



FAMILY FIRST INSTITUTION LAST WHAT IN BETWEEN?

A Study of Institutional Stakeholder Attitudes
Toward Alternative Care of Children in Bangladesh

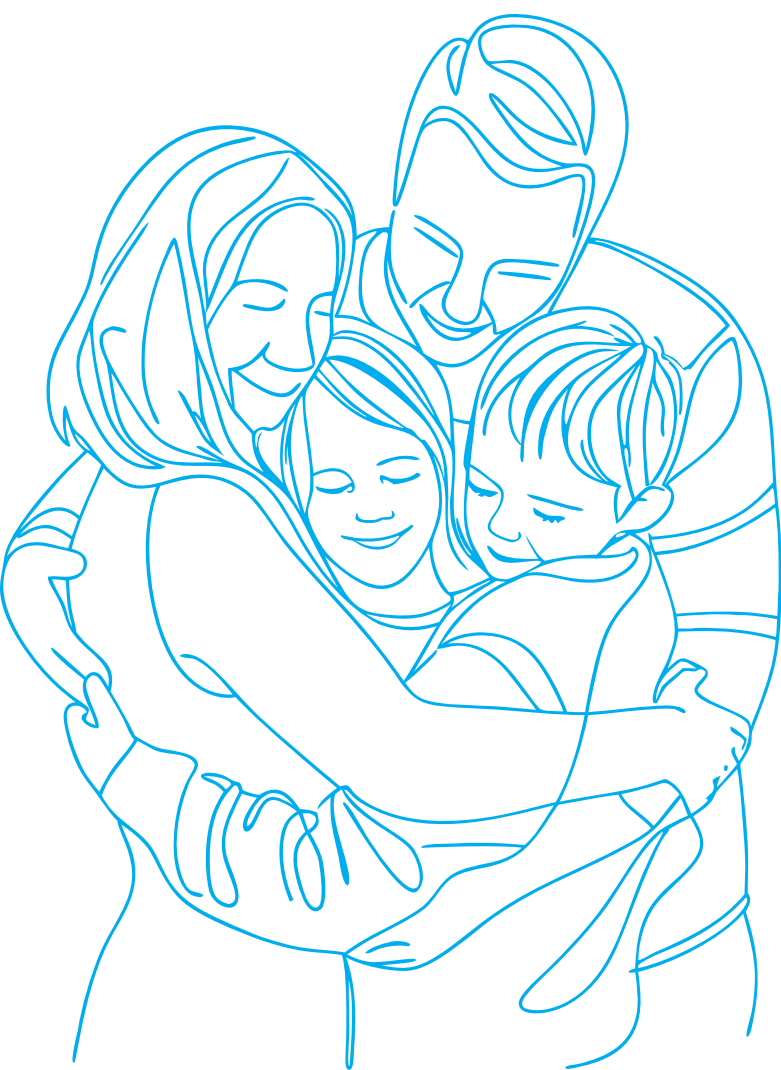
Study Report: July 2025




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“The family is the best place for a child's development, better than any institution. We send those children at safe home as we don't have any alternative options to choose.”

(KII1)

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Executive Summary

This study explores the perceptions and attitudes of key institutional stakeholders in Bangladesh toward alternative care for children, with a particular emphasis on the continued reliance on institutional care and the limited development of family-based alternatives. Jointly commissioned by the Government of Bangladesh and UNICEF, under the leadership of the Ministry of Social Welfare (MoSW) and the Department of Social Services (DSS), the study was conducted by Mitra and Associates. It engaged policymakers, Judges, and frontline practitioners to better understand the underlying factors influencing decisions around the care of children who are deprived of parental care or at risk of separation. The findings contribute to the growing body of evidence supporting the implementation of the National Plan of Action on Alternative Care (2026-2030).

The research reveals a strong consensus among all stakeholder groups that family-based care is the most appropriate and desirable environment for children's development. Parental care is widely recognised as vital for a child's physical, emotional, and social wellbeing. However, the system in practice continues to rely heavily on institutional care—such as government-run Shishu Paribars, baby homes, and shelters—largely due to the absence of structured alternatives. Kinship care is culturally accepted and often informally arranged, yet remains unsupported by policy, regulation, or public resources. Formal foster care is virtually non-existent, with widespread confusion over its meaning and limited public understanding, though many stakeholders expressed openness to its future development.

The study also highlights multiple drivers of child-family separation, including poverty, family breakdown, violence, neglect, social stigma (particularly for children born out of wedlock), and climate-related displacement. While policymakers and practitioners recognise these vulnerabilities, their responses have largely centred on poverty alleviation and institutional placement, with limited investment in prevention or family support services. At the same time, residential care is acknowledged to be under-resourced, poorly monitored, and, in many cases, detrimental to children's psychosocial wellbeing. Judges and practitioners report cases of abuse, neglect, and the absence of education, mental health support, or exit planning in institutional settings. Many point to the lack of government oversight—particularly the inability of Judges to monitor the care arrangements they order—as a serious legal and structural gap.

Despite these limitations, the study found encouraging signs of momentum for reform. There is growing recognition across sectors that enabling kinship care—through financial, social, and supervisory support—can provide a more stable, culturally appropriate alternative to institutionalization. Several respondents advocated for piloting formal foster care, emphasizing the need for public sensitization,



legal frameworks, and robust safeguards. Importantly, stakeholders consistently identified the absence of a trained and adequately resourced social service workforce as the most significant barrier to scaling family-based care and ensuring appropriate case management and monitoring.

To move the system forward, the study recommends a three-pronged strategy: (1) enabling and formalizing kinship care with appropriate financial and social support; (2) piloting and developing formal foster care services as a new family-based option; and (3) transforming and improving the quality of residential care, including developing smaller, family-like units and establishing national care standards and child safeguarding protocols. These reforms must be underpinned by expanded investment in the professional social service workforce at sub-national levels, stronger regulatory and legal mechanisms, and public awareness efforts to reduce stigma and foster shared responsibility for the care of vulnerable children.

