The methodology was designed to be applicable across various socio-political, economic, and cultural contexts, enabling the identification of similarities and differences across diverse countries while acknowledging contextual variations. Please refer to the respective research report for a detailed overview of the research framework.[145]

The eight countries (see Figure 3) were selected based on the following inclusion criteria:
• Different world regions
• Representation of diverse land masses, populations, cultures, and religions
• Child protection systems with varying structures
• Incorporation of low-, middle-, and high-income settings
• Interest and capacity of the local SOS Children's Villages office to support and facilitate the research, including establishing local research partnerships with universities and supporting fieldwork

Figure 3: Eight country studies across a range of contexts[146]

Denmark
University College Copenhagen
University College Absalon

El Salvador
Universidad Tecnológica
de El Salvador

Uruguay
Universidad Católica del Uruguay

Cote d'Ivoire
International University of
Grand Bassam

Kenya
Daystar University

Lebanon
Université Saint-Joseph
de Beyrouth

Kyrgyzstan
American University of
Central Asia, Kyrgyzstan

Indonesia
Universitas
Islam Bandung

The methods included desk reviews on specific themes and each country's socio-cultural and economic context, primary participatory research with children, young people, and adult family members, as well as semi-structured interviews and an online survey with professionals.

Recognizing the importance of children and young people having a say in decisions affecting their lives[147], significant emphasis was placed on using a primary participatory research methodology to engage children, young people, and adult family members.[148] This involved a series of research design workshops with children and care-experienced young people in El Salvador and Lebanon. Their participation was

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145   Gale et al. 2024a, b.
146   As per the World Bank income index based on gross national income: lower middle income: Cote d'Ivoire; Kenya; Lebanon; Kyrgyzstan; upper middle income: Indonesia; El Salvador; high income: Denmark, Uruguay, World Bank Group 2023.
147   Clark and Statham 2005.
148   Winter et al. 2022.

instrumental in developing the research questions and qualitative participatory methodology. After piloting the questions and methodology in El Salvador and Lebanon, participatory research workshops were implemented in all countries. In each country, groups of children and young people were also involved in evaluating and, if necessary, adapting the workshop methods to the local context before implementation. To enable the participation of children with disabilities, the methodology was further developed to facilitate their inclusion in workshops in Denmark, Lebanon, Kyrgyzstan, and Indonesia.[149]

A total of 517 children and young people participated in the qualitative research workshops in two locations in each country – one urban and one rural/semi-rural. Participants included children aged 13-15 living with their families in difficult circumstances and receiving governmental and nongovernmental services,[150] as well as young people who had left alternative care and returned to living in the community (ages ranging from 17-25 depending on the usual age of leaving care in each country).[151] A total of 290 adult family members living in vulnerable circumstances participated in research workshops. Semi-structured interviews were conducted with 95 professionals, and 231 professionals responded to an online survey, both using a purposive sample.[152]

1137 research participants

— **517** children and young people
— **290** adult family members
— **326** professionals

Ethical clearance for the primary research was secured in all the participating countries through the respective universities. Measures were implemented to ensure the safety of research participants throughout the research, including the presence of a safeguarding support person during the research workshops.[153] Please refer to the full primary research report for more details on sampling, research participants, methodology and ethical procedures.[154]

Rapid desk review on child protection decision-making and four country studies

A rapid desk review was carried out on the efficacy, objectivity, and subjectivity of decision-making by the social services workforce within child protection systems across different countries and regions. The review considered literature on social workforce decision-making in Africa, Asia, the Middle East, and Latin America, as well as studies from high-income countries including Western Europe, North America, Scandinavia, and Australia. Following various review rounds, 135 articles were included, primarily from academic sources. For the full report, please refer to the link provided in the references.[155]

Research participants

— **42** child protection decision-makers in Denmark, El Salvador, Kenya, and Lebanon

149   Upon analysis of the results of these workshops, no overall differentiation in the information provided by children and young people with disabilities and other groups of children was found. Therefore, their answers have not been separated but incorporated into the analysis.
150   For ethical reasons, children in alternative care were not included in the research workshops, due to the nature of questions about family and challenges in families.
151   The research participants were invited by SOS Children's Villages and partner organisations, according to sampling criteria to represent the diversity in the community; these included age, gender, ethnicity, religion, ability. Research participants were part of SOS Children's Villages programmes, partner organisations, or local schools and were living in disadvantaged neighbourhoods.
152   No online surveys were completed in El Salvador. The online survey mainly consisted of closed questions for quantitative analysis. Survey participants included professionals working to support, care and protect children and were sourced through a purposive sampling approach.
153   The research also complied with local safeguarding standards, as well as SOS Children's Villages' International Child and Youth Safeguarding Policy and Code of Conduct. The creation of a caring, safe, and trusting atmosphere during the primary research with children and young people was of primary importance. Workshops with children and young people were facilitated by a national researcher in local language(s) rather than an international researcher.
154   Gale et al. 2024a.
155   Gale et al. 2024b.

To explore decision-making processes in child protection systems in greater depth, follow-up research was conducted in four of the research countries. This involved a rapid desk review sourcing national literature, including in the language(s) of each country. Through purposive sampling, semi-structured interviews were conducted with decision-makers, including members of the social services workforce, such as social workers and, when possible, the judiciary.[156] Given existing evidence gaps, the researchers aimed to identify which objective and subjective factors influence decision-making by the social services workforce in different child protection systems, and to understand similarities and differences in this regard. Please refer to the full report and four country reports for further details.[157]

3.3 Limitations

Certain factors limit the depth and scope of this research:

1. **Representativeness:**
    This research does not present a representative picture of the reasons for child-family separation globally. Findings are based on existing research, databases, and data from eight countries in different socio-economic and cultural contexts. Research activities in each country were limited to two locations (one semi-rural/rural and one urban), which may not fully reflect the situation throughout the country. A purposive sampling approach was used to ensure diversity within the primary research, rather than providing a representative picture.

2. **Research scope**
    While the systematic literature review took a broad approach to the phenomenon of child-family separation, the primary research focused specifically on the driving factors of child-parents separation and placement in formal alternative care to narrow the research scope. Many children in most of the research countries live in informal kinship care, but it was not possible to study these children specifically.

3. **Challenges in the literature scoping**
    The research and policy review and the systematic literature review were limited to English-language articles, which means that key sources published in other languages may have been missed. However, efforts were made in the country studies to include both English and local language publications.

4. **Challenges in the primary research**[158]
    - In some countries, it was not possible to engage the desired number of children, young people, and adult family members. In Denmark, participation from these groups was particularly challenging, resulting in a small sample size.[159] In Uruguay, national authorities did not grant ethical permission to work with children in time for the field research.
    - Workshops specifically designed for children and young people with disabilities involved small numbers of participants in Denmark, Kyrgyzstan, Indonesia, and Lebanon.
    - There was an uneven response rate to the online survey across countries, with no responses from El Salvador.

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156 10 interviews in El Salvador, Denmark, and Kenya, and 12 in Lebanon. This may also include other types of child and youth care practitioners, e.g., social pedagogues, youth care workers, social educators, caregivers in family like care.
157 Accessible here: Global Report on Children's Care and Protection (sos-childrensvillages.org)
158 For further information see Gale et al. 2024b; Gale et al. 2024a.
159 14 children aged 13-15, and 15 adult family members.

- Research workshops used group work methodologies, which obscured individual voices in favour of collaborative answers. Consequently, the data does not capture individual participants' responses. Additionally, intersectional analyses (e.g., by gender or ethnicity) were not conducted.
- For the study on social services workforce decision-making, the sample size was relatively small, with approximately ten interviews with decision-makers per country.

5. The complexity of the issue

The factors leading to child-family separation are complex and can simultaneously represent causes, effects, and consequences. It is important to consider this complexity when interpreting the terms 'driver', 'reason', or 'factor' of child-family separation, as issues often cannot be attributed to a single aspect.[160] As a result, definitive statements about the causality or proportionality of the contributing factors cannot be made. Nonetheless, this research maps out some of the most significant factors and identifies the levels (individual, family, community, societal, systemic) at which they occur.

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160   Wilke et al. 2022.

4

**Why children are
separated from their families**

4. Why children are separated from their families

This section presents the findings from the previously outlined research components on the factors contributing to the separation of children from their parents and families.

4.1 Literature findings on the factors contributing to separation

One aim of the research was to understand what the existing academic literature asserts about the reasons children are separated from their families, in the frame of a systematic literature review.[161] While a systematic literature review has been conducted looking at the antecedents of placements in alternative care[162], no study has of yet collated the literature relating to factors contributing to child-family separation more broadly, regardless of which living arrangement a child may transition into; it is this gap that the present review intended to fill. The review yielded four main insights in relation to reasons for child-family separation and how they are understood and researched in scientific literature.

— Reasons for separation are multifaceted, with context-specific prevalence and implications

It is rare for children to separate from families for a single, decontextualized reason. Rather, constellations of reasons best characterize child-family separation, and these constellations vary across place. While parental illness and death play a significant role in separations in southern Africa, incarceration, substance use, and housing instability are frequently referenced in relation to separation processes in North America. At the same time, child abuse, neglect, and family violence are noted across many settings. Notably, context matters, and similar reasons for separation can have different implications across settings. For example, we determined that "primary caregiver death" is an insufficient "reason" to capture the implications of that death for a child's life. A caregiver's death from AIDS might result in additional stigma, and thus have different implications than a caregiver's death from cancer. Moreover, the experience of stigma associated with caregiver death from AIDS will vary from one place to another.

— Reasons for separation are shaped by structural and cultural features of societies and characteristics of individual children, their families, and caregivers

It is impossible to understand the reasons for separation without considering the structural features of society, cultural context, and social norms. In many places, government ministries operate within legal frameworks to 'protect' children and assure their care, at times removing children from families or care placements. Notably, these actions are shaped by local understandings of good or adequate care which reflects cultural context and social norms. Further, within these broad frameworks, individuals' characteristics also have some bearing on the events. We worked to capture this complexity by extracting information on children's characteristics. Reasons for separation vary significantly by a child's age, and importantly, children exercise more agency in separation as they grow older.

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161   Short et al. forthcoming.
162   Wilke et al. 2022.

For example, during adolescence, some children voluntarily leave their families when they no longer feel valued, safe, or able to express themselves fully, including for reasons related to their expression of gender or sexual identity.

— Reasons for separation depend on the social location and perspective of the person reporting the reason

Reported reasons for separation are multivocal: they both point to specific reasons children were separated from families, and they tell us something about underlying cultural principles by which people make sense of separation, for example, ascribing blame for particular social woes (unemployment, alcoholism) and not others (labour migration, hospitalization). Paying attention to the social location and perspective of the person reporting the reason (for example, a social worker, a surveyor, or a parent) gives us further relevant context that we can build into our interpretation of the reasons for separation themselves.

— Significant conceptual challenges complicate data collection and broader understanding of child-family separation, including the very meaning of separation itself

The multiplicity of forms of separation and diversity of families mean that wherever we draw boundaries to set inclusion criteria, we risk excluding some forms of separation that are not recognized as such, or conversely, being overly inclusive. There is no way to avoid this, but researchers need to engage in extensive conceptual work when considering how to define and map categories of separation, and recognize that, in many instances, the most appropriate definition will depend on the question at hand. As we sought to develop a full picture of the complexity of multiple reasons for separation, the number of possible reasons expanded to the point of being impractically large for the purpose of a useful summary. This suggests that research on child-family separation will need to find the optimal balance between completion and complexity, to yield valid and useful data.

These findings highlight the complexity of child-family separation, which is why the primary research adopts a narrower scope, focusing on the factors contributing to child-parents separation and placement in alternative care.

4.2 Primary research findings on the factors contributing to separation and placement in formal alternative care

Primary and secondary research[163] on factors contributing to the separation of children from parents and placement in formal alternative care was conducted in eight countries: Cote d'Ivoire, Denmark, El Salvador, Indonesia, Kenya, Kyrgyzstan, Lebanon, and Uruguay. These countries represent a variety of socio-cultural and economic environments, with differently resourced and functioning child protection systems. This section presents the findings from this research, complemented by related studies where relevant.

The findings illustrate how families can be impacted by a **combination of multi-dimensional and interconnected factors** linked to the specific contexts in which they live. These include socio-political, and economic circumstances, as well as stigma and discrimination, often driven by cultural norms and practices. Importantly, however, the research highlights how children, young people, adult family members and professionals from these countries – whether in low-, middle-, or high- income settings – identified

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163   Gale et al. 2024a; Gale et al. 2024b. This section presents a summary of key findings outlined in these reports and includes complementary information included in the individual country reports. More detailed and comprehensive information on the findings can be accessed in the full research summary report and respective country reports.

similar factors, albeit with varying degrees of prevalence, that directly and indirectly impact the lives of families and contribute to the separation of children and young people from their parents and placement in formal alternative care. This is evidenced by the strong correlation of information provided by these groups, further validated by desk reviews. Given the lack of comparative cross-context research directly involving children, young people, and family members in previous research on this topic, the findings contribute to global knowledge in a unique manner.

Table 2 below provides an overview of the main factors identified across the wider society, families, and child protection systems that contribute to the separation of children from their parents and their placement in alternative care. This table also serves as a guide through the following chapters.

Table 2: Main factors identified across the eight study countries

Circumstances in families (section 3.2.1)	• Violence against children, including experiencing and witnessing domestic violence and gender-based violence • Death of both parents (orphanhood) • Disability • Divorce/separation and re-marriage/new partnerships • The use of alcohol and drugs • Social isolation and exclusion • Additional child protection concerns (e.g., street-connected children, child labour etc.) • Multiple dimensions of poverty • Lack of birth registration and other documentation • Parents who are imprisoned or are responsible for criminal behaviour • Inter-generational transmission of violence and inadequate parenting practices
Factors within the wider society (section 3.2.2)	• Barriers and gaps in social protection, and basic and specialised services • The push and pull factor of education and use of boarding schools • Patriarchy and gender-based violence • Violence in the community • Violence in schools • Labour migration • Climate change • Certain social, cultural (incl. religious) norms and practices and related stigma and discrimination • Lack of awareness of child rights, development, and protection mechanisms
Decision-making in child protection systems (section 3.2.3)	• Influence of subjective and objective decision-making (e.g., training/personal background) • Quality of functioning of child protection system – often as a result of a lack of resources and training

While many of the factors at the family and societal levels were common across most of the research countries, Denmark stands out as an exception, in particular at a wider societal level. Denmark benefits from a robust universal welfare and social protection system, supported by laws and policies promoting equality and protection, high living standards for much of the population, and a child protection system focused on preventing child-parent separation. However, even in this well-resourced system, there are still families facing difficulties who do not seek, or cannot access, the support they need. As in the other countries, the issue of intergenerational violence and family breakdown was prominently noted.

The research also identified a further critical factor contributing to the unnecessary placement of children in alternative care across the study countries, one that is rarely considered alongside family and societal factors: decision-making within national child protection systems. Significantly, the research found that decisions made by those responsible for children's welfare and safeguarding, are not always focused on the child's best interests, contributing to preventable placements in most countries.

Finally, the research highlights a lack of reliable or published data on children in alternative care in all countries except Denmark and Uruguay. This lack of data hinders the ability to quantify the number of children in care or understand the reasons for their placement. Even in countries where data is available, it is often insufficient, particularly regarding definitions and clear explanations for placements. This gap presents a considerable barrier, not only for research purposes but also for policy and programme development.

The next sections present a condensed overview of the key findings.

4.2.1 Factors at the family level

As noted above, the research has identified multiple factors at the family level that can contribute to children being separated from parents and placed in alternative care. These factors were emphasised by children, young people, adult family members, and professionals and corroborated by information sourced in desk reviews. Further details of these circumstances are provided below.

Violence against children, including experiencing and witnessing domestic violence and gender-based violence

Violence against children as defined by the International Classification of Violence Against Children takes many forms, including physical, sexual, psychological, and neglect (including abandonment), among others.[164] Often children have multiple experiences of violence.[165] Evidence drawn from the research clearly identifies violence against children as a reason children are placed in formal alternative care.

The primary research shows how children and young people experience and witness abuse in the home in the form of physical, sexual, and emotional violence and neglect in all eight research countries. Analysis of the answers provided by all the children and young people who participated in the research workshops included experiences of different forms of violence.

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164   UNICEF 2023b.
165   e.g., Ford and Delker 2018.

Figure 4: What makes children/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?

(excerpts from answers provided by children and young people, clustered by theme)

The topic of violence

violence against children / parents abusing their children / mistreatment from guardians or stepparents / ill-treatment at home, they want to die **(children)**

violence is very common, then children go to orphanages, they don't have parent love, then they can even forget about parents **(young person)**

Physical violence

physical abuse / parents beating you / when flogged / home doesn't feel like home but like a punchbag / punishment / parents giving you to child labour / parents are forcing us to steal / parents are forcing us to take drugs **(children)**

being beaten / being whipped / verbal and physical violence / father is an alcoholic and beats the children when he comes home **(young people)**

Emotional and psychological violence and neglect

screaming and anger / parents being angry / verbal violence and touching **(children)**

not being loved / not being cared about / no love and affection makes you feel worthless / belittling the children / no understanding / no communication / parents loving one child more than the other / they are not giving time to their children / never eat together **(children)**

emotional and physical abuse from their parents / always being yelled at / quarrelling with parents **(young people)**

Sexual violence[166]

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 / early pregnancy / children have to get married at an early age **(children)**

gender based violence / rape / sexual abuse / violence based on sex – a lot of people want sex / bride kidnapping **(young people)**

Neglect

Neglect / being neglected / neglect from parents **(young people)**

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166   There was notably less mention of sexual violence in Denmark and Indonesia.

Data provided by professionals also confirms how all forms of violence are contributing factors related to the removal of children from parental care by government social services or others, including NGO personnel and alternative care providers.

> Of **228 professionals** who responded to the online survey, the following percentages (multiple answers were possible) indicate how many believe that children are "often" placed in alternative care due to various forms of violence:
>
> — **42%** believe it is because of physical abuse of a child
> — **29%** believe it is because of sexual abuse of a child
> — **29%** believe it is because of emotional/psychological abuse of a child
> — **31%** believe it is because of violence (physical, sexual or emotional) between adult family members in the household

These findings also emerged in the responses of adult family members and professionals. Professionals mentioned diverse forms of violence contributing to placement in alternative care, some of which include:

" *Primarily there is the consideration of violence or neglect...There are also cases of physical abuse or attempted sexual assault or actual sexual assault.*" **(Professional in 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.*" **(Professional in 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...*" **(Professional in Kenya)**

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

Data indicating high levels of physical and sexual violence against children was found in the secondary data from all countries except Denmark.

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."*[167] Emotional abuse and neglect can negatively impact self-worth and emotional well-being, leading to long-term consequences. Notably, many children and young people identified emotional violence and neglect as contributing to a lack of unity and happiness in families. This was confirmed by professionals, who noted that such violence can break down relationships within families, often leading to separation. Responses in Figure 4 highlight how a lack of love, care, trust, and attention makes children and young people unhappy, while emphasizing the importance of being part of safe, united, and caring families. Professionals echoed these concerns, pointing to the role of emotional violence and neglect in family breakdown.

Material neglect - failing to provide children with adequate nutrition, healthcare, clothing, hygiene, housing, education, and other essential living conditions that ensure their health, safety, and well-being - is a significant reason children enter formal alternative care. In some countries, such as Denmark, neglect is seen as a child protection concern when it puts a child at risk of harm, prompting the use of alternative care. In other countries, however, professionals may place children in alternative care even without a substantial risk of harm, believing that a child living in poverty, for example, would be 'better off' in such a setting. This practice is more common in countries where alternative care options and child protection systems facilitate placements for 'social care', such as residential settings that provide food, clothing, and access to education and healthcare. While there were no reports of deliberate neglect, professionals noted that neglect often results from a lack of parenting skills. Further details on the role of poverty are provided in the subsequent sections of this report.

In terms of **abandonment**, the researchers were told it was predominantly babies and sometimes infants who are abandoned, for reasons including rape, a female bringing shame on a family if pregnant out of wedlock, poverty, disability, poor parental mental health, substance misuse, and lack of ability to care for a child.

Death of both parents (orphanhood)

For this study, 'orphanhood' was defined as the situation where a child's parents have both passed away. Accurately determining this information during the research was challenging, as many professionals used the term 'orphanhood' to refer to children who may have been relinquished or abandoned, rather than solely those who experienced the death of both parents.

> In the online survey,
> — **50%** of the **227** respondents who answered this question believed that the death of both parents is 'often' the reason children are placed in alternative care settings.[168]

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167   WHO 2022.

168   Relatedly, a 2022 literature review on antecedents to alternative care placement reports that 'not all children in orphanages are orphans' and that 'many children in RCCs (residential care centres) have living parents' Wilke, Howard, et al. 2022a, 139.

Disability

Disability is a reason children are placed in formal alternative care across all research countries although with differing rates of placement. For example, in some countries, such as Lebanon, it is understood there are very few placements made available in part due to a lack of alternative care providers that will accept children with disabilities, coupled with a deficit in skills, training, and material resources. Conversely, in some countries, for example Kyrgyzstan, the percentage may be higher than others, as children with disabilities are placed in 'special' residential institutions based on a medical decision made by panels of 'experts' who 'encourage' or 'persuade' parents that residential care is the 'best option' for these children. In 2020, 2,485 out of 10,868 (23%) of those in residential care in Kyrgyzstan were children with disabilities[169], which was higher than in any other country in Central Asia.

In all countries, reasons for separation include parents of children with disabilities feeling unable to provide the necessary care, which, apart from in Denmark, is further compounded by inadequate access to basic and specialized services and the lack of extended family and community support. Issues of stigma and discrimination can further exacerbate the decision to place a child with a disability in alternative care. For example, in Kenya and Cote d'Ivoire, giving birth to a child with a disability can be associated with witchcraft. Even in countries providing access to social protection payments and specialist services for persons with disabilities, these supports are frequently insufficient and fail to reach all families in need.

> 66 *The second type of internat, is internat for children with disability, with different types of disabilities."* **(Professional in Kyrgyzstan)**

> 66 *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."* **(Professional in Kenya)**

> 66 *"…accepting this child is a priority, they are feeling embarrassed, are ashamed of having a child with disabilities at home."* **(Professional in Lebanon)**

Children are also placed in care due to their parents having a disability. While 10% of 225 online survey respondents think placement in alternative care is 'often' due to a child's physical disability and 15% believe it can be due to a mental health condition, approximately a quarter (27%) believe the mental health condition of a parent/s is 'often' a reason for placement. A more significant percentage of respondents think the physical and mental health of both children and parents are 'sometimes' a reason.

Divorce / separation and re-marriage / new partnerships

The research findings show how separation and new partnerships may in some cases result in children being placed in care, either by the birth parent or the stepparent or new partner. For example, children and young people wrote about *"when a parent leaves or dies you might get a stepparent who does not love you"; "the child has been adopted by the stepmother who will treat him as if he is not 'one of them'"* and *"when they divorce and destroy family, and children end up in orphanages".*

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169   UNICEF 2021a.

Some professionals also mentioned this, as highlighted in the quotation provided by a professional in Indonesia. Custody disputes can sometimes lead to court decisions placing children in alternative care arrangements. Courts, especially religious courts in some countries (e.g. Lebanon), may separate children from their mothers and place them in the custody of their fathers, even when neither parent desires this outcome. The father might then relinquish his children to alternative care. This situation is exacerbated in many countries by a lack of free or affordable health care.

> 66 *"…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."* **(Professional in Indonesia)**

Furthermore, evidence indicates that separated households, especially those headed by females, face challenges balancing care responsibilities and income generation. In Denmark, for example, the proportion of children from single-parent households in alternative care is higher than those from two-parent households.[170]

In the online survey across the research countries, when asked if children are placed in care 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'. The issue of domestic and gender-based violence is a factor contributing to the situation of female-headed households and is discussed in further detail below.

The use of drugs and alcohol

The impact of alcoholism and drug-use was found to be a factor negatively impacting family life and an issue raised by children, young people, adult family members, and professionals. This was mentioned in all but one study country, Indonesia, with notably more references in Denmark and Kyrgyzstan.

Desk reviews indicate that children's exposure to and use of drugs or alcohol is not only a protection concern in itself[171], but can also make them vulnerable to other risks such as violence, crime and being street-connected, which can ultimately lead to their placement in alternative care. Research participants observed that the use of drugs and alcohol is a negative coping mechanism employed by both adults and young people struggling to cope with life challenges and stress. The researchers noted a direct link between substance use and the placement of children in alternative care settings.

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."*

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170   A study published by Lausten et al. 2023 stated that the proportion of children and young people whose parents live together is lower for those in alternative care or preventive measures than for the other vulnerable groups in their study.
171   Dube et al. 2001.

In total,
— **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

Social isolation, stigma, and exclusion

The research participants noted the impact of social norms and practices that particularly perpetuated feelings of social isolation, stigma and discrimination and negatively impact family life. For example, girls and women who have experienced gender-based violence, resulting in children born out of wedlock or rape, may then be abandoned or abandon their children due to fear of disgrace or being disowned by their family. Feelings of shame and social exclusion may also prevent families who are struggling from reaching out for support.

In a complementary analysis of case management assessment data related to children referred to family strengthening services provided by SOS Children's Villages to prevent child-family separation, two of the top six factors associated with lower quality care and higher risk of child-family separation were lack of social support and limited access to support services.[172]

Stigma and discrimination are principal factors creating barriers that prevent full participation of persons with disabilities in society. This situation can contribute to the belief of some parents and professionals that a child with a disability would be *'better off'* in alternative care. Stigma and discrimination contribute to feelings of shame in some families who, as a result, may not seek or access support and instead relinquish their children.

Additional child protection concerns

As a result of difficulties at home, children can find themselves in situations at risk outside of the home environment. Children, young people, adult family members and professionals raised additional child protection concerns during the research, which were also triangulated with data collated in desk reviews. However, it is not possible to report to what extent alternative care placements result from these child protection concerns, due to a shortage of accurate and reliable published data on children in alternative care in most of the research countries. The identified child protection concerns were:

Street-connected children are recognized as being vulnerable to placement in alternative care. They often become street-connected by running away from violence and broken relationships at home. Poverty also drives some children to work and beg on the streets, and those who have dropped out of school are particularly at risk. Some children live on the streets with their parents, while others have been abandoned there. Concerned for their safety and well-being, authorities may place street-connected children in residential facilities like emergency shelters.

Of 228 of the respondents who completed the online survey,

— **25%** thought children were 'often' placed in care because they had been found living or working on the streets.

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172 Koblinger and Willi forthcoming.

Child labour exists across all countries, with the exception of Denmark. This can prompt engagement from authorities such as police and social workers with the child and their parents, sometimes resulting in the decision to place the child in alternative care. Children may be forced to work or choose to contribute to their family's income. Even in some countries where child labour was not a prominent topic raised by research participants, desk reviews suggest it is a protection concern linked to placement in alternative care.

Early and forced marriage as well as early pregnancy, particularly affecting girls, were mentioned by some interviewees as protection concerns that can lead to children being placed in alternative care. Bride kidnapping was highlighted as a specific issue in Kyrgyzstan.

While few participants discussed **female genital mutilation/cutting** the literature indicates these are reasons why children may enter the child protection system or run away from home, subsequently ending up in alternative care in some countries.

The literature also recognizes children's involvement in **armed groups and criminal gangs** as factors bringing them into contact with child protection authorities. However, this is more likely to result in detention than alternative care placement in most countries.

The research was unable to obtain reliable data on how many children in alternative care previously lived in **child-headed households**. However, the literature suggests that in some countries, a significant number of children live in vulnerable child-headed households, potentially facing exploitation and child labour.

Research indicates that some children are placed in alternative care due to concerns related to their **sexual orientation or gender identity**. Desk reviews have highlighted the vulnerabilities faced by LGBTQI+ children and youth, as they may be rejected by their families and communities[173], leading them to run away or become street-connected. Additionally, in countries that criminalize LGBTQI+ individuals, these children and youth are at risk of prosecution and separation from their families because of their sexual orientation or gender identity.

Multiple dimensions of poverty

The research looked at poverty as an intergenerational and multi-dimensional issue, acknowledging that measurements of poverty not only concern financial means but also other wellbeing factors.[174] The impact of poverty on households is contributing to the stressors leading to family violence and breakdown, as well as resulting in the direct placement of children in alternative care to gain provision of support in the form of food, shelter, health and education services.

Defined in this way, poverty-related issues emerged from the primary data collection as a significant factor contributing to child-parents separation in all research countries. For many families, a severe lack of financial resources together with insufficient access to basic and specialised services and social protection and family support systems are leading to the placement of children in alternative care. Even in the case of a high-income country such as Denmark, cuts in social services budgets are impacting the services being made available. Conversely, in Indonesia, where social and health insurance is available, adult family members spoke of barriers prohibiting their ability to register for such support. Furthermore, as in Indonesia, the researchers highlight that such issues related to poverty are likely to contribute to tens of thousands of children being placed in alternative care.

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173   Valencia Corral et al. 2022; McCormick et al. 2017; Mallon et al. 2002; Fish et al. 2019.
174   World Bank 2024.

The answers provided by children, young people and adult family members indeed indicate that the struggles that families encounter are due to issues related to poverty (Figure 5).[175]

Figure 5: Worries highlighted by children and adult family members related to poverty

Children highlighted worries related to:

- poverty
- hunger
- basic needs like food, clothing and education
- having financial problems because it leads to [adults] doing bad things
- lack of electricity
- not being warm
- lack of things we want in the home
- not having a house
- unemployment
- people in the family get sick and they have no money

Adult family members highlighted worries related to:

- not being able to pay for utility bills
- lack of locally available and free health care services, lack of medical insurance and not being able to pay for medical costs when a family member falls ill
- school fees, costs for uniforms and school materials
- lack of schools that will include children with disabilities
- lack of available or safe transportation, especially in rural communities
- insecurity in relation to inadequate housing, cramped conditions and lack of stability for many living in rented accommodation
- poor or no access to well-remunerated and stable employment opportunities, which is also further compounded by adult illiteracy
- lack of day care and after-school clubs

Many adult family members who participated in the research workshops highlighted their distress due to an inability to adequately care and provide for their children compounded by the stress caused by lack of socio-economic mobility. Adult family members and professionals particularly noted the challenges faced by single mothers who felt they could no longer manage or sufficiently look after their children, especially when familial and community support was absent. The research also found that many women lose opportunities to engage in income-generating activities and lack confidence in themselves and their overall capabilities.

In part, challenges related to poverty and denial of full socio-economic participation in society stem from a lack of access to stable and adequate employment opportunities. This situation might, for example, result in a child being placed in alternative care when parents or primary caregivers are absent due to

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175   The research participants were specifically selected from vulnerable communities, which is an important factor to consider when analysing the information gathered from the research workshops.

such reasons as labour migration, or incarceration if they turn to criminal activities as a means of survival. People with disabilities particularly face challenges due to a lack of investment in essential and specialised services and access to employment, compounded by issues of stigma and social exclusion that often deny them opportunities and active participation in all aspects of community life. Furthermore, a disparity was noted in the answers given in some workshops between children, young people, and adult family members living in urban and rural settings; in particular, participants in some rural areas emphasised a lack of access to basic services.

Poverty was a key factor leading parents to relinquish their children into alternative care settings that provided 'social care', where they will be provided with necessities such as food, clothing, health care, and education. This can stem from the belief of some parents that residential institutions offer better living conditions for their children including access to better quality or free education. This situation is particularly perpetuated in countries where places in residential institutions are readily available and even government-funded for the purpose of providing 'social care'. This carries the risk of incentivizing parents to relinquish their children. Even in countries where laws and policies seek to prevent the direct placement of children in residential care due to poverty, the researchers observed that residential social care providers still accept children who have not been through any official administrative or legal processes. Additionally, some alternative care providers actively seek out children from impoverished families and convince parents to give up their custody. These providers also engage in extensive outreach, such as advertising in local places of worship, to promote their facilities. Once again, Denmark was an outlier in this situation.

With the exception of Denmark, the evidence suggests that professionals also decide to place children in alternative care, with the only justification being the financial and material poverty experienced by families, even when there is no immediate risk of harm. In some cases, they believe that removing a child from their family will lead to better outcomes, as the child will receive material support and access to services. While neglect may not always be intentional, especially for parents facing severe financial and other challenges, some professionals perceived certain parents as demonstrating wilful neglect or a lack of interest in caring for their children. Professionals often associated this perceived neglect with an inherent lack of parenting abilities, particularly among parents from poor, under-educated backgrounds, and especially those where the mother's level of education is thought to be low. However, some professionals also acknowledged that parents in middle- and high-income brackets may also harm and neglect their children, both emotionally and materially.

— **29%** of survey respondents across the eight research countries think insufficient money for basic commodities is 'often' a reason children are placed in alternative care.