The findings underscore an urgent need for a comprehensive, child-centered approach to alternative care in Bangladesh—one that recognizes children's right to grow up in a safe and nurturing family environment and ensures that institutional care is truly a last resort. By bridging the gap between family-based care and institutional placement, Bangladesh can move toward a more responsive, rights-based system aligned with international standards and the best interests of every child.



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02

Introduction

2.1 Rationale

Every child has the right to grow up in a safe and nurturing family environment. This principle is enshrined in the United Nations Convention on the Rights of the Child (CRC) and reflected in the Children Act 2013 of Bangladesh, both of which prioritise family-based care for children in need of protection. Yet, despite this legal foundation, Bangladesh currently lacks a national policy framework to support families at risk of separation or to ensure family-based care for children who are without parental care.

In practice, government efforts continue to focus overwhelmingly on residential care. While informal kinship and non-kin arrangements are common, they remain unsupported and unregulated. As a result, many children—particularly those who are poor, orphaned, abandoned, or perceived as socially vulnerable—are placed in large-scale or “specialised” institutions, where they often remain for extended periods, disconnected from family and community life.

Recognising the urgent need to shift towards more appropriate care solutions, a comprehensive study on alternative care for children in Bangladesh was initiated in 2023 under the leadership of the Department of Social Services (DSS) with technical support from UNICEF. The objective was to generate evidence to inform the development of policies and strategies aligned with the CRC and the UN Guidelines for the Alternative Care of Children.

The study was conducted in two phases. The first phase involved an in-depth assessment of residential care services across the country. The second phase, which forms the basis of this report, explored the attitudes and perceptions of institutional and community stakeholders toward alternative care. By examining the beliefs and decision-making processes of those who influence or implement care arrangements, the study aims to support a broader transition from institutional to family-based care—ensuring that every child has the opportunity to grow up in a family, not an institution.

2.2 Objectives

This study set out to explore how institutional stakeholders in Bangladesh perceive and approach the care of children who are without parental care. Specifically, it aimed to understand the attitudes and beliefs that shape how alternative care policies are developed, implemented, and prioritised. A central focus was to examine why residential care continues to be the dominant response, while family-based options such as kinship care and foster care remain underutilised or overlooked.



By shedding light on the factors that influence decision-making at policy and implementation levels, the study seeks to support a national dialogue on care reform. The findings are intended to inform evidence-based advocacy, guide policy development, and strengthen institutional capacity to ensure that more children can grow up in safe, supportive family environments.

2.3 Methodology

This study employed a qualitative research approach to explore the attitudes of key institutional stakeholders toward alternative care for children in Bangladesh. It focused on three primary stakeholder groups:

- ◆ Policy makers, particularly senior officials responsible for the design, management, and coordination of the national child protection system
- ◆ Judges from the Women and Child Abuse Prevention Tribunals
- ◆ Implementers and practitioners engaged in case management and service delivery

The data collection was carried out by a national team of researchers from Mitra and Associates, under the technical guidance of an international consultant. Fieldwork was conducted during the first half of 2024.

Data collection methods and sample:

The study employed three distinct methods of qualitative inquiry:

- ◆ Semi-structured interviews with 24 Policy makers and high-level officials at the central level of the Department of Social Services (DSS). These individuals play a key role in shaping and overseeing the national child protection system, including the provision of alternative care.
- ◆ Semi-structured interviews with 8 Judges serving in the Women and Child Abuse Prevention Tribunals, one in the capital city of each administrative division. These Judges are responsible for adjudicating cases involving children in need of protection, including decisions related to placement and care.
- ◆ Self-administered surveys completed by 331 child protection practitioners across all eight divisions of Bangladesh. Respondents included DSS managers at divisional and district levels, Child Welfare Board members, social workers, probation officers, residential care home managers, and other professionals involved in child protection case management. On average, approximately 40 respondents participated from each division.

This mixed-method qualitative approach allowed for a rich and multi-layered understanding of stakeholder perspectives, capturing both national-level policy positions and frontline implementation realities.



03

Findings

3.1 Policy makers and High-Level Managers' Attitudes Toward Alternative Care of Children

This section explores the perceptions and attitudes of senior Policy makers and managers based at the Department of Social Services (DSS) headquarters, who are responsible for shaping national child protection and alternative care policies in Bangladesh. Their views offer critical insight into the values, assumptions, and institutional logic that underpin policy formulation, service prioritisation, and implementation decisions.

Perceptions refer to how individuals interpret and make sense of their environment, while attitudes reflect what people believe and how they are likely to respond to specific issues. These are shaped by personal experience, professional background, and institutional culture. Understanding the perceptions and attitudes of institutional actors is essential for interpreting their decision-making practices, particularly in a context where policy preferences can be as much about norms and identity as they are about technical considerations.

In bureaucratic and politically sensitive settings—such as government ministries—there is often a tendency for individuals to align their views with dominant organisational norms. In such environments, consistency with official positions is valued, and divergence can carry personal or professional risk. As a result, staff may adopt or express views that reflect institutional expectations, even if these do not fully capture their personal beliefs. This tendency toward attitudinal conformity reinforces the prevailing culture and helps maintain the status quo.

Recognising this, the study did not seek to measure how many stakeholders held a particular opinion. Instead, it prioritised qualitative analysis—seeking to understand the overarching narratives that emerge from different vantage points. By drawing together these perspectives, the study captures the collective institutional mindset on alternative care and identifies the shared beliefs that are likely to guide future policy directions. The aim is not only to understand individual opinions, but also to surface the implicit consensus that shapes policy preferences and determines the kinds of care considered acceptable, feasible, or desirable within the system.