According to the professionals, children from disadvantaged socioeconomic backgrounds are usually disproportionately represented in alternative care settings across all research countries. They said,

" *For example, parents themselves can't afford so they approach 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?"* **(Professional in Kyrgyzstan)**

> ❝ *Around 80% are here [in a residential institution] for poverty reasons."* **(Professional in 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"* **(Professional in Kenya)**

A correlation between issues related to poverty and family breakdown

The findings indicate that poverty negatively affects family unity. There is a link between the ability to cope with daily challenges like providing for basic needs, and household stress and tension. These ongoing challenges can exacerbate feelings of distress, anger, poor mental health, and for some, an inability to cope. This, in turn, diminishes resilience and impacts the ability to maintain strong family relationships, which may result in violence and family breakdown. Children and young people reported that financial problems can lead to arguments, and the stress of being unable to care for one's children. One young person wrote how, *"when parents have too many credits and owe much money to others, they can commit suicide"*. When asked about reasons for alternative care placement, many professionals directly linked stress in relation to poverty with the breakdown of relationships that can ultimately lead to the placement of children in alternative care (including divorce, separation, and violence in the home). For example:

> ❝ *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"* **(Professional in Kenya)**

> ❝ *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."* **(Professional in Lebanon)**

Several studies have examined the connections between poverty, violence, and family breakdown.[176] This is exemplified by a report published in Lebanon in 2018,[177] which found that low household incomes and limited access to essential services were leading to increased stress within families, negatively impacting children's care and protection, and even leading to various situations of violence and exploitation.

While poverty-related issues can contribute to family breakdown and the presence of violence, it is essential to recognize that around the world, families are living in extremely challenging circumstances, including poverty, who are able to cope and provide supportive, caring environments for one another. This

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176   See for example: Adebiyi et al. 2022; Berger 2005; Lau et al. 1999; Lodder et al. 2021; Malley-Morrison 2004.
177   Child protection working group Lebanon 2018.

highlights how strong, caring relationships can help families navigate the impacts of poverty and other hardships while maintaining a home free from violence.

Lack of birth registration

In relation to low- and middle-income countries in particular, the information provided by respondents, complemented by secondary evidence in several countries, including Indonesia, Kyrgyzstan, and Cote d'Ivoire, shows how the lack of birth registration can hinder access to essential and specialized services. As noted above, this, in turn, can lead to children being placed in alternative care, particularly residential facilities that provide social care and educational support. According to UNICEF, approximately one in four children under age five worldwide do not have official birth registration.[178]

Parents who are imprisoned or are responsible for criminal behaviour

In a few countries, research participants spoke about children being at risk of placement in alternative care due to the imprisonment of a parent. In Denmark, for example, a government statistical database indicates that a small number of children are placed in alternative care due to criminal behaviour of parents each year.[179] In other countries, like Kenya and Lebanon, research participants spoke of some parents turning to crime as a coping mechanism in light of poverty or drug use and children being left without parental care when they are imprisoned. Gang-related violence and mass incarceration in El Salvador may also contribute to children being left without parental care, though no official statistics are available.

Intergenerational violence and inadequate parenting practices

It is evident from the research findings that multiple and interconnected factors contribute to circumstances within the family home that result in children's placement in alternative care. When examining these circumstances further, a specific theme emerged concerning the perpetuation of breakdown within and separation of families. This is the intergenerational aspect of violence, inter-generationally transmitted inadequate parenting practices, and the connection between the two.

The evidence gathered from children, young people, and adult family members highlights how some parents struggle with their responsibility to protect, care for, and offer love to their children, a lack of bonding, and an inability to create a unified and harmonious family environment. The research shows these factors contribute to a breakdown in relationships between parents and their children, as well as between adults in the home. These situations can lead to violence against children, as well as serious neglect and relinquishment/placement in alternative care in the countries included in this study.[180]

> In an additional study by SOS Children's Villages, caregivers' lack of awareness, knowledge, and skills in parenting was highlighted as a contributing factor of child-family separation. The study included the analysis of 9269 case management assessments across 17 member associations of children referred to alternative care services provided by SOS Children's Villages. This factor was reported by field workers on 37% of assessments, and it correlates with an assessed decrease in quality care and increase of risk of separation in 8 of 17 countries.[181]

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178   UNICEF 2023a.
179   For example, in 2023, this amounted to 41 children in Denmark, Statistics Denmark 2023.
180   E.g., Madden et al. 2015; Pears and Capaldi 2015; Serbin and Karp 2013.
181   Koblinger and Willi forthcoming.

In particular, research participants across all countries, except for Kyrgyzstan, emphasized the intergenerational nature of the cycle of violence within the home coupled with the diminished ability to parent well. They highlighted how a parent's own negative experiences during childhood can shape their capacity to parent effectively, and the need to urgently address this situation.

> *taking out frustration and anger on your children because of how your parent raised you and filled your heart with hate and bitterness it affects the life of your child"* **(child)**

> *parents are also traumatized, and they also raise their children as their parents were raised themselves."* **(young person)**

> *no-one caring about the violence the children are witnessing, then they repeat it – it is intergenerational violence and psychological maltreatment."* **(adult family member)**

> *being raised in families with physical violence and it becomes intergenerational"* **(adult family member)**

> *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."* **(adult family member)**

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

> *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"* **(Professional in 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."* **(Professional in 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."* **(Professional in 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."* **(Professional in 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 it is hard to give that to their child because they never got that."* **(Professional in 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..."* **(Professional in Uruguay)**

In this manner, professionals in the research acknowledged that adverse childhood experiences can contribute to behaviour that may be repeated throughout a person's lifetime. The literature on adverse childhood experiences has extensively documented this phenomenon. Adverse childhood experiences have been described as a complex set of interrelated experiences, such as childhood abuse or neglect, parental substance abuse, domestic violence, and other adversities in the home environment.[182] Studies indicate that these experiences during childhood and adolescence, including psychological, physical, or sexual abuse, poverty, exposure to violence, and living with a family member who has mental health issues or is incarcerated, can lead to adverse behaviours during adulthood.[183] Furthermore, as also recognised by many of the interviewed professionals, research suggests that "learned behaviour" (professional in El Salvador) through observation, learning, and imitation of adults, as well as being a recipient of violence, neglect, and lack of love and affection, can perpetuate adverse behaviours.[184] This information highlights how adverse childhood experiences can profoundly impact an individual's capacity to parent, leading to

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182   Dong et al. 2004.
183   Kim et al. 2022.
184   E.g., this has been pointed out in a research in Lebanon, see Tarabah et al. 2016.

family breakdown and intergenerational cycles of violence. These dynamics contribute to the continued placement of children in alternative care. Crucially, the researchers note how professionals observed how this challenge is either not recognised or, in other situations, often addressed too late to break the cycle of family breakdown, separation and violence:

> 66 *So, I think the important thing 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."*
> **(Professional in Denmark)**

4.2.2 Factors in the wider society

The socio-ecological research framework also considered broader societal factors that impact families and can lead to family breakdown and separation across the eight research countries. In addition to concerns about the functioning of national child protection systems, as discussed later in this report, the findings point to barriers in accessing basic and specialized services, such as social protection; living in patriarchal societies and gender-based violence; community and school violence; environmental factors like the climate crisis; and certain social and cultural norms and practices. These issues are explored in detail below.

Barriers and gaps in social protection and basic and specialised services

As highlighted earlier, research evidence shows that limited access to basic and specialized services, including social protection, exacerbates family challenges, directly and indirectly contributing to the separation of children from their parents and their placement in alternative care.

The following key issues regarding access to services were identified across most countries, particularly by children, young people, and adult family members:

- Lack of access to affordable and adequate healthcare, including barriers to obtaining medical insurance, causes household stress and is a particular factor in placements in alternative care.

- Limited access to quality education can drive placement in boarding schools or residential institutions.

- Inability to pay for school fees, uniforms, and materials, alongside inadequate support for children with disabilities in local schools.

- Poor or unaffordable access to basic services such as electricity and clean water.

- Lack of social safety nets, such as childcare and family benefits, which are critical in mitigating the impact of financial hardship on family relationships.

- Insufficient access to daycare and after-school care, which is particularly needed to help women join the workforce.

- Lack of safe transportation, especially in rural areas.

- Inadequate, unstable housing.

- Poor access to well-paid, stable employment, which is further worsened by a lack of training and low literacy levels, particularly among women in some countries.

Research participants across the research countries emphasised the importance of receiving support services to attain an adequate standard of living and prevent the stressors that can lead to tension and family breakdown. This included, for example, many respondents referring to a need for increased psychosocial support, as expressed in the drawing of a child in Denmark (Figure 6).

> 66 *It helped us all when my father went to therapy."*
> **(Child aged 13-15 in Denmark)**

Figure 6: Child aged 13-15 in Denmark: The psychologists are the superheroes of society. "It helped us all when my father went to psychotherapy."

While access to support services was identified as less of an issue in countries such as Denmark, there may still be **physical and social barriers** to accessing and seeking social support, which might explain why some families are not accessing the support they need. This includes a lack of information regarding where support can be found, exclusion, and families being deterred by having to seek multiple kinds of help simultaneously from numerous service providers across different locations. Adult family members in Denmark, for example, felt they were struggling to engage with social service workers and that, often, they are not trusted or fully heard. Mothers in El Salvador who had suffered and escaped domestic abuse, and were struggling as female heads of the household, said they felt alone and did not know who to turn to, especially when unsupported by family and community members. In Kenya, mothers fleeing situations compounded by lack of support from family, government, and NGOs in rural areas either had to leave their children behind or struggle to raise them in highly inadequate, and often dangerous, living conditions in the city.

The push and pull factor of education and use of boarding schools

The research indicates that poverty is a significant issue contributing to the placement of children in alternative care settings as it relates to the push and pull factor of education. Across all the countries studied, apart from Denmark, professionals cited the costs of and limited local access to education as reasons why children are placed in alternative care. This concern was echoed by the children, young people, and adult family members. Although education is purportedly free in all the research countries, they spoke of their worries in relation to the costs of school fees, uniforms, books, and the inability to pay for transportation. For example, children and young people wrote about the *"lack of school fees"* and

how 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"*. As a result, children are placed in residential settings that might be in the form of 'boarding schools' or 'social care' institutions that also offer education.

Professionals spoke of the insufficient funds being invested in access to quality education for all including inclusive education for children with disabilities. In this manner, education is another factor contributing to children with disabilities being placed in residential facilities. In many countries there is insufficient investment in or limited opportunities for these children to attend inclusive education in local schools, discrimination in classrooms, restricted physical accessibility, lack of properly trained or specialist staff, and shortages of appropriate teaching materials.

> **"** *It is more like that we get the report about children that drop out 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 where they can go to school and get the residence there."* **(Professional in 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."* **(Professional in Lebanon)**

As noted above by adult family members, distance to school, especially in rural areas, and lack of transportation options also play a role. In addition, challenges to national education systems, such as teacher strikes and school closures, for example, in Lebanon, and disruptions from the COVID-19 pandemic, have further contributed to parents seeking residential schooling alternatives. Some parents believe the educational quality at boarding schools exceeds that of state-run schools. Furthermore, many, including government officials, do not recognize boarding schools as alternative care facilities, meaning they may fall outside the formal child protection and alternative care systems and lack proper registration, monitoring, and oversight.

The research suggests that in many countries, residential schools are managed by nongovernmental organizations, often with a religious affiliation, rather than the state.[185] These institutions are found to be providing care for thousands of children, sometimes actively seeking to enrol more children, motivated by beliefs that they can better educate and care for children, especially those from impoverished backgrounds, or due to the ability to raise funds based on the number of children in their facilities. The long-standing view of these institutions as providing 'charity', and a lack of understanding about the detrimental long-term impacts of the separation of children from their parents are important factors to consider when addressing the deinstitutionalization of these educational facilities.

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185   Only in Kyrgyzstan are they all managed and funded by the state.

Living in a patriarchal society and gender-based violence

The research revealed the detrimental impact on families and family unity, as it related to living in a patriarchal society across all research countries except Denmark. UNICEF describes 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."*[186] Research participants referenced living in a 'macho' society, which is defined as pride in traditionally masculine traits like physical strength, as well as an overly assertive and domineering attitude among men.[187]

The responses provided by children and young people who participated in the workshops demonstrated they witnessed and experienced domestic violence. They wrote about *"domestic violence"*, *"gender-based violence"*, *"when the father beats the mother"*, and *"father treats the mother with arrogance".* One young person wrote about a situation where a *"husband kills the children and the mother"*.

Adult family members also raised similar concerns.[188] Females in particular, for example those in El Salvador, spoke of women having to remain in violent relationships as they fear social exclusion and destitution, being unable to find a job or being financially independent, (e.g., paying rent or taking care of their children). Others mentioned that they believe social support networks in families and communities are decreasing, partly due to more difficult financial situations.

Professionals across Cote d'Ivoire, El Salvador, Indonesia, Kenya, Kyrgyzstan, Lebanon, and Uruguay also discussed the concerning impact of patriarchal and macho social norms, which contribute to the prevalence of domestic and gender-based violence, primarily targeting women and girls, and exacerbating gender inequality.[189] In this way, they described how living in a patriarchal society and gender-based violence links to the factors identified at the family level, such as domestic violence, separation/divorce of parents/family members, and further child protection concerns (e.g., child marriage/forced marriage). Domestic violence can also mean the involvement of the police who, in all the research countries, to differing degrees of regularity, also inform social services. This may then lead to the removal of the children and their placement in alternative care.

> ❝ *Violence is caused by …a machismo culture in which relationships are damaged."* **(Professional in 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 the contrary, that is when fights arrive."*
> **(Professional in Kenya)**

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186   UNICEF Regional Office for South Asia 2017.
187   Please see Collins Dictionary n.d.
188   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.
189   e.g., see Women's Aid et al. 2021; UNDP and UN Women 2023.

> 66 *"…but the norm in Indonesia is that the role of the man is that the men 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 keeps pressuring the husband to fulfil the needs and the man is getting violent. So instead of finding solutions he becomes violent"* **(Professional in Indonesia)**

Professionals in some countries noted that patriarchal social norms and values are more prevalent in rural areas and regions with lower educational attainment. Additionally, women were reported to move from rural to urban settings with their children to escape domestic violence, as support services in rural communities, including support through community and social networks, were often lacking.

While domestic violence was primarily experienced by women, research participants acknowledged that men can also face struggles within the family home. This is especially true when societal expectations place significant pressure on men to adequately provide for their families. Research participants recognized that living in harsh economic conditions can contribute to heightened stress for men, which in turn can lead to intimate partner violence and child abuse, as highlighted in a UNICEF report.[190]

The desk review revealed the interconnectedness between violence against women and violence against children, as well as the intergenerational impact of this phenomenon. A systematic literature review by Guedes et al., spanning high, middle, and low-income countries, showed that various forms of violence against women and children have common and compounding consequences that persist "across the lifespan".[191] The research pointed to the intergenerational effects when perpetrators of violence experienced it in their own childhood. Additionally, the authors identified factors contributing to the prevalence of domestic violence in societies, including social norms that do not condemn violence and gender inequality, including the physical punishment of wives and children, the social, economic, legal, and political disempowerment of women, and limited legal sanctions. Furthermore, their work highlights elevated rates of child maltreatment and partner violence in families characterized by male dominance, family and marital conflict, family disintegration, and economic stress including male unemployment.[192]

Moreover, further research from South Asia indicates that gender-based violence can be further compounded by discriminatory laws, such as nationality, property and inheritance rights that perpetuate inequalities and women's economic insecurity.[193]

Violence in the community

Family life was noted as being impacted by different forms of violence in the community in all countries, except Denmark, including violence stemming from war, civil unrest, and criminal gang activity. For example, in Lebanon and El Salvador, families are impacted by the legacy of civil war that saw infrastructure destroyed; loss of homes and livelihoods; witnessing, taking part in, and enduring violence; suffering from endless bombing raids; everyday survival impacted by physical and emotional challenges; and becoming separated from parents and extended family. In Lebanon, lasting societal repercussions were noted from both the Lebanese civil war as well as the war in neighbouring Syria. Consequently, in 2015, it was estimated that 71% of street-connected children in Lebanon, who are often also engaged

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190   UNICEF 2020a, 35.
191   Guedes et al. 2016, 1.
192   Guedes et al. 2016.
193   International Center for Research on Women 2006.

in hazardous work, were of Syrian descent.[194] El Salvador also witnessed extensive gang warfare, the repercussions of which are still felt today. Violence has been reported to be pervasive, both in the home and throughout society as a whole. For many years, violence inflicted by gangs has resulted in high rates of homicide, rape, extortion, and kidnapping.[195] These types of events and circumstances can profoundly impact individuals, family life, and parenting, especially when violence becomes endemic within community life.[196] As has been noted earlier, violence and conflict can also result in the separation of children from their families.

In Kenya, a lack of security and fear of violence, including the presence of guns, was particularly high for those living in informal settlements. In Cote d'Ivoire, organisations have noted a rise in violence as a result of elections, land disputes and an increase in criminal gangs.[197] In Kyrgyzstan, violence in the community was mainly related to patriarchal norms and gender-based violence against women and female children. In Indonesia, a report has made reference to recent violence in the community, related to tension between different religious denominations, and the targeting of indigenous minorities and migrant communities.[198]

It is estimated that more than one billion children worldwide are exposed to violence each year, not only in their homes but also in their communities.[199] These various forms of violence share a commonality - their potential for long-lasting consequences that can embed violence in the way of life and impact family coping mechanisms and social relationships.

Violence in schools

The research gathered information about the impact of violence on children's lives, particularly in school settings. Research participants across Cote d'Ivoire, El Salvador, Indonesia, Kenya, Kyrgyzstan, and Lebanon spoke of the violence inflicted on students by teachers, as well as peer-to-peer violence. Several also highlighted stigma, discrimination, and violence experienced by children with disabilities in school environments.

Labour migration

In some countries, particularly Kyrgyzstan and Indonesia, poverty can drive one or both parents to seek employment opportunities through labour migration, either inside the country or by crossing a border. Consequently, some parents may relinquish their children into alternative care. Interviewees directly linked labour migration to the placement of children in alternative care settings. When parents migrate for work, some children are also left in the care of extended family members such as grandparents, aunts, uncles, or older siblings. However, if these informal caregivers fail to provide adequate care or if the children are illtreated, they may be placed in formal alternative care by child protection services.

> 66 *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"* **(Professional in Indonesia)**

194   Consultation and Research Institute 2015.
195   e.g., Carcach and Artola 2016.
196   See for example: Eltanamly et al. 2022; Sim et al. 2018; Hillis et al. 2017.
197   Please see: International Development Research Centre n.d.; Côte d'Ivoire: Post-Election Violence, Repression | Human Rights Watch 2020.
198   e.g. Alexandra et al. 2022.
199   Hillis et al. 2017.

> 66 *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 together with grandparents, they can undergo some form of violence...*" **(Professional in Kyrgyzstan)**

Climate crisis

Some professionals and the desk research identified concerns in relation to the climate crisis and children being separated from parents, for example, leaving children behind in alternative care when migrating for labour purposes, such as in Kyrgyzstan and Indonesia. In Kenya, concerns were raised in relation to the impact of poverty and malnutrition as the result of drought, while in El Salvador, flooding and malnutrition were also an issue. The researchers identified studies that have highlighted risks to children and families caused by the climate crisis, including those related to separation and protection, which can lead to involvement of social services or relinquishment into alternative care.[200] For example, climate change can induce several of the family and societal factors identified in this report, such as increased poverty due to loss of livelihood, which in turn can result in child labour, becoming street-connected, early or forced marriage, and vulnerability to trafficking and exploitation.[201] The increase in poverty and reduced coping mechanisms within families can also lead children and young people themselves to travel alone to seek opportunities with additional risks when transported by smugglers or traffickers within or across countries.[202] There are also concerns about increased poor health and death of parents during disasters, for example, being lost in floods or tsunamis.[203]

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

Adverse social and cultural norms and practices can contribute to child protection concerns and lead to the placement of children in alternative care. As mentioned previously, this includes stigma and discrimination against, for example, people with disabilities, from different ethnicities, identifying as LGBTQI+, the accepted use of corporal punishment, as well as gender inequalities that perpetuate domestic and gender-based violence. Additionally, harmful practices such as female genital mutilation/cutting, early and forced marriage, and beliefs associating children with disabilities with witchcraft also put children at risk of harm and drive their inclusion in the child protection and alternative care system.

Research respondents noted how certain religious beliefs encourage couples to prioritize the sanctity of marriage over the well-being of women and children experiencing violence. These beliefs are often codified in religious laws. Additionally, the research found that in some countries, religious institutions have established residential care facilities that cater to children from "poor" families, actively encouraging the placement of these children in their facilities and the charitable giving to sustain such provision. This approach is driven by a desire to do good, as well as the belief that operating these facilities is a religious duty and that donors who support them will be rewarded in 'heaven' (as observed in Indonesia).

The persistence of social norms and practices that can harm children can partly be explained by a lack of understanding about children's rights and more positive, protective approaches. For instance, the research indicates that parents and professionals are often unaware of the importance of attachment, as

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200   Gender-Based Violence AoR 2021; Save the Children 2021; Human Rights Council 2017; de Carvalho 2024.
201   Ibid.
202   IOM 2013.
203   International Federation of Red Cross and Red Crescent Societies 2019; Save the Children 2021

well as the detrimental effects of placing children in alternative care, particularly residential institutions. There is also a general lack of awareness regarding trauma-informed practices and the impact of adverse childhood experiences.

4.2.3 Decision-making: child protection systems and gatekeeping

The researchers emphasized that, beyond the societal and family factors contributing to child-parents separation, it is essential to recognize the significant role played by those deciding whether or not to place a child in alternative care. In addition to research conducted in eight countries[204], a global literature review and primary research in Denmark, El Salvador, Kenya, and Lebanon explored the subjectivity and objectivity of decision-making, as well as the crucial role of gatekeeping decision-making in the formal alternative care placement process.[205] The research considered decision-making within the context of national child protection systems, examining the role of decision-makers, the factors influencing their decisions, their understanding of risk thresholds, and the balance of subjective and objective influences. This section presents a consolidated summary of these findings.

The research findings indicate how the decisions taken by those with professional responsibility for children, their safeguarding, and judgements about placement in alternative care are strongly influenced by:

- **cultural and social norms and human bias**, e.g., bias based on cultural, religious and other beliefs, pressure to conform to certain norms, patriarchal society and gender discrimination

- **individual characteristics of professionals**, e.g., cultural and social backgrounds, professional experiences, knowledge, education, personal history, and related prejudices or personal beliefs

- **case-related factors**, e.g., professionals' ability to assess the circumstances within a family, facilitate meaningful engagement with children and parents, and lack of understanding as to levels of risk/risk thresholds

- **organisational environment** e.g., functioning and resourcing of the different components of the child protection system and alternative care provision including the capacity of the workforce in terms of numbers, resources such as transportation that enable their work, professionalism, training, use of child protection case management tools, quality of supervision and political will

Members of the social services workforce including social workers, child protection officers, judges, alternative care providers, and other relevant decision-makers, often face challenging and emotional situations and must make difficult decisions, sometimes based on little knowledge and high degrees of uncertainty.[206] Mistakes in decisions can have lasting negative impacts on children when it is decided to remove them unnecessarily from parents and place them in alternative care (i.e. if not at risk of significant harm).

> 66 *Sometimes as human beings, you sometimes get overwhelmed situations, then some of our decisions sometimes are also subjective."*
> **(Professional in Kenya)**

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204   Gale et al. 2024a.
205   Gale et al. 2024b. This section presents a summary of key findings as outlined in these two reports and includes complementary information included in the individual country reports.
206   Wilkins 2015.

There are several decision-making actors in relation to children's placement in alternative care. These include people who make initial reports of concern, as well as those principally responsible for administering a case or processing a decision, as outlined in Table 3.

Table 3: Decision-makers relevant to placement of children in alternative care

Social workers, or their equivalent Principle decision-makers. In some countries only government social workers, child protection officers, or their equivalent, are mandated to manage children's cases (e.g., Denmark). In others, NGO workers can also take on this responsibility (e.g., Lebanon)	**Police, members of the legal profession and the judiciary** Have a significant role in decision-making. Most significantly, the **judiciary** plays a leading role in countries where their judgment is required before a child can be legally placed in alternative care.	**Parents or other primary caregivers** Might decide to relinquish their children into care, abandon them or may also be convinced by others that alternative care is the best place for their children.
Children Decision-makers in respect of reporting what is happening to them. These decisions are often hampered by a lack of clearly signposted reporting mechanisms, like a child ombudsperson or hotlines.	**Family members, neighbours and community members, teachers, health workers, and others children who come into contact with** People who report their concerns about a child to official authorities and other organisations. In some countries this is mandated by legislation.	**Alternative care providers** Social workers and their equivalents working within alternative care who accept or refuse entry into their facilities whether based on an administrative or judicial process, direct relinquishment by parents and other family members, or actively seeking children

The following section presents a summary of the overall findings, in relation to:

- actions related to the placement of children in alternative care
- objective and subjective influences on decision-making by members of the social services workforce
- decision-making as impacted by the functioning of the national child protection system

Actions related to the placement of children in alternative care

Research findings suggest that there are three main actions in relation to decisions to place children in alternative care. These are placements when children have no primary caregiver, due to relinquishment or removal from parents.

Placement when children have no primary caregiver

This is a category of children without a primary caregiver e.g., children who have been abandoned or have lost both parents and have no one else willing to care for them. These cases are usually automatically placed in alternative care. This may be done by officials, such as police or social workers.

In some countries, procedures can be circumvented, allowing direct placement by community-based organizations, nongovernmental organisations, faith-based entities, or other bodies.

Placement due to relinquishment

Numerous factors may lead parents or caregivers to relinquish their children, such as poverty, inadequate parenting practices, and remarriage/new partnerships. For instance, some believe their children would be 'better' cared for in formal or informal alternative care arrangements, which may provide food, healthcare, shelter, and education. Additionally, alternative care providers may actively encourage parents to utilize their services.

In all countries except Denmark[207], the term 'relinquished' is sometimes used to refer to children who have been abandoned. Due to limited available data on children in alternative care, it was not possible to report comprehensive statistics on relinquished children. However, the research suggests that countries with robust child protection systems and strict gatekeeping processes that prevent direct relinquishment into alternative care tend to have fewer children placed in such arrangements.

Placement due to removal from parental care

Across the research countries, children are being separated from their parents (or other primary caregivers if the child is already separated) and placed in alternative care because of administrative or judicial decisions. Removal may occur with parental consent or against their wishes. The findings indicate that children are not only removed due to risks or cases of violence but also based on other assessment criteria, such as absence due to imprisonment or perceived parental care inability.

Objective and subjective influences in the efficacy of decision-making processes by members of the social workforce

While the academic literature on decision-making explicitly relating to child protection and alternative care is noticeably more scarce in low- and middle-income countries, research from all regions of the world was sought and explored to understand issues of subjectivity and objectivity. This included an examination of the influence of cultural and social norms and human bias.[208] The literature review was complemented by findings from the primary and secondary research in eight countries with further in-depth studies in Denmark, El Salvador, Kenya and Lebanon.

Regarding the efficacy of decision-making (i.e. making the best informed and correct decisions for children), the research shows arguments have been made as to the benefits and challenges of applying an objective or subjective approach to social work decision-making. Theoretical exploration of objectivity and subjectivity in social services workforce decision-making concerning child protection is far more prominent in high-income countries. However, there are differing opinions in the research as to the balance of objectivity and subjectivity that should be applied to decision-making[209], with a prominent issue being the long-standing debate as to "whether social work is a science or an art".[210]

A segment of the literature provides a specific focus on the efficacy of 'objective or evidence-based knowledge' and efforts to increase the accuracy, 'effectiveness, accountability, and transparency' of

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207   In the research countries, except Denmark, the term 'abandoned' is often used interchangeably to refer to children whose parentage is unknown, as well as those who have experienced orphanhood or have been relinquished. Due to limited data on children in alternative care and this inconsistent terminology, the only near certainty is that there are no children in alternative care due to abandonment in Denmark. Professionals suggested that the number of children whose parentage is completely unknown makes up a relatively small portion of all those in alternative care in the other countries.

208   e.g., Bordonaro 2012; Davenport and Halford 2024; Essack et al. 2016; Hutchinson et al. 2015; Laird 2011; Neville et al. 2022; Pulla et al. 2018; Zafar et al. 2021.

209   Stokes and Schmidt 2012.

210   Ibid., 89.

social work decision-making. Arguments have been made for wholly objective decision-making.[211] Some authors warn against the negative influence of subjectivity in decision-making processes, highlighting the need for clear procedures, the use of diagnostic tools, and decisions based on 'rationality' informed by legal and economic frameworks. An important factor to be noted here is the argument for advancing rational and objective decision-making and concordant policy development that has been driven and influenced by blame of social work practice in the media following a child protection 'scandal'.[212] Other scholars argue that due to the nature of social work, subjectivity is an essential element in assessing risk while maintaining evidence-based and reasoned judgements. They believe solely focusing on objective measures devalues the importance of subjective skills such as intuition, professional experience, and an ability to develop and sustain effective communication and relationships with clients.[213]

In recognition of this debate, some have studied ways to reconcile these opposing arguments by suggesting that reasoning and sense-making can be informed by aspects of both objective and subjective decision-making.[214] This entails exploration of ways to use technical-rational decision-making models with a more complex and nuanced understanding of risk thresholds, that embraces intuition and professional experience.[215]

Overall, there is a recognised need for social work practice that incorporates assessment and decision-making tools and processes to assist in upholding social work values of fair, unbiased and evidence-based decision-making while incorporating the positive aspects of gained experience and knowledge. However, a principal finding from both the primary and secondary research suggests there are many instances when decision-making is still highly influenced by the social and cultural norms of the communities in which the social services workforce lives and works, which can lead to poor decisions not necessarily made in the best interests of the child. Especially when there is pressure to conform to societal expectations, as well as the inherent beliefs and biases of individual workers. In this way, instead of 'rational' and objective decision-making processes, there is an argument that subjective decisions have been overly influenced by societal "expectations and norms".[216] This includes the influence on decision makers by such issues as patriarchy and prevailing gender roles, gender discrimination, culturally accepted practices (e.g., female genital mutilation), values related to preserving family honour and integrity, stigma around the topic of child abuse, and children being under the 'ownership' of parents.[217] The research illustrates how local social constructs and the personal bias and beliefs of members of the workforce can negatively influence decisions about children's protection and alternative care.[218] Some social workers may selectively look for evidence to confirm personal views and ideas around particular features such as social class, single parenthood, unemployment, level of education, and race.[219]

One result, as indicated by most professionals, especially in El Salvador, Kenya, and Lebanon, is the belief that decisions being taken about children's placement in alternative care **are not always the right ones**.

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211   e.g., see Davidson-Arad and Benbenishty 2016; Platt and Turney 2014.
212   Parton 1996; see also Stokes and Schmidt 2012.
213   e.g., Keddell 2011; Hardy 2017.
214   Helm 2016; Stokes and Schmidt 2012.
215   e.g., Enosh et al. 2016; Platt and Turney 2014.
216   Enosh et al. 2016, 1.
217   Enosh et al. 2016; Osaiyuwu 2023; Laird 2011; Amnesty International 2019.
218   Davidson-Arad and Benbenishty 2016; Taylor and White 2001; Platt and Turney 2014; Doyle et al. 2009; Pecnik and Bezensek-Lalic 2011.
219   e.g., Platt and Turney 2014; Lee 2016.

They emphasised that evaluation of previous decision-making is needed to help understand whether or not this is the case. This is illustrated by the following quotes:

> " *And then all of a sudden you would hear no, the court has decided that this child is given to this particular family, and there is no, there is no further case investigation. In such cases, I always think that the decisions were arrived at hurriedly and all the parties were not rightly involved.*" **(Professional in Kenya)**

> " *(…) So, to know if we made the right decision, we must evaluate the effect of this decision on the child. Was this decision beneficial to the child or did it harm him more?*" **(Professional in Lebanon)**

The research found that **beliefs** can shape decision-making. Some decision-makers may believe that children should remain with their parents whenever possible. In contrast, others think children will be 'better off' in care facilities even without there being a clear child protection risk. Factors shaping these decisions include perceptions of 'bad parenting' linked to poverty, education levels, or cultural background. Notably, some members of the social services workforce believe that the decisions being taken about children are not always focussing on the child's best interests. The findings also indicate that not all decision-makers have the knowledge, understanding and experience of necessity principles, child protection, or thresholds of risk, and they are constrained by factors pertaining to the child protection system in which they work. Furthermore, in some countries, professionals have made reference to decisions to place children in alternative care that are not always protection-related but may solely be based on access to education, health services, food, clothing, etc. (i.e. 'social care'). This goes against international guidance, which outlines that children should never be placed in alternative care solely for reasons related to poverty.