3.1.1 Importance of Family for Children

Among Policy makers, there is a strong consensus that the family is the most appropriate and desirable environment for children's growth and development. Across all interviews, respondents emphasised that families provide not only for children's basic needs, but also the love, care, and emotional connection essential to their wellbeing. As one official stated, *"The best option for any child is to grow up in their family"* (KII34). Another remarked, *"I want these institutions to remain empty because it is best for the children to stay with their families"* (KII20).

While this recognition is widely held, many respondents framed their understanding of childhood in primarily instrumental terms. Children were often described as future contributors to society and the national economy, with a strong focus on preparing them for employment. This view positions children as human capital—assets whose development must be maximised through investment in education, vocational training, and health. As one respondent noted, *"Good and healthy children are assets and resources"* (KII3). Others stressed the need to equip street-connected children with skills to prevent future social problems: *"Giving them training is necessary for the stability of society. If we don't do it then juvenile delinquency will increase"* (KII12).

These perspectives reflect a pragmatic approach to child development rooted in long-term socioeconomic goals. However, they also highlight the need to balance such instrumental narratives with a rights-based view of children as individuals with inherent dignity and agency. Upholding the best interests of the child requires that their value be recognised not only in terms of future productivity, but as human beings entitled to care, protection, and connection.

At the same time, many Policy makers expressed concern about changing family dynamics and what they perceived as a decline in traditional caregiving structures. Several respondents pointed to weakening family bonds, the erosion of extended family systems, and shifting social values linked to urbanisation, economic pressure, and external cultural influences. One official observed, *"Our family bond has become very loose... urbanization is happening, villages are breaking and village families are being separated"* (KII15). Others cited a perceived decline in parental commitment: *"We do not care for children like before"* (KII15).

Together, these insights reinforce a shared belief in the importance of family-based care, but also reveal an underlying anxiety about the resilience of families in the face of rapid social change. This underscores the urgent need to support families—particularly those at risk of breakdown—with targeted services and policies that strengthen their ability to care for children and prevent unnecessary separation.

3.1.2 Perceptions of Causes of Child Separation from Family

Policy makers consistently identified a range of interrelated factors contributing to the separation of children from their families, with particular emphasis on children living on the streets. Many described a recurring, almost deterministic cycle in which children from poor and dysfunctional households leave home in search of survival, only to become exposed to exploitation, drug use, and criminal activity. These children are seen as falling through the cracks of family, community, and institutional care systems.



At the heart of this cycle is family breakdown. Respondents highlighted unstable marital relationships, domestic violence, and frequent conflict as major drivers of separation. Divorce, polygamous marriages, and remarriage—particularly by men—were cited as creating fractured households where children are neglected or rejected. In some cases, mothers left to raise children alone also remarry as a coping mechanism, leaving children without adequate care. As one respondent explained, *“The father gets married multiple times without caring about his children... the mother, unable to manage due to financial burden, remarries for security... so the children start living on the streets”* (KII14).

Other factors related to child abandonment include child marriage, sexual abuse, and unintended pregnancies. Young mothers—often socially isolated and unsupported—may be compelled to abandon their infants, especially those born out of wedlock. Social stigma surrounding single motherhood, illegitimacy, and rape contributes to this pattern. One respondent noted, *“As our society does not allow this kind of occurrence – not having a father – they throw infants into dustbins”* (KII3). These cases reflect not only a lack of support systems but also deeply entrenched social norms that push children further into vulnerability.

There is widespread concern about children who have effectively lost their identity—abandoned, lost, or rejected children who live on the streets without knowledge of their origins or family ties. These children are particularly difficult to reunify with families and are highly susceptible to peer pressure, exploitation in illegal activities and child labour, and long-term marginalisation.

Poverty was also consistently cited as a major cause of child-family separation. Economic hardship, especially in rural areas, forces many families into untenable choices. Some send their children to work for extra income, while others are unable to meet basic needs such as food, education, and shelter. *“They send their children to work for extra income”* (KII15). In many cases, poverty and family breakdown are tightly intertwined, especially for women who are left without financial or social support.

Respondents also pointed to low parental capacity as a significant issue. A lack of knowledge about positive parenting practices, harsh discipline, and poor supervision—often exacerbated by distractions such as excessive smartphone use—were described as contributing factors to neglect and separation. *“Our eyes are on the phone... we don’t care about children as before”* (KII15).

Wider societal and cultural changes were also frequently mentioned. Officials noted the erosion of extended family systems and the rise of nuclear households, often accompanied by weaker social bonds and diminished community support. As one respondent put it, *“We became a nuclear-based family—there is no bonding existing around us”* (KII5). Urbanisation, changing values, exposure to drugs, and increased involvement in criminal networks were all seen as factors compounding family instability.

Some respondents acknowledged that the incarceration of parents also contributes to separation, leaving children without a primary caregiver. Schools—once a site of community support—are now seen as increasingly commercialised and less involved in children’s holistic development. *“In the past, teachers were more attentive to the children. Now schools, teachers—everything has become commercial”* (KII8).

Finally, the impact of climate change was also identified as an emerging driver of child separation. Events such as riverbank erosion, floods, and other natural disasters disrupt family structures and livelihoods, sometimes resulting in children being left without care or forced to migrate alone.



These insights reflect a layered understanding of separation, where economic hardship, social norms, weak parenting, and broader environmental factors interact. Importantly, many policymakers acknowledged the complexity of these causes, but responses tended to focus on symptoms rather than systemic prevention—revealing an opportunity for policy reform that addresses root causes and strengthens family resilience.