The issue of **social stigma** around the topic of child abuse can also impact decision-making when there may be personal repercussions for social service workforce members within their own communities. Furthermore, authors have recognised how in countries where social work is a profession predominantly staffed by females, but where the prevailing culture results in systematic discrimination against women, questions have been raised as to how this can negatively impact their ability to take control of situations and make objective decisions.[220] It is understood these and other pertinent issues have prevented professionals making the best safeguarding decisions for children, especially girls.[221]

Decisions are also affected by professional experience and personal history. For example, social workers may look for features in a case that have occurred in others based on their personal experience and use this information to inform their responses.[222] Likewise, those who themselves have experienced adverse childhood experiences can be influenced by such situations as found in the research in Kenya and Lebanon. This can bring positive learning, but the main suggestion is that this often has a negative impact on judgements in relation to removing children from parental care.

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220 Agirtan et al. 2009; Neville et al. 2022; Ali 2015.
221 Ali 2015; Roseveare et al. 2015; Enosh et al. 2016; Osaiyuwu 2023; Alfandari 2017; Whetten et al. 2009.
222 Platt and Turney 2014.

Even in a highly resourced and well-regulated child protection system such as Denmark, the research findings indicate, that **human bias and inadequate decision efficacy** may persist. One professional said, "*Well, it also has something to do with the fact that there may be people in this workplace who don't think that children get a better life from being placed in care or something like that. There may also be some people who don't think adoption is a good idea and some who are in favour of it. And there's also the personality aspect of it, right? And values. But of course, you could say that as a department manager and team leader, I'm expected to comply with the political intentions." (Denmark).* This indicates that the value of preventive work and alternative care options still require further debate in Denmark as it is a space where subjectivity in decision-making comes in.

A further factor noted as influencing decision-making is **the relationship with, and communication between, professionals and the children and parents** involved in a case.[223] For example, one study found 'considerable evidence'[224] to suggest parental cooperation and engagement aid decision-making. Others caution against relationships that become too close and a heightened empathy for adults involved that can lead to a possible dismissal of the risks to a child.[225] Conversely, especially in low- and middle-income countries, the literature points to a notable lack of participation of children, their parents or both in assessments and decision-making processes.[226] For example, according to one professional in Kenya, the assessment process would be enriched by incorporating some subjectivity, including building a relationship with a client to fully understand family situations, rather than relying solely on checklists.

Decision making as impacted by the functioning of the national child protection system

The global evidence review on social services workforce decision-making highlights how the literature conveys a growing understanding of the importance of developing national child protection systems worldwide. To this end, there is a body of research that focuses on the **functioning of different elements of the child protection system,** some of which incorporates information on how this relates to and impacts social services workforce decision-making.[227] The information from the literature review was confirmed and enhanced by the evidence gathered during the primary research. This includes how the strength or weakness of **normative frameworks** can impact the work and decision-making ability of the social services workforce.[228] It incorporates an appropriate use of child protection case management tools, and, particularly, assessment procedures. The **lack of contextualised**[229] **and standardised tools** used by all relevant organisations and professionals within a country is one of the issues raised as well as inadequate guidance that would assist in the assessment and analysis of children's situations.[230] Significantly, there is a noted lack of guidance on and understanding of risk thresholds and best interests' determination in some parts of the world.

Decision-making is also influenced by the **capacity of the workforce** in terms of numbers, professionalism, training, and quality of supervision they receive, as well as sufficient resources such as transportation to enable family visitation.[231]

In addition, there is a noted **lack of investment in preventive services**, even in high-income countries, that would help mitigate the challenging circumstances families face and how this can affect ultimate

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223   Keys 2009, 320.
224   Platt and Turney 2014, 1484.
225   Keys 2009.
226   Toros and Falch-Eriksen 2024; Chung et al. 2002; Jamieson 2017; Delgado et al. 2023.
227   e.g., Neville et al. 2022.
228   Pulla et al. 2018; Osaiyuwu 2023; Manful et al. 2020; Foussiakda and Kasherwa 2020.
229   Shiller and Strydom 2018.
230   Manful et al. 2020.
231   Atilano-Tang 2023; Davenport and Halford 2024; Keys 2009; Roche and Flynn 2021.

decisions for children, for example, offering alternatives to preventable placement in care.[232] Findings also note the influence of the political context and the will of governments to invest in child protection, social services, and other service provision. **Political will** can also direct decisions that require adherence to political rhetoric and ideology rather than what is in the best interests of children.[233] Furthermore, there are noticeable gaps in the literature concerning **data collection and management** to inform legislation and policies that guide decision-making and linkages to **advocacy and awareness-raising**.

While the key international principles around separation of the child from parental and family care (e.g., best interests' determination, necessity and suitability of placement in alternative care, the importance of family care and reintegration) have considerably informed the regulation of gatekeeping in several countries in the past years,[234] there is still considerable cross-country diversity in terms of attained standards. For example, some studies have identified gaps in States' oversight of alternative care, including a lack of formal registration of care arrangements, which limits the ability of those with gatekeeping responsibility to know where children are placed and if the placement is necessary and suitable.[235]

The following section delves into these elements and the corresponding gaps identified in the research, including information from studies conducted in eight countries, with more in-depth investigations in Denmark, El Salvador, Kenya, and Lebanon.

A normative framework

The decision-making process for placing a child in alternative care is guided and influenced by the quality of the normative framework, which includes relevant national legislation, policies, strategic plans, and statutory guidance. The strength of this framework varies significantly across countries, with some having invested in a robust framework while others have weak laws, policies, and guidance. Additionally, some countries have developed numerous consecutive laws and policies without proper consolidation or rescission of previous regulations, which can lead to confusion. The researchers suggest an example of this latter situation can be found in Kenya, while in Cote d'Ivoire, no single consolidated law protects children and guides decision-making; instead, provisions are scattered across numerous pieces of legislation. Furthermore, the presence of a strong normative framework does not always guarantee effective gatekeeping, as the laws, policies, and guidance may not be well understood, properly implemented or matched with adequate service development. Countries such as Indonesia place an emphasis of policy on the prevention of separation, but this is not matched by resources and equal access to necessary family support services. In the eight research countries, many key professionals appeared aware of the legislation, but the depth of their understanding and implementation remained difficult to assess in all except Denmark.

The researchers also identified decision-making influenced by a lack of systematic governmental and independent monitoring and evaluation of care providers and inadequate implementation of the normative framework across most countries. This includes inadequate registration, monitoring, and oversight of alternative care providers, even in countries where they must legally register. Some countries have numerous unregistered or unmonitored residential facilities which then allow decisions to be made to place children in alternative care without proper gatekeeping and adherence to legal procedures. This was particularly evident to the researchers in Indonesia whilst in Kenya, informants also pointed to decisions to accept children in alternative care without any official process. This, said one professional, *"is illegal"*. The

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232   e.g., Atilano-Tang 2023.
233   Schiller 2017; Davenport and Halford 2024; Engle et al. 2011.
234   Csaky and Gale 2015.
235   e.g., Chiwaula et al. 2014.

outlier to this situation is Denmark where decisions related to placement in alternative care are based on adherence to extensive legislation and procedural rules that regulate gatekeeping and which, according to professionals, are a cornerstone of all child protection cases.

> As commented by a professional during an interview, some organisations 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 eight countries have some form of standards for child and family case management, and in some, guidance through standing operating procedures (SOPs). However, in some cases they are underdeveloped, in others (e.g., Lebanon and Kenya), they appear to be underutilised. Additionally, in certain countries, the SOPs, or other aspects of the normative framework, allow for decisions to place children in 'social care' without any rigorous administrative or judicial process. This is the case in Lebanon and Indonesia, where there are two distinct decision-making pathways: the judicial pathway, which covers cases of child maltreatment and involves government social workers and a judge, and the non-judicial pathway, which applies to 'social care' cases and covers placements offering accommodation, food, clothing, access to education and health services.

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

The role of government ministries
Across all participating countries, there is a ministry tasked with child protection responsibilities. However, in some countries the researchers noted multiple ministries or distinct departments within a single ministry that offer various children's services and different types of segregated alternative care (e.g., by age or for children with disabilities). For instance, in Lebanon, the Ministry of Social Affairs has one department focused on alternative care related to child protection, while another provides placements for social care within residential facilities. In Indonesia for example, there is one ministry with a department dealing with social welfare and placement decisions in 'social care' institutions and another for child protection. Likewise, in certain countries, the ministries of education and health, as in Kyrgyzstan, operate residential institutions. This fragmented approach can result in diverse pathways into alternative care within a country, with decisions based on differing policies, guidance, and regulations. Furthermore, apart from Denmark, government ministries generally struggle to coordinate and provide effective oversight of the various stakeholders contributing to the national child protection system, particularly alternative care providers.

The ease of access to, and government funding of residential care facilities operated by nongovernmental organizations can shape government strategies and policies that prioritize or prompt decisions to use such facilities, as in Lebanon and Indonesia. This can ultimately make it easier for decision-makers to use such facilities. There also wasn't any evidence that governments conduct cost-benefit analyses to inform the social and financial benefits that could influence decision-making regarding the prevention of child-parents separation and deinstitutionalization of the alternative care system.

The role of UN and nongovernmental agencies
Nongovernmental organizations, community-based organizations, faith-based groups, and private entities are significant providers of alternative care and, in some countries, social services.

They also influence decision-making through their advocacy programmes, advice and support to government bodies, and the support services they offer to children, young people, and families.

UN agencies and national/international nongovernmental organizations contribute by providing training and capacity building for their own staff and government service providers, including in tools and systems that can assist in decision-making. Furthermore, these organizations can be influential in advising and collaborating with governments on developing legislation, gatekeeping policies, and strategic plans. This is complemented by advocacy efforts by these actors that inform populations regarding the importance of preventing the separation of children from parental care.

Financial and human resources and access to services

The researchers found that decision-making is impacted by ministries or government departments lacking the human or other resources necessary to implement gatekeeping and a robust child protection system.

To differing degrees, a range of factors impact the ability of professionals to undertake their child protection roles and responsibilities effectively and always make the correct decisions for children and families. These include:

- insufficient numbers of qualified social workers, child protection officers, and their equivalent resulting in very high caseloads which can result in high staff turnover and staff burnout
- social workers have the responsibility to support multiple vulnerable groups, not only children
- lack of basic resources for social workers or their equivalent to undertake their duties properly, e.g., lack of transport to reach families
- strain on central and local government budgets that can influence the decision to offer protection and support services or even when deemed necessary for protection purposes, offer alternative care

> 66 *So sometimes you just sit on your desk and call. So, you call the chief, you call maybe who else, and then you just do your report without much of investigation. Yeah… then you may end up maybe placing a child who does not need to be placed or maybe not placing a child who requires placement."* **(Professional in Kenya)**

Constraints on the time and resources available to decision-makers can sometimes make it more 'convenient' to place a child in alternative care rather than support them within their own family or facilitate their return to their families. For example, professionals in Kenya said decision-making capacity is diminished due to a lack of time to invest in case management. In contrast, a professional in Lebanon said, *"As I don't have enough logistic and human resources around me, I think I take the most appropriate decision I can based on the available data. But of course, it is not the ideal decision."* In El Salvador, key decision-makers are members of government Child Protection Boards. However, there is an insufficient number of Boards across the country, especially in less populated rural areas. This situation, coupled with social workers' high caseloads, leaves those responsible for decision-making feeling overworked, pressurised and stressed. Social workers in Cote d'Ivoire are unable to visit reported child protection cases due to lack of transportation or, as one professional implied, must rely on one discussion with parents to try and resolve issues before removing a child.

As mentioned earlier, the availability and functioning of alternative care services, can significantly influence decision-makers. For instance, in many countries, the ease of access to and availability of care placements fully funded or subsidized by nongovernmental organizations, especially when other support services are lacking, can sway the decisions of overworked social workers, making it more likely that children will be placed in these facilities.

Gatekeeping and child protection case management

Effective gatekeeping procedures that prioritize preventing unnecessary child-parents separation are a crucial component of any national child protection system. However, mandated child protection case management processes with clear, standardized multi-sectoral protocols for reporting, comprehensive assessments of children and families, case planning, and monitoring are often inadequate in many countries or not sufficiently utilized before deciding to place a child in alternative care. In many instances there is a lack of sufficient guidance, including measures and indicators for risk thresholds related to child safeguarding and best interests' determinations. This is compounded by inadequate training on their implementation.

Consequently, even in countries where social workers understand the principle of best interests, placements are frequently made without sufficient evidence or understanding of the child and family's circumstances. Professionals also observed that wholly subjective decision-making is more likely to be applied when case management processes are not fully utilized. For example, even though clear guidance and tools to aid decision-making are available in Kenya, professionals said decisions may be arbitrary and based on perceptions, such as when a care provider accepts a child brought by a "well-wisher" and, even without conducting a proper assessment or social inquiry. In Lebanon research participants acknowledged a lack of standardisation in the use of SOPs and how much they rely, and some may over-rely, on their instincts and experience; they said maintaining impartiality was challenging. Moreover, as in Lebanon and Indonesia, inadequate assessment information means decisions are queried by some care providers who instigate an additional investigation. All this information implies that there are children who have been placed in alternative care unnecessarily.

> 66 *Yes, we do such kind of assessment but to what extent this assessment is professional or not is a question mark."* **(Kyrgyzstan)**

In all countries, there was an acknowledgement that the clarity around the severity of a case and decisions concerning cases of physical harm or sexual abuse, especially when involving the police, are easier to make. Cases, such as those involving emotional harm, were considered more complicated and challenging in terms of decision-making.[236] In Kenya, for example, professionals noted how decision-making in emergency situations can be more straightforward, highlighting how case-related factors may also play a role in decision-making efficacy.

In some countries such as Lebanon, professionals indicated a difference in the depth and rigour of the assessment and decision-making process if it applies to protection cases as opposed to " social care" cases related to poverty. One professional said these latter cases are often at the parents' request, no one meets the child, and a swift decision-making process involves evaluating the family circumstances through a desk-based review. This indicates that there may be scope for bias, misunderstandings and errors in decision-making. As in Lebanon, Kenya and Indonesia, official procedures, including SOPs, even

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236   Khoo et al. 2002; Platt and Turney 2014.

mandate that children can be placed in 'social care' without adequate safeguards during the decision-making process or judicial oversight.

There is a consensus that more needs to be done to standardize the use of child protection case management tools and SOPs across relevant organizations, along with continuous capacity building for those who implement them and allowing sufficient time to make well-informed decisions. Conversely in Denmark there is increased investment in the use of risk assessment frameworks to reduce variability and human bias in decision-making. However, there are also concerns that due to an emphasis on the prevention of separation, which all have acknowledged as important, in some cases decisions to engage in more intensive family support, or earlier use of alternative care, are not being made soon enough.

Information in the four country case studies also points to how the passing on of decision-making to others, usually supervisors/managers and judges, is a double-edged sword. On the one hand, it can relieve them of responsibility. On the other hand, social workers (or their equivalent) often have a closer relationship with children and their families and therefore, have a better understanding of the situation. When their recommendations concerning a family case are not accepted with no reasoning, as highlighted in the case examples, it can lead to frustration. In El Salvador, professionals noted that recommendations by social workers are not always followed by those higher up in social services management. In Kenya, this is sometimes the case when recommendations are made to a judge. Conversely, in Lebanon, for example, while judges appreciated the information provided by social workers, they also said they believe there is leeway, also mandated in the law, for them to rely on their personal experience when forming a decision.

Legal reforms, such as those in Denmark, that mandate more extensive participation of children in all stages of assessment and decision-making is poorly implemented or absent in other countries. Furthermore, although international guidance emphasizes the need for decision-makers across different sectors and organizations to utilize standard gatekeeping tools and child protection case management processes, in most countries besides Denmark, the participation of relevant professionals from various backgrounds is frequently lacking at all stages of assessment and decision-making.

A skilled workforce

There are hundreds of dedicated social workers and child and youth care practitioners who care about children's protection and wellbeing, but circumstances both within the child protection system they work in and within their own communities and societies severely impact their work. The effectiveness of decisions is influenced by professionals' knowledge, understanding, training, and experience.[237] Professionals suggest that the standard of professional training for social workers varies greatly between and within countries. Additionally, in most countries besides Denmark, teachers, healthcare workers, police, and other frontline professionals who regularly interact with children lack not only appropriate legal guidance, but also the necessary skills and training to recognize, respond to, and support children in vulnerable situations, which could prevent a situation in a family from escalating and subsequent recourse to alternative care. The need for training of those in other sectors, such as health, education, and law enforcement, was also highlighted.

Research participants across various countries, except in Denmark, highlighted training on topics that could enhance decision-making, (e.g., violence prevention, trauma-informed approaches, attachment theory, case management tools, best interests decision-making, and risk threshold understanding).

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237   The research has not evaluated the quality of higher education or additional (one-time) training for social workers, judges, policymakers, and others responsible for child protection.