3.1.3 Government Response to Children Deprived of Parental Care

Policy makers acknowledge the Children Act 2013 as a foundational legal instrument for protecting children deprived of parental care in Bangladesh. Key mechanisms established under the Act—such as the formation of Child Welfare Boards and the appointment of probation officers—are widely referenced by respondents as important tools for operationalising child protection. However, many also noted that these provisions remain only partially implemented, due to regulatory gaps, inadequate resourcing, and capacity limitations. The recently adopted Guardianship of Abandoned Children Act was highlighted as a promising policy measure, though respondents stressed that greater awareness and capacity building, will be essential for its meaningful implementation.

Several ministries, including the Ministry of Social Welfare (MoSW), Ministry of Women and Children Affairs (MoWCA), Ministry of Education (MoE), and the Bangladesh Police, were cited for their contributions to child protection and poverty alleviation. Respondents referred to multiple programmes—such as social safety net stipends for widows, the elderly, and children with disabilities—as part of the broader government response. However, most felt that these schemes have limited effectiveness in directly preventing child-family separation. As one official noted, *“These programmes address poverty, but they don’t keep families together”* (KII13).

The Child Sensitive Social Protection in Bangladesh (CSPB) project and newly established counselling services were recognised as more targeted efforts to reduce the vulnerability of street-connected children. These services were seen as valuable but limited in scale and reach.

Despite policy aspirations, the dominant government response to children without parental care remains the provision of residential services. Public and private institutions—such as Shishu Paribar homes, baby homes, Sheik Russell Centres, and shelters for street children—were consistently cited by respondents as the primary mechanism for caring for children in need. Placement in such facilities is often seen as the only available option, particularly in the absence of formal family-based care alternatives.

However, concerns about the underutilization and quality of these institutions were widespread. Respondents noted that many state-run homes, particularly orphanages, operate below capacity. One explanation offered was that even when parents are absent, grandparents or extended family members are often unwilling to send children to institutions, which are perceived as low quality or stigmatising: *“Orphans can’t really be found... because even if the parents are not there, the grandparents do not want to send them to an orphanage”* (KII24).

A number of practical constraints were cited as reasons for the limited use and perceived ineffectiveness of residential institutions. Many facilities are in poor physical condition, and suffer from a critical shortage of trained staff. *“There are posts, but no recruitment—no people”* one respondent explained (KII22).



Others noted that families may avoid institutional care for boys in particular, preferring to keep them at home to contribute to household income. Conversely, girls—especially those approaching puberty—were more likely to be placed in institutions for protective reasons.

In addition to concerns around infrastructure and staffing, the value of government capitation grants was seen as insufficient to ensure quality care. While a few respondents pointed to auxiliary initiatives—such as day-care centres, extracurricular activities, and newly hired psychosocial counsellors—these were rarely mentioned and remain marginal compared to the reliance on residential care.

Budget constraints were consistently cited as a key limitation across the system. Many officials acknowledged that while the needs are vast, available resources are limited: *“Bangladesh is a populated country, and we are only able to address a small portion of the need”* (KII3). Several respondents also emphasised that the care of vulnerable children should not be the sole responsibility of the government. They called for greater engagement from the private sector, civil society, and the public, along with broader awareness-raising to promote shared responsibility: *“There is a need for corporate participation and financial support—not just government alone”* (KII3).

In summary, government efforts to address the needs of children without parental care continue to rely heavily on residential institutions, with limited reference to how these services fit within a broader, cohesive alternative care strategy. While policymakers consistently affirm that keeping children in families is the preferred solution, there is currently no clear national vision or operational framework for supporting family-based care or preventing separation through integrated, community-based services.

This gap presents a critical opportunity to develop and articulate a strategic direction for alternative care in Bangladesh—one that prioritises family preservation, enables kinship and foster care, and ensures that institutional placements are used only as a last resort, in line with international standards and child rights principles.



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3.1.4 Attitudes Toward Various Forms of Alternative Care

Policy makers largely agree that alternative care is necessary when children have no family, or when remaining with family poses serious risks due to abuse, neglect, or abandonment. Residential institutions are seen as a last resort, used only when there is no viable family-based alternative. As one respondent explained, *“The institution is when there will be nothing—no one to take care”* (KII8). Others cited cases where relatives are unwilling to assume care responsibilities, often due to poverty or the child’s family background, including reputational concerns (KII20). In situations of severe abuse, safe homes are regarded as essential to protect children from further harm (KII9).

There is a broad consensus that family-based care is the preferred and ideal environment for children, and that institutional placement should be temporary and exceptional. *“Institutions can never be better than the family,”* one official stated, emphasising that institutions cannot replicate the love and connection found within a family (KII13, KII22). The reintegration of separated children into their families—whether immediate or extended—is considered the priority. *“Our first target is, if the child has relatives... we try to give the child back to them, because it is the best environment for them”* (KII13).

However, despite these views, policymakers acknowledge that there is currently no systematic mechanism to support families to care for children at risk of separation. Financial support provided to institutions is not extended to families. As one respondent observed, *“Even in an orphanage, children do not stay without money... if that money could be spent on the child’s own family instead, they could be cared for at home”* (KII20). While family grants were widely supported in principle, most agreed that financial support alone would be insufficient. Education, parenting support, counselling, and strong monitoring mechanisms were also seen as essential to prevent misuse and ensure child wellbeing.

Kinship care is widely considered the most natural form of alternative care. Extended family members, particularly grandparents, are seen as the first line of responsibility when biological parents are unable to care for a child. Yet respondents acknowledged significant challenges in kinship arrangements, especially related to poverty, willingness, and caregiver capacity. *“They can be kept by grandparents, but financial support is needed here”* (KII8). Some noted that relatives may be reluctant to assume care, believing that institutions can offer better services. Others raised concerns about potential exploitation by kin, including use of the child for labour or access to financial benefits. *“In Bangladesh, the exploitation of children is quite common”* one respondent noted, calling for assessment and regular supervision of all kinship placements (KII14).

There was near-unanimous agreement that financial support for kinship care is necessary and feasible—but only if accompanied by strong safeguards. Several respondents expressed concern that money intended for children could be diverted for other uses unless supervised by trained social workers. *“Without supervision, the alternative family might abuse the system and use the child for household chores”* (KII14). A few officials even proposed more intrusive solutions such as video surveillance, reflecting a deep mistrust of informal arrangements (KII6, KII17).



Formal foster care, defined as the temporary placement of a child with a non-relative family, was met with skepticism and caution. Respondents felt that social norms and prevailing attitudes in Bangladesh are not yet ready to support foster care. *“Their mindset is not yet open to accept others as mine”* (KII5). Many families struggle to care for their own children, let alone take in others. Without a shift in public attitudes, even financial incentives were seen as unlikely to be effective. *“If people’s attitude doesn’t change, no matter how much support and money you give, it will not be possible”* (KII22). Legal ambiguities and a lack of regulatory frameworks were also identified as major barriers to establishing foster care.

Residential care, while broadly acknowledged as a less desirable option, continues to be viewed as the government’s central response for children without parental care. Institutions are seen as necessary for children who are completely alone or unsafe at home. They offer basic provisions such as shelter, food, education, and vocational training—services families may not be able to provide. *“No one from a wealthy family comes to an orphanage”* one respondent remarked, underscoring the perception that residential care is primarily for the poor and socially excluded (KII20).

Some Policy makers noted attempts to shift institutional terminology toward more family-oriented language—using terms like Shishu Paribar (Children’s Family), and calling caregivers “aunties” or “brothers.” While such semantic changes may help reduce stigma, respondents agreed that meaningful change would require improvements in the physical environment, staffing ratios, and care models to make institutions more nurturing and homelike.

Persistent concerns were raised about the quality and appropriateness of institutional care. Many facilities require physical upgrades, and most suffer from a lack of trained personnel. Some are underutilised simply because families are unaware of them or prefer to retain children—particularly boys—for economic reasons. Girls’ institutions, in contrast, were often full, with respondents suggesting that mothers may place daughters there for protection while they work outside the home (KII15).

Corruption and mismanagement were also noted as risks. *“Institutions often misuse grants for their own benefit”* one official stated (KII19). Others raised concerns about the lack of oversight of the more than 4,000 registered private childcare homes (KII2).

Several respondents highlighted that institutional life can be emotionally damaging for children. A lack of personal attention, strict rules, and the absence of freedom were commonly mentioned. *“Care homes are managed like a jail... it’s not suitable for children’s development”* (KII2). Others remarked that children often experience trauma in institutional environments but have no access to psychological support or someone to talk to (KII19). Children with disabilities were described as particularly underserved: *“Disabled children have different psychological needs... and we face a lot of troubles caring for them”* (KII1). Few respondents mentioned the importance of exit plans for children aging out of care, suggesting that transition planning remains an underdeveloped area.



3.1.5 Opportunities for a Shift Towards Family-Based Alternative Care

Institutional stakeholders widely recognise that the most appropriate alternative care for children who cannot remain with their biological parents is placement with relatives. Kinship care is viewed as both culturally acceptable and practically viable. However, respondents emphasised that for such arrangements to be effective, they must be backed by structured economic and social support, and closely supervised to prevent neglect, exploitation, or misuse of financial assistance.

A key enabler identified by multiple respondents is the presence of trained social workers at the local level. Many noted that the current system is overstretched, with a single social worker often responsible for three to four unions, making proper monitoring impossible. Expanding the professional social service workforce, especially at upazila and union levels, was cited as essential for ensuring the viability and accountability of family-based care. Supervision, they stressed, is not optional—it is the linchpin for safeguarding children's wellbeing in kinship and other family-based arrangements.

Stakeholders also expressed a clear preference for piloting new care models before scaling up. Small-scale pilot projects that combine financial support with counselling and parenting guidance were recommended as a means of testing the feasibility, acceptability, and safeguards of kinship care interventions. Respondents cautioned that financial support must be paired with clear criteria, monitoring systems, and community awareness to avoid misuse and ensure positive outcomes for children.

Despite this support for reform, the challenge of deinstitutionalisation was viewed by many as formidable. One respondent reflected on a previous attempt to introduce alternative care models in 2011, noting strong resistance from those involved in residential care: ***"It is too difficult to establish alternative care here in Bangladesh. We have a lot of public and private care homes, and they fear that if alternative care is recognised, people will lose their jobs. For private care homes, it's a business—they create barriers to protect their interests"*** (KII12). According to this respondent, even Policy makers remain largely unaware of the proposed reforms and their implications, presenting an additional hurdle to generating buy-in for systemic change.

Finally, many respondents emphasised the need for collective societal responsibility in supporting vulnerable children. They called for broader engagement from civil society, the private sector, and the general public. Financial contributions, donations, sponsorships, and volunteer work were all mentioned as ways to share the responsibility of care. There was a strong belief that no single actor—especially not the government alone—can or should bear the full burden. As one official stated, ***"Everybody must collaborate"*** while another added, ***"Government will always be there to lead"*** (KII3, KII2).

Together, these insights point to a clear window of opportunity. While barriers remain, there is growing recognition among policymakers of the need to expand family-based care options, test new models, invest in local-level capacity, and foster shared accountability for children's well-being. With political will and coordinated action, Bangladesh can begin a meaningful transition away from an institution-centric model toward a more family-first, rights-based alternative care system.



3.2 Judges of the Women and Child Abuse Prevention Tribunal's Attitudes Toward Alternative Care of Children

This section explores the perceptions and attitudes of Judges presiding over the Women and Child Abuse Prevention Tribunals regarding children in need of care and protection, including those requiring out-of-home placements. As key decision-makers in the child protection and juvenile justice system, Judges bring valuable insights into both the strengths and weaknesses of the alternative care system, as well as the practical challenges faced in ensuring children's best interests within the legal process.