> " *I think training falls short, and even more so now with the new judges and appointed officials who have little or no training and awareness in this regard."* **(Professional in El Salvador)**

In Denmark, where training is considered high-quality, social workers noted a strong emphasis on theoretical knowledge but insufficient practical placements to fully prepare them for real-world decision-making situations.

In countries where large residential institutions are still prevalent, there was little evidence of training and information-sharing initiatives to support deinstitutionalization and reform of the alternative care system. This could have prevented cases of unnecessary child-parents separation. Residential care staff often resisted deinstitutionalization due to concerns about a lack of retraining and employment opportunities if funding was reallocated to alternative services, such as family support and strengthening programmes.

Stakeholders viewed in-service workshops and other capacity-building initiatives, primarily offered by UN agencies and nongovernmental organizations, as valuable. However, they perceive an overabundance of 'ad-hoc training' opportunities, accompanied by a lack of coordination across organisations, particularly regarding training topics. This has led to both redundancy and gaps in the training available. Furthermore, research participants emphasised that there is a need to enhance the quality of some of the trainings.

Promotion of rights and participation

The research provided limited insight into perspectives on child rights awareness-raising efforts. However, some adult family members expressed a desire for governments to receive their messages about the support they require. More generally, the findings in this research underscore the valuable contributions that children, young people, and other family members could make in shaping advocacy initiatives and the significant influence their participation in raising awareness could have. For example, in Kenya, upon referral, children's officers and social workers usually carry out child protection assessments, which might involve meetings with various people involved in a child's life. Yet, children were rarely mentioned as participants in this process. In Denmark, according to Danish law, consent should not be a factor that determines whether or not a child needs to be placed in care. However, it is imperative that both the child's and parent's viewpoints during the decision-making process are considered. The participation of children has been further enhanced by legislation that came into force in January 2024. Social workers spoke about how participation is vital to successful preventive interventions or decisions about placement in alternative care, as pointed out by this professional: *"You need to involve the family and the child or young person in the whole process of going out and meeting and visiting various places".*

Data management information systems

Accurate and comprehensive data collection on child protection and alternative care is crucial for developing and implementing appropriate, evidence-based policies, practices, and services. This can help identify trends and analyse the characteristics and situations of children referred to alternative care.

As previously noted, while various government, UN, and NGO reports provide some information on these areas, most countries in the study, except Denmark and Uruguay, lack a complete, systematic, and rigorous data collection, management, and analysis system that fully captures the necessary details about children in alternative care. Furthermore, even when government departments have such data, they often do not always make it publicly available. In some countries, the lack of transparency in data collection methods and the absence of precise terminology and definitions can undermine the reliability of

the information, which links to the findings of the systematic literature review outlined earlier (section 4.1). Consequently, legislation, policies, strategic plans, and programming may not be sufficiently grounded in the necessary evidence to effectively address the key drivers of child-parents separation and placement in alternative care.

Pilot study in Peru

A current pilot study in Peru by Brown University on the reasons for admission of children to alternative care, using qualitative data contained in the case management database of SOS Children's Villages, further highlights the complexity of reasons for separation and the importance of quality disaggregated and qualitative data.

The pilot study reviewed a sample of 98 active cases, analyzing data fields including the date of admission, the formal "reason for admission" (one of a limited set of reasons that social workers could select), and any free-text comments about the reason for admission that the social worker entered.

For example, in a case from 2018, the official reason for admission was "caregivers unable to care." This was true of 42 of the 98 cases (more than two-fifths). But the free text comments explain what is unique about this case. The comments noted that the mother suffered from psychiatric problems and lived in the street with her children. A branch office of the Peruvian government's Women's Emergency Center referred the children to SOS Children's Villages. The text also noted that „relatives couldn't care for them due to insufficient resources." The free text gives much more detail about the caregiver's difficulties in caring, ascribing them to a medical condition, poverty (implied by living in the street), and relatives who were themselves unable to take on the responsibility of caring for the children.

Through qualitative analysis of these text comments, the study discovered several recurring themes across the target group (not connected to the formal reason for admission), including poverty (identified by terms like malnourishment); serious physical or mental illness on the part of the caregiver; social symptoms of structural inequality such as alcohol abuse, depression, and physical violence; and the relative thinness of the social safety net (a number of relatives who were called upon but not able to take care of the child, for reasons ranging from their age to their poverty to their family responsibilities, leading to the child's referral to alternative care).

Research with this data shows both the benefits of working with qualitative data, and the challenges of working with data collected for case management instead of research. For example, in this particular database the limited set of reasons changed over time, from a set of eleven (including options like "caregivers with disability" and „Violation of rights") to a set of six (including the option „caregivers unable to care"), affecting what details caseworkers could enter into the system that could be used for quantitative analysis. However, the qualitative data is extremely rich and studies that take this data into account can substantially amplify their findings to paint a fuller picture of children's situations.[238]

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238   Leinweaver forthcoming.
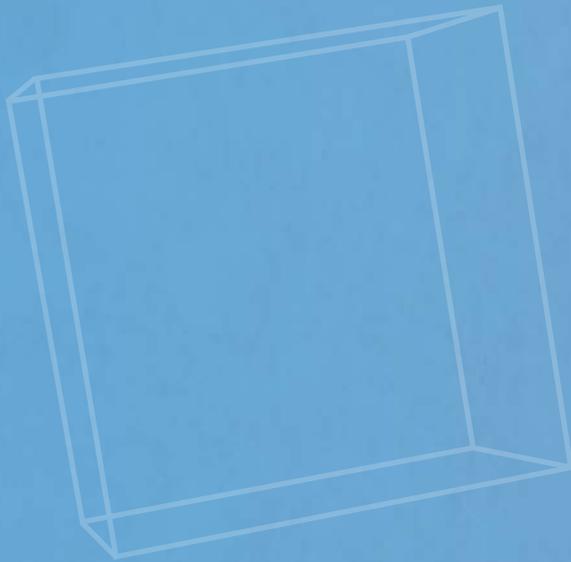
Voices and perspectives of children, young people, families, and professionals on strengthening families

5. Voices and perspectives of children, young people, families, and professionals on strengthening families

The importance of strong and loving relationships

An important research question was to understand the ideas of children, young people, family members, and professionals about their solutions to the challenges they identified.

Research participants expressed that children, young people, and adult family members seek love, care, protection, trust, a sense of being valued, and a supportive family environment with communication, unity, and quality time together. The significance of these factors in families is illustrated by children's drawings, which depict their ideas for supporting families in difficulty. These include improved family communication and harmony, access to education and decent work, safe environments, basic needs and resources, health, psychological support services, and assistance for parents in their caregiving roles.

Figure 7: Child aged 13-15 in El Salvador: Super Luna: Three things that I would change are: "The lack of understanding, unity and communication. My superpowers would be to bring peace and harmony to families."
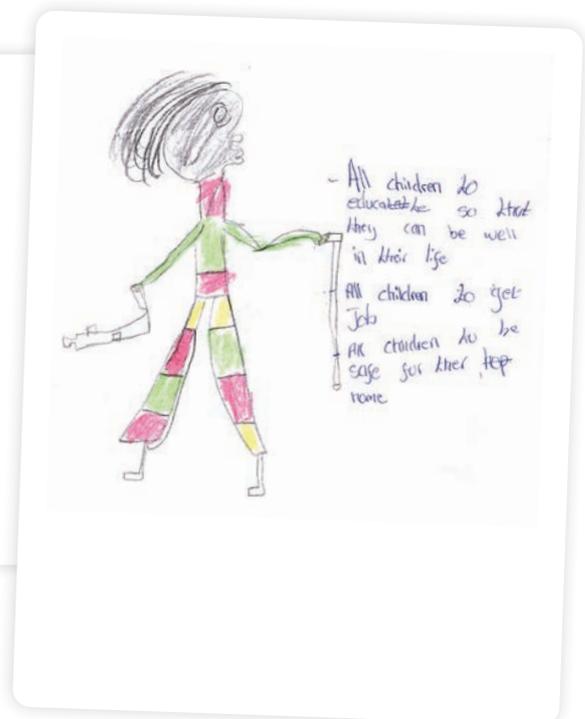
Figure 8: Child aged 13-15 in Kenya: "All children to be educated so that they can be well in their life. All children to get a job. All children to be safe in their home."

Figure 9: Child aged 13-15 from Lebanon: As a superhero being able to read minds/thoughts, "I can solve problems between spouses, I can help kids if they are unhappy and feel secure."
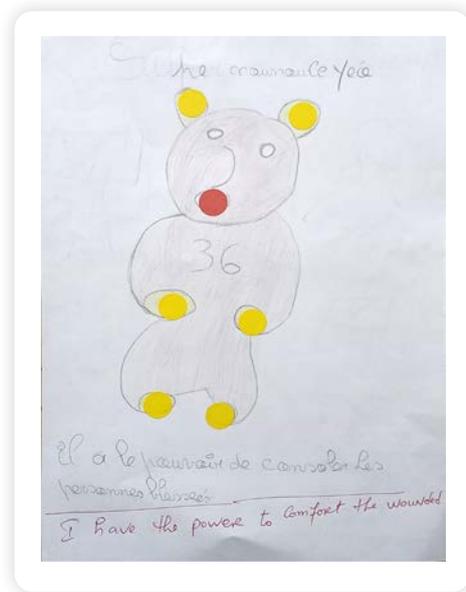
Figure 10: Child aged 13-15 from Côte d'Ivoire: "I have the power to comfort the wounded."

> **"** *I have the power to comfort the wounded"* **(Child aged 13-15, Cote d'Ivoire)**

Figure 11: Child aged 13-15 in Indonesia: The fairy superhero: "radiates warm light in the family, has green power to help people in need of resources and economy; can fly to travel the earth to help people in need with my power."

Figure 12: Child aged 13-15 in Indonesia: This superhero is "able to solve all problems, cares for sick people, gives presents to send people."

> **66** *I can prevent a bad financial situation, I can prevent breaking rules, I can help kids to feel secure within families."* **(Child aged 13-15 in Lebanon)**

Figure 13: Child aged 13-15 in Lebanon: As a superpower a person who has energy/electricity: "I can prevent a bad financial situation, I can prevent breaking rules, I can help kids to feel secure within families."
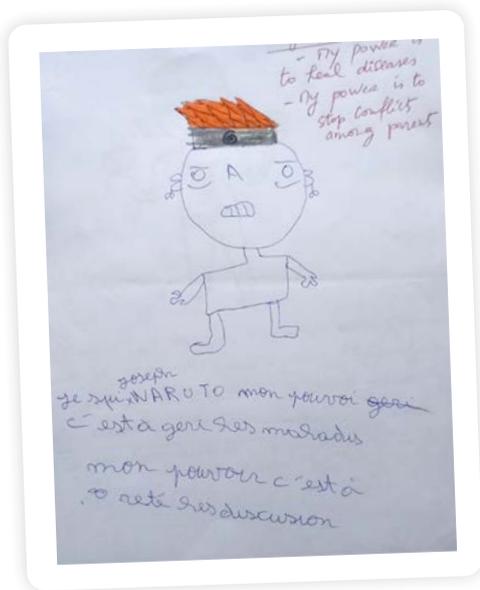
Figure 14: Child aged 13-15 from Côte d'Ivoire: "My power is to heal diseases. My power is to stop conflicts between parents."

Figure 15: A child aged 13-15 in Denmark: A cleaning superhero and a child carer superhero are needed, referring to parents under pressure with care responsibilities.

The responses from young people were similar to those of children, emphasizing the importance of love, unity, protection, feeling safe, being listened to, respected and spending time together as a family. Additionally, some young people expressed a desire for more freedom from parental control and recognized the importance of good health, money, stable employment, a good house and education.

Adult family members also stressed the need for love and unity. They particularly highlighted the importance of good family communication, nonviolence, respect, cohesion, peace, honesty, understanding, cooperation, adults being able to adequately care for their children; and having good family support networks. They also emphasized economic stability, including access to free healthcare and insurance, support for school fees and materials, quality and inclusive education, accessible and safe public transportation (especially in rural areas), secure and decent housing, assistance with utility bills, decent and stable employment, further education opportunities, and provision of daycare and after school programmes.

Professionals underscored the need for families to have access to a range of basic and specialized services, including psychosocial support and better-resourced child protection systems. Such systems should improve conditions for child protection decision-making, including adequate and ongoing training, supervision, improved working conditions regarding caseloads and remuneration, access to transportation, and proper case management tools to help professionals balance objective and subjective factors in decision-making.

6

Summary of findings and conclusions

6. Summary of findings and conclusions

The separation of children from their families can have long-term detrimental effects on child development and well-being. State and non-State actors play a critical role in designing and implementing evidence-based prevention strategies, systems, and services that address the factors contributing to family instability and breakdown. Understanding these factors is essential to effectively targeting interventions that ensure children can grow up safely within their families.

This research aimed to answer the following questions:

1. What does existing evidence say about why children are separated from their families?
2. What key challenges do families face that increase the likelihood of separation and placement in alternative care across different contexts?
3. What gaps exist in multi-level, multi-sectoral approaches and service delivery that could help prevent separation?
4. What are the views of children, young people, family members, and professionals on current support for families, and how can it be improved?

Information was gathered through extensive literature scoping, including a systematic literature review, and primary research co-designed with children and young people in eight countries. The national studies involved literature reviews, participatory research workshops with children, young people, and adult family members, interviews and an online survey with professionals. Follow-up desk and primary research on gatekeeping and child protection decision-making was also conducted in four of these countries.

First, the systematic review shows that children and their families face **unique combinations of challenges** that put their caregiving and protective relationships at risk. Factors contributing to separation are **multifaceted, context-specific**, and shaped by structural, cultural, and individual characteristics.

Second, the research in the eight countries focused on the drivers of separation from parents and placement in formal alternative care, corroborating these findings and providing **cross-country evidence**. This research uniquely integrates experiential data from children, young people, families, and social and child protection workers across diverse socio-cultural and economic contexts, highlighting how many factors affecting families' capacity to care for children cut across countries, income levels, and cultures. Establishing causality with any single factor is not possible since multiple factors often contribute to separation, representing causes, effects, and consequences simultaneously - essential considerations for decision-makers responsible for preventing separation and protecting children (see also Section 6.2).

Third, the research identifies a significant but often overlooked factor contributing to the unnecessary placement of children in alternative care: **decision-making within national child protection systems**. Child protection authorities are not always equipped to make decisions in the best interests of children, sometimes opting for separation when it is preventable. National child protection systems often fail to meet the principle of necessity outlined in international frameworks, which dictate that separation should occur only as a last resort.

In some countries, children are placed in alternative care not for protection reasons, but solely to access education, healthcare, or basic needs such as food or clothing. This contradicts international guidance that prohibits such placements due to poverty alone.

Fourth, the research reveals significant **conceptual challenges** that complicate data collection and understanding of the issue, including the definition of "separation". Multiple forms of separation and diverse family structures may be excluded or over-included depending on the criteria used. Different definitions and counting methods across policy areas often result in incomplete, unreliable, or duplicated data. Notably, the reasons for separation vary based on the social location and perspective of the person reporting them, an aspect that future research must consider.

Fifth, the research identified common factors that adversely affect family care and protection at levels ranging from individual to societal (see also Figure 16).

At the societal level, caregiving capacities are influenced by systemic, social, cultural, and economic factors, including:

- *Societal factors* that compound the challenges faced by families: violence in society (e.g., in schools, gangs, conflicts, gender-based violence, etc.), poverty and inequality, labour migration, humanitarian crises (e.g., conflicts, disasters, public health emergencies), patriarchy, adverse socio-cultural norms and beliefs perpetuating discrimination and stigma (e.g., stigma surrounding children born out of wedlock, single parenthood, gender, ethnic minorities, disability, etc.), the climate crisis and environmental degradation.

- *Systemic factors* spanning multiple social sectors - including social protection, child protection, health, and education - relate to gaps in laws, policies, services and resources that could support families in providing quality care and protection for children. These compounding factors include gaps in the availability, accessibility, and adequacy of family-oriented, child-sensitive and shock-responsive social protection; basic services (e.g., physical and mental health, education, housing, transportation, etc.); and specialized family strengthening services. Even in countries with preventative systems, services may be inadequate or inaccessible due to social or physical barriers.

At the family and community levels, factors contributing to separation include:

- *Caregiving practices and stress-coping mechanisms*, which affect parents' or primary caregivers' ability to provide care and safe environments for children. These relate to caregiving knowledge, skills, and coping mechanisms, and include: all forms of violence against children, domestic and gender-based violence, inter-generationally transferred violence and inadequate parenting practices (e.g., violent discipline), lack of knowledge of positive parenting practices and stress-coping strategies, resorting to negative stress management and coping strategies (e.g., substance abuse, inter-partner violence), lack of social support networks, lack of community-level psychosocial counselling and support.