Although their primary caseload involves children in conflict with the law, Judges are also responsible for cases concerning children who have been abandoned, separated from their families, or require protective interventions. Their views are therefore essential in understanding the operational realities of the system and identifying potential avenues for reform—especially in terms of prevention, case management, and expanding the use of family-based care.

The Judges interviewed operate under the mandates of the Women and Children Repression Prevention Act (2000) and the more recent Women and Children Abuse Act (2024). They also serve as juvenile court Judges under the Children Act (2013, amended 2018). However, judicial engagement in alternative care decision-making remains limited, as the law does not clearly define their role in the placement of children who are not in conflict with the law. As a result, their exposure to and interaction with the broader alternative care system—beyond correctional or detention-related institutions—is often peripheral.

It is important to note that Judges' attitudes are shaped by their individual legal training, professional background, and judicial independence. As such, the perspectives gathered here should be understood as individual views rather than a collective institutional position. The analysis that follows highlights commonalities across interviews, while also noting unique or divergent perspectives where relevant.



Two critical contextual points emerged in the analysis:

◆ Terminology gaps and conceptual ambiguity

Judges often used terms related to alternative care inconsistently, and in ways that do not align with the definitions in the UN Guidelines for the Alternative Care of Children. In many cases, “alternative care” was understood as being synonymous with “institutional care” or “residential care.” Family-based care was variously described as “family care,” “kinship care,” “guardianship,” or “adoption”—terms that were often used interchangeably, despite their distinct legal meanings. The concept of formal foster care as a temporary placement with a non-relative caregiver was largely absent from their understanding, reflecting a broader policy and knowledge gap in this area.

◆ Institutional focus on children in conflict with the law

Due to the nature of their day-to-day responsibilities, Judges tend to associate residential care with Correctional Development Centres (CDCs), which are the institutions most directly connected to their judicial functions. Their familiarity with other residential services—such as Shishu Paribars, baby homes, or Sheik Russell centres—is limited. As a result, when Judges spoke about “residential care,” they were often referring specifically to CDCs, unless explicitly stated otherwise.

These two dynamics—terminology confusion and limited exposure to the full spectrum of care options—shape how Judges perceive the current system, and the types of reform they consider feasible. Their feedback also reveals a gap in legal clarity regarding their authority and role in making decisions for children in need of care and protection, outside the scope of the juvenile justice system. This legal ambiguity may contribute to a lack of ownership or active engagement in decisions related to alternative care, particularly for cases that fall outside the domain of conflict with the law.

The study explored several key questions with the Judges:

- ◆ What are your views on residential care for children in need of care and protection?
- ◆ How would you compare the benefits and challenges of family-based care and institutional care?
- ◆ What improvements could be made to the current child protection and welfare system?
- ◆ What measures could help strengthen and expand family-based care as an alternative to institutional placement?

The analysis of their responses is presented in the following sub-sections.

3.2.1 Attitudes Toward Alternative Care

Judges expressed a strong and consistent belief in the central importance of family as the natural and most appropriate environment for children. Across all interviews, family-based care was viewed as the preferred setting for a child’s development, with particular emphasis on the emotional and psychological benefits of being raised by parents. As one judge explained, *“It is natural for a child to be in the company of parents and to receive their love”* (KII4), while another added, *“A child’s physical and mental development takes place properly when he is with his family”* (KII3).



Judges emphasised that it is the absence of appropriate family care—due to death, abandonment, neglect, or incapacity—that creates the need for alternative care arrangements. Where possible, children should remain with or be returned to their families. However, this preference is conditional. Several Judges noted that family-based care is only feasible when the family can meet the child’s basic needs. As one put it, *“Family care is better—provided that the family has the ability to provide food, clothing, and education”* (KII7). In cases where families are unable to do so, institutional care was considered a necessary fallback.

Poverty was frequently cited as the greatest barrier to effective family-based care. Judges consistently identified economic hardship—especially among single mothers—as a key factor leading to separation or inadequate care. In such cases, they advocated for direct financial support to both the child and the caregiver, along with access to services. However, they also cautioned that financial assistance alone is insufficient. Support must be accompanied by parenting education, counselling, and close supervision to ensure funds are used in the child’s best interest. As one judge noted, *“This lack of education and understanding means that while he receives financial support for the child’s development, he may not spend it entirely on the child”* (KII1).

These views underscore a judicial understanding of the importance of preserving family care wherever possible, while also recognising the structural limitations that may render families unable to fulfil this role without targeted and sustained support. The emphasis on both emotional nurturing and material provision suggests that Judges see family-based care as ideal in principle—but not always practical without a broader safety net.

3.2.2 Attitudes Toward Residential Care

Judges expressed a wide range of opinions on the role and effectiveness of residential care for children. While some viewed institutional care as necessary and beneficial in specific circumstances, others raised deep concerns about its appropriateness, quality, and impact on children’s well-being.

At one end of the spectrum, a number of Judges described residential care as a critical safety net for children who have no surviving parents, whose extended families are unwilling or unable to care for them, or who face serious abuse or neglect at home. In such cases, institutions were viewed as the only viable option. *“Placement in residential care is needed when children are orphaned, or when no one in the family is willing to take responsibility. If returning them home could cause more harm, we send them to care homes”* one judge explained (KII4). Another added, *“Residential care is extremely important. If institutionalized properly, it can give children who are deprived of love and care today a chance to stand on a suitable platform”* (KII4).

Some Judges felt that residential care could be preferable to kinship care in certain cases—citing concerns about unequal treatment within families or the psychological burden placed on children when relatives see them as an obligation rather than as family members. Still, support for institutional care was not unconditional. Judges consistently stressed that its effectiveness depends on adequate resources,



compassionate staff, and proper oversight. *“If those responsible in care homes are sincere and get proper support, they can provide good care”* one noted (KII4).

On the other hand, many Judges were critical of the residential care system as it currently functions. Concerns included the lack of personalised attention, insufficient educational support, poor infrastructure, and an institutional culture focused on discipline rather than child development. *“Children will not be given care and love; their mental development will not be the same”* said one judge (KII5). Others described institutional life as cold and dehumanising, with one warning that *“children suffer identity crises... this loneliness destroys them inside”* (KII3). Judges pointed to the emotional and psychosocial impact of growing up in institutions, particularly in the absence of adequate counselling and mental health support.

While some Judges took a more nuanced stance, recognising that institutional care may be necessary but is currently failing to meet minimum standards, most agreed that implementation is where the system breaks down. *“The current residential care system is severely deficient. Children are only getting a place to stay—not real care”* noted KII2. Another judge lamented that children in residential care are often denied their right to education, describing a situation in one centre where staff forced children to carry out personal chores and punished them for non-compliance: *“Without proper management, residential care becomes like another prison”* (KII1).

A number of Judges also raised concerns about Correctional Development Centres (CDCs), which fall under their jurisdiction and house both children in conflict with the law and children in need of protection. They noted that vulnerable children are often grouped together with delinquents and receive little more than shelter and food, with no dedicated education or therapeutic services. *“There is no proper system to ensure they go to school or complete homework. These centres lack care and oversight”* one judge observed (KII1).

The lack of qualified staff and supervision was consistently cited as a critical issue. Judges noted that those in charge of institutions often do not fulfil their responsibilities, and that caregiver-to-child ratios are far too low. *“Staffing must be improved, and more training provided. Children need a hygienic environment, nutritious food, education, recreation, and psychological support”* stated KII5.

While some Judges called for expanding residential care, they did so with conditions. One suggested that every district should have a well-resourced facility for children requiring court-ordered placements (KII8), while another emphasised the need for proper budgets, trained staff, mental health services, and a functioning monitoring system (KII7).

A major concern raised by several Judges was the lack of judicial oversight. Despite being responsible for placing children in care, Judges have no legal authority to inspect or monitor the facilities. *“Once children are sent to institutions, we have no way to know if they are being fed or cared for”* said KII1. *“We are powerless. The responsibility lies with the District Commissioner, who is often unaware of what’s happening on the ground”* (KII7). Judges expressed frustration at their inability to act even when abuses are reported, as the law does not empower them to take corrective measures or initiate inspections.



There was consensus that legal reform is needed to allow Judges to inspect facilities, particularly those to which they have committed children. Occasional judicial inspections, they argued, could improve accountability and service quality. Judges also recommended appointing probation officers at the upazila level to support follow-up and ensure that children's rights are upheld after placement (KII8).

In sum, while Judges recognise the necessity of residential care in certain cases, they view the current system as deeply flawed. They emphasise that institutional care must be limited, well-regulated, and closely monitored. Without significant investment in service quality, legal reform, and staffing, residential care will continue to fall short of meeting children's developmental, emotional, and educational needs.

3.2.3 Attitudes Toward Kinship And Foster Care

Judges overwhelmingly identified kinship care—the placement of a child with extended family members—as the most natural and culturally appropriate alternative to parental care. This form of care was seen as more nurturing and less traumatic for children, as it allows them to remain within familiar environments and relationships. As one judge explained, *“Kinship care is certainly better than institutional care, because the child will be placed with familiar people whom he knows. It eliminates hesitation and allows them to fully integrate into the family”* (KII8).

However, Judges were quick to point out that the feasibility and quality of kinship care are closely tied to the strength of family bonds. Some acknowledged that traditional extended family structures in Bangladesh—once strong and reliable—are weakening due to urbanization, migration, and social change. *“The extended family used to provide support even in the case of separation, but it is declining. As a result, kinship care has become more challenging”* noted KII3.

Judges also raised concerns about the risks associated with kinship placements, especially in the absence of oversight. These included:

- ◆ **Discrimination** against the placed child in favour of biological children, particularly in the allocation of food, education, and emotional care
- ◆ **Exploitation**, including use of the child for domestic labour or, in more extreme cases, abuse and trafficking
- ◆ **Lack of accountability**, as kinship placements are often informal and lack structured follow-up. *“In institutions, there's accountability if something goes wrong. But with relatives, who will take responsibility?”* (KII4)

Several Judges stressed that kinship placements must be assessed and monitored. Determining the willingness, motivation, and capacity of relatives to care for a child was seen as a necessary first step. *“Relatives must be interviewed to assess their intentions and whether the environment is safe”* stated KII8. The importance of ongoing supervision by social workers or probation officers was repeatedly emphasized, with several respondents warning of cases where relatives have taken children for personal gain or ulterior motives.



On the topic of financial support, Judges agreed that subsidies are essential to enable relatives to care for additional children, particularly when they are already living in poverty. However, views diverged on how such support should be managed. Some Judges saw financial assistance as a practical incentive, *“People won’t take on the responsibility unless there’s some benefit”* (KII2), while others warned that support alone is not enough. *“If the family cannot care for their own children, how will they care for another? They need guidance and monitoring, too”* one respondent argued (KII5).

Monitoring was seen as critical—not only to protect children from abuse or neglect but also to prevent illegal practices such as child trafficking. *“Strict monitoring is essential—without it, children could go missing, or be exploited”* said KII2.

When asked about foster care—understood as the formal placement of children in non-relative families—responses were mixed and often reflected confusion or unfamiliarity with the concept. Some Judges equated foster care with guardianship or adoption; others dismissed it entirely as unrealistic in the Bangladeshi context. *“Foster care is like a fantasy. You can’t force families to take someone else’s child. People see orphan children or street children as problematic”* said KII6.