- *Life-course circumstances or shocks,* such as parental death, imprisonment of a parent, divorce, remarriage or new partnerships, single parenting, disability, poor physical or mental health, and poor emotional well-being.

Why children are separated from their families

Factors hampering care and protection
Families are the cornerstone of children's well-being, but various factors can put this foundation at risk.

Life course factors

disability or poor health

divorce / new partnerships / single parenting

parental death or imprisonment

Societal factors
external pessures on families

climate change

social violence

poverty and inequality

discriminatory socio-cultural norms

Family under pressure

inter-generational violence

inadequate social protection and family support services

poor coordination and resource allocation

lack of positive parenting knowledge

lack of social support networks

gaps in rule of law and oversight

Care and stress-coping factors
inadequate support and harmful coping mechanisms

Systemic factors
gaps in systems and services

Child protection
Concerns and challenges

Child protection concerns
without proper family care and protection, a child may face increased risk of harm.

Child protection challenges
system gaps may lead to decisions not in the best interests of the child.

In most cases children are separated from their families when it could be prevented.

Figure 16: Factors contributing to separation

These multi-dimensional factors often occur together, and the research also identifies **inter-generational influences** linked to adverse childhood experiences. When left unaddressed, these experiences can perpetuate cycles of violence and instability, putting family unity at risk.

They can also bring children to the attention of the child protection authorities, especially due to concerns like violence against children in all its forms - physical, sexual, and emotional - as well as child labour, early or child marriage, recruitment into armed conflict, street-connectedness, or early pregnancy. This is when the child protection system's ability to function as a gatekeeper becomes critical to ensuring that separation occurs only when necessary due to serious risk of harm, is in the child's best interests, and is a measure of last resort. Importantly, many professionals participating in the field research shared the belief that decisions taken about child protection cases are not always the right ones.

At the **child protection decision-making level**, social service workers often face challenging situations and must make difficult decisions based on limited information. Findings from the literature and field research highlight key factors influencing these decisions, such as:

- The *working conditions of the social services workforce*: Professionals responsible for child protection decision-making in many countries included in the research face insufficient resources (e.g., staffing, budgets, time constraints, infrastructure, transportation to reach families), lack of support (e.g., supervision and mental health support), and inadequate education and capacity building (e.g., training placements as part of social work education, opportunities for continuous education in children's rights, and practices like trauma-informed care). This contributes to low social recognition, underpayment, burnout associated with high caseloads and demoralization, and high turnover that care and child protection professionals are often confronted with.

- The *functioning of some components of the child protection system*: Factors impacting decision-making by public authorities in the context of child-family separation include the legal and normative framework, communication and coordination across decision-making levels and actors (e.g., among social workers, their managers, judges), and the availability of standardized tools to support child protection decision-making and case management (e.g., statutory guidance, assessment procedures, and tools assisting with risk thresholds and best interests determination). Promoting the rights and participation of children and families in discussions and decisions about their case management, and balancing subjectivity and objectivity of decisions (e.g., human bias, professional experience, structural constraints), are also significant. Field research has also identified the role of advocacy and awareness-raising activities to increase knowledge and compliance with children's rights, as well as collecting and using data for evidence-based decision-making and evaluating the efficacy of decisions, policies, and practices.

- *Referral options linked to the availability, accessibility, and adequacy of services*: For decision-makers to make informed decisions, there must be a range of options to help families cope with and resolve their challenges. In some countries, systemic gaps in child protection, social protection, basic services (e.g., education, health, employment), daycare, family strengthening, and other social services limit the options available to the social service workforce managing cases of families in vulnerable situations. This, coupled with a lack of judicial or administrative procedures for the admission of children in formal alternative care, creates negative incentives to remove or relinquish children to allow them access to social care and education through the alternative care system.

- *Objectivity and subjectivity in decision-making*: Evidence suggests that cultural and social norms and beliefs (e.g., gender discrimination, religious beliefs, etc.) and individual characteristics of professionals (e.g., personal history, cultural background, professional experience, knowledge) can influence decision-making. While existing evidence presents opposing arguments regarding the desirability of objectivity versus subjectivity, attempts have been made to reconcile this dichotomy by suggesting that both should be used to some extent. It is critical to assist professionals who make

decisions about children in upholding values of evidence-based, unbiased, and fair decision-making in combination with their knowledge and experience. However, more research is needed, particularly in middle- and lower-income countries, to better inform policies, practices, and tools to support child protection decision-making and its critical role in gatekeeping to prevent unnecessary child-family separation. Evaluations of the child protection system should also examine the factors that influence gatekeeping decisions.

Figure 17: Factors contributing to child-protection decision-making on separation

Factors influencing decision-making
challenges in child-family separation cases within child protection

Challenges in maintaining objectivity in decision-making

cultural and social norms; societal beliefs.

professional Biases

lack of Access to evidence and data to shape policies

Social services workforce

lack of adequate resources

challenging Working Conditions

insufficient supervision and support to staff

need for ongoing training and development

low social recognition of social workers

high Turnover

high Caseload

Referral options and service availability

limited availability and access to services that help prevent family separation.

strong procedures are needed to prevent alternative care from replacing essential community support.

Malfunctioning aspects of child protection systems

lack of clarity in regulations and inadequate enforcement mechanisms.

inefficient and poorly defined inter-agency processes.

absence of standardized tools to ensuring adequate service practices.

minimal efforts to raise awareness and advocate for child protection issues.

The research confirms a frequent **lack of reliable, published data** on the reasons for alternative care placements and the situations and characteristics of these children. Different counting mechanisms, terminologies, and definitions further complicate the matter.[239] Some national data collection systems do not define - or define differently - the key reasons for admission in alternative care (e.g., 'abandonment'), meaning essential information on family and community-based care contexts is often unavailable.[240] Such information is crucial to improve gatekeeping mechanisms and their functioning and to enhance services in each community. For example, children from families with substance misuse problems may be frequently referred to alternative care, which could be linked to an absence of specialized prevention and support services in that community or a lack of decent job opportunities for caregivers, increasing stress and the likelihood of negative coping strategies.

The research also highlights the need for social services to be informed by the **diverse realities of children in various family environments and arrangements**.[241] Further research is necessary to understand locally **specific factors** leading to separation, particularly in low- and middle-income countries. Otherwise, emergency and longer-term social services may not address the factors contributing to separation or adequately respond to the needs of children and families. Additionally, culturally specific caregiving practices may be misinterpreted or misunderstood, leading to the unnecessary removal of children from their families and communities.[242]

Finally, there is overwhelming evidence of the importance of **involving children, young people, families, and professionals** in research, policy, and service design and delivery. People affected by disadvantage and poverty consistently emphasize the need to be heard.[243] Truly understanding their experiences increases recognition and improves policy effectiveness. Professionals also need a voice and an enabling environment to provide support.[244] This research project highlights how deeply children, families, and professionals understand the challenges facing their communities and how they have provided important solutions.

In summary, the findings suggest that many children are separated for reasons that are preventable. Separation often results from social, economic, political, and environmental factors that:

- are multifaceted and interconnected.
- cut across national and local contexts, though prevalence is context-specific.
- compound over time when unaddressed, rather than arising from a single factor or event.
- are less about parents' or caregivers' ability to love and care for their children, and more to do with the resources they have to overcome life's challenges.
- reflect inadequacies in child protection systems, where decisions for separation are not always made in the best interests of children, resulting in unnecessary separations.
- cause harm that can last a lifetime and affect future generations.
- are perpetuated by easy access to alternative care, driven by beliefs that children are "better off" in care. and by funding structures that incentivize institutional placements.

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239   Desmond et al. 2020; Giraldi et al. 2022; Gale 2018.
240   Leinaweaver forthcoming.
241   e.g. Hosegood 2008; Martin and Zulaika 2016; Beegle et al. 2010.
242   Leinaweaver 2008.
243   Lister 2016.
244   Bartley 2006; Canavan et al. 2016; Eisenstadt and Oppenheim 2019.

- depend on the social location and perspective of those reporting reasons for separation, complicating data collection and understanding of the issue.

- are shaped by societal, systemic, and community environments, such as poverty, inequality, and violence, not just family dynamics.

To heed the call that "care concerns us all"[245] and to "put care at the very heart of our lives and politics"[246], research must focus on understanding the factors undermining care and protection for children across various contexts. This report aims to contribute to that effort by improving the evidence base on child-family separation. Failure to address this issue carries significant societal costs, including long-term adverse impacts on health, education, psychosocial well-being, and economic outcomes. Comprehensive systems that centre the concerns of children, families, and communities are needed to prevent unnecessary and detrimental disruptions to their lives. The following section presents recommendations to establish and sustain transformative solutions.

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245   European Commission 2022.
246   The Care Collective 2020.

Recommendations

7

7. Recommendations

This section provides recommendations for improving children's care and protection, with a focus on preventing family separation when it is against the child's best interests. These recommendations are particularly relevant for professionals in social policy, including child protection, social protection, health, and education, as well as those involved in development cooperation, justice, and rule of law. The primary audience includes government decision-makers and policy experts responsible for developing care and support systems that uphold the rights of children, young people, families, and caregivers. Researchers, practitioners, service providers, and donors may also find inspiration for innovative projects to protect children's rights, strengthen families, and promote sustainable development.

A **care and support system** is a set of laws, policies, services, and means of implementation designed to provide care, support, and assistance to individuals across various stages of life. It includes both formal services—such as health care, social services, child protection, and educational support—and informal support from family members, community groups, and other social networks. The goal of a care and support system is to enhance well-being, ensure safety, promote independence, and enable individuals to lead fulfilling lives within their communities. In the context of this report, integrated care interventions are vital to preventing or mitigating the impact of family separation on children through strategies that uphold every child's right to grow up in safe and nurturing family environments.

The recommendations are based on evidence from this report, which examines the immediate and systemic factors contributing to families' inability to care for their children and leading to separation. They are informed by a review of State obligations and international guidance on human rights-based care and support systems aligned with the Sustainable Development Goals (see section 2.4 for further details on provisions in international frameworks).

Although the report does not provide an in-depth analysis of governmental responsibilities or non-State actors' roles in family support, it highlights systemic gaps identified through previous research, theories, and data from eight country studies, including insights from children, young people, families, and child protection professionals.

Evidence points to significant gaps in investment, collaboration, and coordination within care and support systems, which often prioritize crisis management over prevention and early intervention. Addressing the root causes of separation would improve outcomes for children and families while providing broader societal benefits, such as enhanced social and economic resilience, equity, inclusivity, and efficient use of public resources. Strengthening the capacity of families and caregivers is far more effective than repeatedly responding to emergencies.

The socio-ecological model used in this report explains the factors leading to separation, shaped by the physical and social environments in which children grow up. These factors can compound over time when early systemic responses are lacking. Based on this understanding, the recommendations provide a broad range of measures to address the diverse challenges children and families face throughout the course of their lives. Governments and stakeholders are encouraged to contextualize these recommendations through local and national assessments of prevailing policy issues and systemic gaps.

The report calls on governments to improve care and support systems to keep families together and protect children. It emphasizes the importance of evidence-based, rights-driven prevention and early intervention to address the root causes of separation. Stakeholders should collaborate to create integrated, multi-sectoral systems that holistically meet the needs of children and families while fostering safe, stable, and supportive environments. Strong coordination among child protection, social protection, health, and education sectors, as well as justice, rule of law, and development cooperation, will be integral to create and deliver through these systems.

The recommendations outline **three priorities for integrated care and support systems** that prioritize family unity while ensuring appropriate care and protection for children: enhancing preventative child protection, ensuring basic living standards and social inclusion, and implementing people-centred policies and services. They propose specific measures for implementing systemic changes to ensure effective and cost-efficient support for children and families.

As the international community works to uphold children's rights under the Convention on the Rights of the Child and discusses the post-2030 agenda following the Sustainable Development Goals, these recommendations emphasize the importance of care and support systems in building resilient families and safe, nurturing environments for every child.

Recommendations to improve care and support systems to keep families together and protect children

Enhance preventive child protection

1 Scale-up anti violence programmes targeting adults and children

2 Expand parenting support programmes

3 Reform child protection systems

Ensure basic living standards and social inclusion
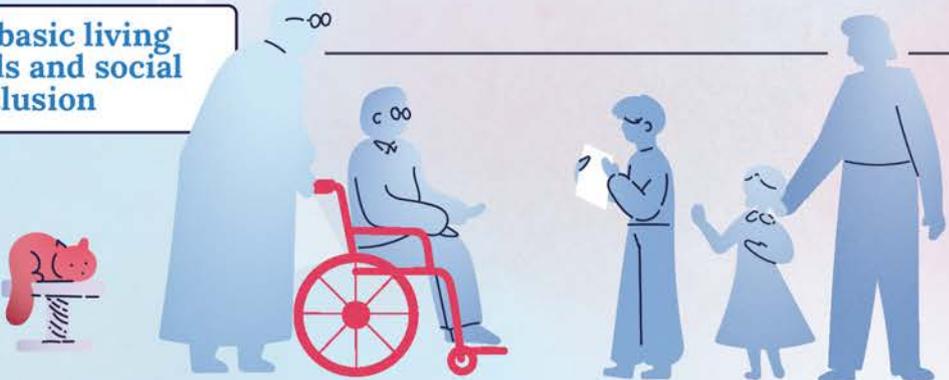
4 Develop inclusive social protection systems

5 Ensure universal access to support services

6 Promote gender, disability and age inclusion

Implement people-centred policies and services
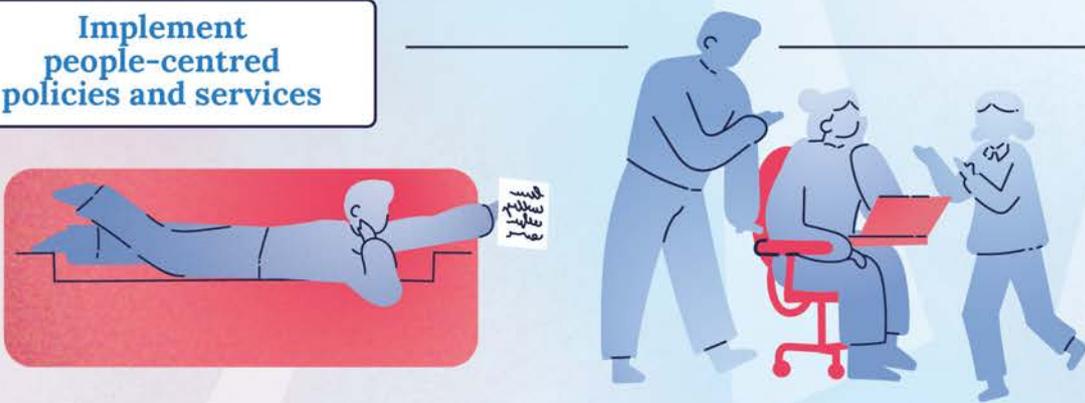
7 Improve evidence-driven system design and delivery

8 Foster multisector collaboration and coordination

9 Promote the participation of children and families

Table 4: Recommendations to improve care and support systems to keep families together and protect children

Enhance preventive child protection, for safer and supportive families and communities

1 Scale-up anti-violence programmes targeting adults and children

Conduct public awareness initiatives to reject violence.

Governments and stakeholders can break the cycle of violence through advocacy and campaigns to shift social norms and create protective environments where children can grow up safely within families. These should target both adults and children and be integrated into school curricula, media debates, community engagement, and family programmes involving all members. Key themes concern respectful relationships, human rights, the harmful effects of violence (including separation of children from their families), recognizing early signs of violence in all settings (home, school, community), and seeking help. Additional themes include awareness of risks such as street exposure, child labour, substance abuse, violence against children with disabilities, and gang recruitment. Promoting parity in gender roles and equal involvement of men in caregiving is also crucial for shifting harmful gender norms that place all caregiving duties on mothers and normalize domestic and gender-based violence (see also recommendation 2).

Strengthen anti-violence legal frameworks and law enforcement.

Governments should develop and enforce laws protecting children and families from violence, particularly gender-based and domestic violence. For instance, legally prohibiting corporal punishment - the most common form of violence against children - can end its social acceptance as a disciplinary method.

Provide access to support services for those experiencing violence.

Governments should ensure that individuals facing violence at home or in the community have access to support services that protect and prevent crises leading to child-family separation. These services include emergency hotlines, shelters, trauma-informed counselling, childcare support, mental health and psychosocial services, and case management to access legal, medical, housing, and financial assistance.

2 Expand parenting support programmes

Increase investments in parenting programmes.

Governments and donors can break the cycle of harmful parenting practices and prevent the intergenerational transmission of trauma linked to abuse, neglect, and violence through parenting programmes. These programmes support parents and other primary caregivers develop skills and knowledge about practices that promote positive child development and family well-being, such as stress management, non-violent communication and discipline, emotional bonding with a child, and accessing support services. They should prioritize families in vulnerable situations, such as those facing violence, substance abuse, mental health challenges or economic hardship.

Ensure parenting programmes are based on evidence and human rights.

To effectively address the root causes of separation, parenting programmes should be based on evidence and human rights. They should incorporate relevant theories like attachment, adverse childhood experiences, trauma-informed care, and protective behaviours. They should also address gender-based disparities as a root cause of family instability and breakdown by promoting greater involvement of fathers in caregiving and mothers in social and economic life (see also recommendations 1 and 4).

3 Reform child protection systems

Update and harmonize legal and policy frameworks in line with children's rights.

Policymakers must develop legal and policy frameworks that prioritize keeping families together, ensuring that children can grow up with their families whenever possible, and that any decision about separation is made in the child's best interests, in line with international standards. Frameworks should be easier to understand and implement, integrated across sectors (e.g., child protection, social protection, justice, health, education), and supported by financial resources for effective implementation. Common national issues needing improvement include complex provisions, bureaucratic delays, insufficient alignment between old and new laws, lack of financial resources, weak prioritization of family preservation, inadequate regulation of service providers, and gaps in monitoring and evaluation of enforcement. Clear mechanisms must be set for oversight, particularly in licensing and decision-making, to prioritize prevention and avoid harmful practices like child placement in alternative care without an administrative and judicial process.

Strengthen gatekeeping to ensure alternative care is used only when necessary.

Alternative care should provide temporary, safe environments for children while pursuing long-term family reunification or other permanent solutions like adoption. Governments should invest in gatekeeping mechanisms, regular placement reviews, expanded family- and community-based care options, and statutory guidance for professionals, including teachers, health workers, and police, on identifying, responding, and supporting children in vulnerable situations. Phasing out unregistered providers and prohibiting institutionalization as a substitute for a lack of health, education and social services are imperative (see also recommendation 4).

Allocate and optimize resources to support preventive measures in national child protection systems.

Governments should increase and redistribute budgets to support prevention, family support, and quality care based on children's best interests, using multi-sector partnerships, and equitably targeting underserved communities. Investments should improve working conditions for child protection professionals (e.g., judiciary, child and youth care workers, social workers, and educators), support monitoring and evaluation of services, and create community facilities providing safe spaces (e.g. community centres or family support hubs). Flexible budgets should enable rapid responses to humanitarian emergencies. Funding structures should be designed to eliminate incentives for service providers to recruit children into alternative care or prioritize institutionalization over preventive measures and family-based care.

Support signposting and referral to family strengthening services.

Child protection decision-makers should prioritize signposting and referral to prevention and early intervention services over separation. Governments should invest in a comprehensive range of family strengthening services, coordinated across departments, to provide vulnerable families with timely support. Efficient processes among public service providers, communities, and NGOs are essential for quick referral to appropriate support (see also recommendations 4 to 6).

Empower professionals to adequately support children and families in vulnerable situations.

Governments and service providers must equip all care professionals (e.g., child and youth care workers, social workers, and educators) with the necessary skills, resources, and tools to effectively prioritize the best interests of children and families. This includes: ongoing training and communities of practice to keep professionals updated on various topics (e.g., child protection, family support, rights-based frameworks and participatory approaches, trauma-informed care, conflict resolution,

cultural competency, and emergency response); sufficient resources for effective outreach and case management (e.g., transportation for remote areas and technology for digital case management, communication, data collection and analysis); and mandatory cross-sector collaboration to provide coordinated support for children and families. Additionally, frontline care workers need improved recognition and support for their contributions, including better working conditions, manageable caseloads, regular supervision and mentorship, emotional support, and involvement in policy development to shape systemic change.

Ensure basic living standards and social inclusion, for more inclusive and equitable societies

Develop inclusive social protection systems

Develop inclusive labour market policies and opportunities for decent work.
Governments should promote equitable labour market inclusion, particularly for underrepresented groups such as women, young people, and people with disabilities, as well as communities with high unemployment rates. Access to decent work - defined as productive employment with fair income and safe working conditions - is crucial. Key measures include job creation programmes, literacy improvement, vocational training, support for entrepreneurship, affordable daycare, and employment policies that help parents, especially women, balance paid work with caregiving responsibilities.

Enhance social protection to help individuals and households manage vulnerabilities and shocks throughout their lifecycle.
Governments should prioritize creating fiscal space to establish inclusive and comprehensive social protection systems, with the goal of progressively achieving universal coverage. At a minimum, governments should guarantee a social protection floor that provides basic income security for children, working-age individuals unable to earn adequate income, and older persons, along with access to essential health care, in line with the 2012 ILO Recommendation No. 202 and SDG target 1.3. More comprehensive systems would include social insurance for life risks, such as unemployment benefits, paid medical or care leave, disability benefits, pensions, and social assistance for the most vulnerable, including conditional and unconditional cash transfers, food assistance, and subsidies.

Strengthen social protection support for children.
Governments should provide programmes and benefits specifically designed to support children's well-being, development, and protection. These include child and family benefits such as child allowances, school feeding programs, subsidies for education and health, parental leave for bonding and caregiving at birth or adoption, nutritional support programmes, and conditional cash transfers tied to school attendance and medical check-ups.

Develop shock-responsive social protection programmes to support families in emergencies.
As conflicts, natural disasters, climate change, health crises, forced migration, and other emergencies continue to affect millions of children and families, governments should increase efforts to create social protection programmes with flexible financing mechanisms that can be scaled up during emergencies. This includes expanding cash transfers and food distribution programmes to support affected families during crises.

5 Ensure universal access to support services

Ensure inclusive access for families to adequate basic services.

Governments should ensure that all families have free or affordable access to basic services, including healthcare (through direct provision or financial support to reduce out-of-pocket costs), education (including early childhood education and care), employment support, social protection, housing, water, and transportation.

Provide specialised support services for families before the separation of children becomes necessary.

Governments should ensure that children and families at risk of separation or facing acute crises have access to specialized support services, such as family counselling, conflict mediation, mental health and psychosocial support, parenting programmes (see also recommendation 2), substance abuse treatment, community-based services for children with disabilities, respite care, reintegration support for children returning to their families, parent and baby units, social housing for homeless families, and financial assistance.

Remove barriers to accessing support services, especially for the most vulnerable.

Governments should regularly assess whether individuals in need, particularly the most vulnerable, can access social services in a timely manner to prevent or address vulnerabilities early. Based on these assessments, corrective measures should be taken, such as: improving information on service availability and entitlements through community outreach and digital tools; ensuring birth registration and other necessary legal documents for service access; simplifying eligibility criteria and application processes; providing referrals to qualified legal or social services; decentralizing service delivery; addressing barriers that exclude people with disabilities; and ensuring service coverage for hard-to-reach populations, including those in rural, remote, institutional, or informal settings.

6 Promote gender, disability, and age inclusion

Promote gender equality in caregiving roles through policy and education initiatives.

Governments must challenge stereotypes and societal norms that position caregiving primarily as a female role, limiting women's and girls' participation in social and working life. More robust legal and policy frameworks, such as gender-neutral parental leave, tax benefits, and socio-economic incentives, can encourage shared caregiving. Public education campaigns and parenting programmes should also promote gender equality, emphasize the value of unpaid care work, and support equal caregiving rights and responsibilities.

Confront patriarchal structures to prevent gender-based violence and caregiving inequalities.

Governments should implement legal and educational interventions to challenge patriarchal norms that perpetuate gender-based violence and inequalities (see also recommendation 1). Legal frameworks must combat gender-based violence, ensure access to justice, and provide support for survivors while promoting shared caregiving through incentives like gender-neutral parental leave. Educational programmes and public awareness campaigns should address harmful gender stereotypes and advocate for improved recognition and distribution of care work.

Address intersectional discrimination through legal and policy frameworks.

Policymakers should develop child protection and family support laws and policies that address intersectional discrimination, particularly in relation to gender, disability, and age. Anti-discrimination laws are essential to prevent barriers that hinder access to care, services, and opportunities to participate in social and economic life. Clear enforcement mechanisms and accessible reporting

channels must be established to hold those responsible for discriminatory practices accountable. In alternative care systems, intersectionality should inform gatekeeping mechanisms to prevent unnecessary child-family separation, addressing biases around poverty, gender, or disability. Stereotypes, such as perceptions about families' ability to care for children with disabilities or undervaluing girls' needs, should be challenged through proper family support.

Promote gender-responsive, disability-inclusive, and age-sensitive services for children and families.
Governments must invest in community-based services that address the diverse needs of all family members concerning gender, disability, and age. This includes affordable, quality childcare and recreational services, supporting both parents in balancing work and family life. Services must be accessible through universal design and tailored to different developmental stages to support children and caregivers throughout their journey to independence (see also recommendation 5).

Engage communities in addressing stigma and discrimination.
Governments should foster a culture of understanding and respect, ensuring equitable access to care and support without stigma, violence, or social exclusion. Initiatives should focus on community participation in awareness campaigns, peer support networks, and education and training for local leaders and service providers, promoting inter-generational, gender, and disability-inclusive dialogue and collaboration on the diverse challenges of caregiving.

Implement people-centred policies and services, for effective care and support systems

Improve evidence-driven system design and delivery
Include children and families at risk of separation in official data and statistics.
States should establish regulations and allocate budgets to ensure that official data from administrative databases and national statistical offices include disaggregated, qualitative, and quantitative data on children and families at risk of becoming or already separated, as well as reasons for separation, across all settings (e.g., children in alternative care, humanitarian emergencies, children with disabilities, institutionalized children, street-connected children). Such data is crucial for evidence-based decision-making and the design of effective care and protection for children and their families.

Strengthen cooperation to close data gaps on child-family separation.
States should partner with multilateral agencies and non-State actors (e.g., NGOs, international donors, private sector, and universities) to pool resources and expertise in data collection and management, focusing on closing data gaps by gathering new data and consolidating existing data from local and national databases (see also recommendation 8).

Improve the use of data and evidence for family strengthening interventions.
Stakeholders involved in policy and service development, implementation, monitoring, and evaluation should use detailed, disaggregated, quality data on outcomes and impacts to support evidence-based interventions for children and families.

Ensure transparency, accessibility, and comparability of official data on child-family separation.
States and multilateral agencies should publish data using standardized definitions, metrics, and indicators on child-family separation, including alternative care placements. This will ensure

transparency and comparability for policymakers and researchers. Capacity-building tools should also be provided to minimize reporting bias and ensure accuracy in identifying reasons for separation. Moreover, capacity-building tools should be offered to professionals responsible for reporting the reasons for separation, to minimize human and cultural biases that may lead to unfair blame (e.g., substance misuse by parents) and to ensure other factors are not overlooked (e.g., long-term unemployment).

Invest in research to understand and prevent child-family separation.
Governments, donors, and the private sector should invest in national and international research to better understand the drivers of child-family separation, identify gaps in care and support systems, and evaluate outcomes for affected children, young people, families, and communities.

Strengthen monitoring and reporting on children's care and protection.
Governments must regularly monitor and publish evaluations on the living conditions and well-being of children and young people without parental care or at risk of separation, along with the impact of care and support policies and services. This will promote better interventions, accountability, and public understanding of separation issues to reduce the stigma associated with families at risk.

Promote international knowledge-sharing on child-family separation.
Governments and donors should fund international forums, conferences, and workshops that bring together experts to exchange knowledge and develop innovative solutions related to child-family separation.

Foster multisector collaboration and coordination

Develop multi-sector and multi-stakeholder partnerships.
Governments, civil society, the private sector, and academic stakeholders should form partnerships across social protection, child protection, social services, and other critical sectors (e.g., justice) to provide coordinated support to children and families at risk of separation. These partnerships should also include global efforts to provide technical and financial support for countries aiming to establish integrated care and support systems that are gender-responsive, disability-inclusive, and age-sensitive.

Establish governance arrangements that support integrated service delivery.
Governments and service providers should enhance governance by defining clear roles, responsibilities, and accountability mechanisms that recognize the distinct contributions of each stakeholder - whether in service provision, advocacy, or referring families to support services (see also recommendations 3 and 5). Governments should also promote cross-departmental collaboration through informal structures (e.g., inter-departmental consultations) or formal structures (e.g., creating an umbrella ministry or agency to enforce coordination). In the context of alternative care, a designated ministry or department should oversee child protection, including family strengthening and alternative care.

Promote person-centred approaches to service delivery.
Governments and service providers should invest in approaches that enable children and families to access coordinated services without navigating multiple offices and bureaucratic obstacles. This could involve funding care coordinators or case managers or establishing one-stop shops that provide all essential family services in one location.

Develop legal, funding and monitoring structures that support service integration.
Governments and donors should incentivize service integration by establishing legal frameworks, funding mechanisms, and monitoring structures that mandate multi-sector collaboration and multi-stakeholder partnerships. Additionally, governments should conduct studies and cost-benefit analyses to highlight the importance of prioritizing family separation prevention and using alternative care as a last resort. At a global level, incorporating national progress toward integrated care and support systems into the implementation and follow-up of the Sustainable Development Goals helps advance the achievement of these goals.

Promote the participation of children and families

Build capacity for participatory approaches in care and support systems.
Governments should embed participatory approaches in care and support systems by incorporating international legal standards on the right to participation into national legislation. This should include developing clear guidelines for practical implementation, creating safe and accessible participation channels, and providing children, families, and professionals with training and tools, such as child-friendly methods, easy-to-read materials, and feedback mechanisms, helping them understand their rights and express informed views.

Mandate participation of children and families in decision-making.
Through national legislation, governments, policymakers, and service providers should mandate that children's and families' voices are heard and considered in decision-making processes that affect them, in line with international standards. Participatory approaches are fundamental in child protection processes and in developing plans, strategies, and budgets to ensure services meet the needs and rights of children and families.

Support advocacy and self-representation of children and families.
State and non-State actors should empower children and families, particularly those facing increased vulnerabilities, to advocate for their rights, challenge discrimination, and participate meaningfully in decision-making processes in both private and public life.
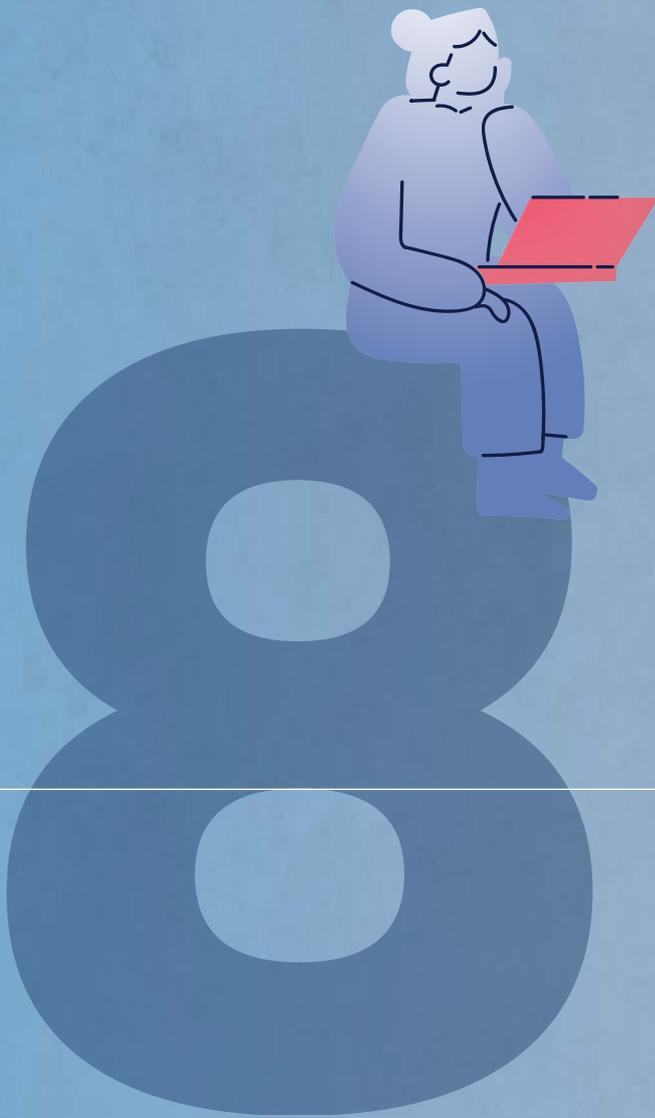
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