However, one judge offered a more optimistic perspective, framing foster care as a civic responsibility: *“Foster caregivers need consultation and motivation. They should be made to feel that they are doing a significant service to society—and they should be recognized and supported for it”* (KII1). This view, while not widely shared, points to the potential for long-term attitudinal change with the right incentives, education, and policy environment.

Judges also flagged an important legal gap in the current framework governing alternative care. Section 84 to 93 of the Children Act (2013) discuss the responsibilities of the Child Welfare Board, social services officers, and police, but do not clearly define the role of juvenile Judges in determining or overseeing care placements for children in need of protection. As one judge observed, *“Only in Section 89(P) is the court even mentioned, and it is unclear how to apply that clause. There is no legal provision for presenting the child to the juvenile court before making care decisions”* (KII8).



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This legal ambiguity further limits Judges' ability to influence the quality or direction of alternative care decisions. Without a defined legal role, their involvement in cases of guardianship, foster care, or kinship placement is inconsistent and often dependent on individual discretion or local practice. This situation reinforces the need for greater legal clarity and alignment between court functions and the broader child protection system.

3.2.4 Attitudes Toward Guardianship and Adoption

Judges generally viewed guardianship and adoption as valid and potentially beneficial forms of family-based care for children without parental support. However, they expressed concern over the lack of clear legal regulation, institutional oversight, and procedural consistency across courts.

Several Judges noted that the Children Act 2013 does not adequately define the juvenile court's role in matters of guardianship and adoption. Instead, these issues fall under the jurisdiction of the Family Code Ordinance 1995, now updated as Family Law 2023, which places guardianship matters within the exclusive remit of family courts. *"There are no clear provisions in the Children's Act for the juvenile court to handle guardianship. The authority lies with the family court"* noted one judge (KII8). This legal ambiguity has led to inconsistencies in how such cases are handled, with some Judges reporting involvement despite the absence of a clear mandate.

Despite these legal limitations, some Judges described informal or court-facilitated practices of assigning guardianship or arranging adoptions—particularly for abandoned newborns. One judge shared a detailed account of a case where a baby was found abandoned and, after a period of care and background checks, was placed with a childless couple. *"We ask the adoptive parents to return every three months for follow-up. We check the child's development, medical records, and ensure probation officers are involved. Over time, we see the child develop properly"* explained the judge (KII1). While these examples demonstrate compassion and initiative, they also highlight the absence of a uniform, rights-based system for managing guardianship and adoption cases.

Judges also highlighted that current adoption procedures are overly complicated, which deters potential adoptive families. Several recommended simplifying the process, particularly for very young children—who are more likely to be accepted into new families. *"Families are usually interested in taking in very young children, so that they can raise them from infancy"* said one judge (KII6). Others called for a formal application and matching system that could better link eligible families with children in need. *"If we had a database, people could apply, and once a child became available, we could notify them. It would make the process smoother and protect the child's interests"* (KII1).

Nevertheless, deep-seated stigma remains a barrier to wider acceptance of guardianship and adoption, particularly for children from marginalized backgrounds. Judges acknowledged that many families are reluctant to adopt children who are labelled as *'orphaned'* *'street-connected'* or *'lost'* believing they could introduce problems into the household. *"Few families are willing to take these children—they think it will cause trouble in the family"* observed KII6.



In this context, Judges strongly advocated for increased public awareness and education to promote guardianship, adoption, and family-based alternatives to institutional care. Suggestions included television campaigns, courtyard meetings, and community engagement through Legal Aid Committees. *“People need to understand that orphans and children without parental care can be raised in families, not just in orphanages”* said KII5.

In addition to system-level changes, several Judges also offered broader recommendations to prevent child-family separation, emphasizing the importance of strengthening families and addressing underlying vulnerabilities:

- ◆ Promote family unity through mediation and marital counselling
- ◆ Provide targeted financial assistance to families in crisis
- ◆ Educate parents on the harmful effects of physical and emotional abuse
- ◆ Expand access to counselling and psychosocial support services for families at risk

These insights reinforce the need for comprehensive legal reform, procedural clarity, and public sensitization to ensure that guardianship and adoption are recognized not only as legal options, but as meaningful pathways to long-term, nurturing care for children deprived of parental support.

3.3 Child Protection Managers and Practitioners’ Attitudes Toward Alternative Care of Children

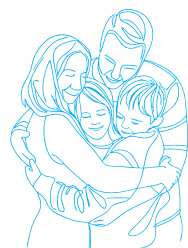
The views of child protection managers and frontline practitioners provide critical insights into how alternative care is understood, implemented, and supported at the operational level. Their attitudes help illuminate not only how the need for alternative care is perceived, but also how policies are translated into practice across diverse contexts.

This group plays a central role in assessing children’s situations, coordinating care arrangements, supporting families, and monitoring placements. As such, their perspectives offer valuable information on the practical challenges and enablers of care provision. Understanding their attitudes can help identify areas where policy adjustments are needed to improve the effectiveness and relevance of alternative care services.

Moreover, their responses reflect the capacity of the system to implement reform, including the extent of buy-in for policy changes and the level of readiness for a shift toward more family-based care models. The findings also highlight gaps in knowledge, skills, and institutional support—pointing to specific opportunities for capacity building, targeted training, and systemic strengthening to ensure that all children receive appropriate and protective care.

3.3.1 Target Audience

The study engaged a total of 331 child protection professionals from across Bangladesh, representing a cross-section of those responsible for implementing and overseeing alternative care services. The participants were drawn from five key professional categories:



- ◆ Department of Social Services (DSS) staff – 138 respondents (41.6%)
- ◆ DSS social workers – 97 respondents (29.3%)
- ◆ Managers of residential childcare facilities – 53 respondents (16%)
- ◆ Probation officers – 38 respondents (11.4%)
- ◆ Members of Child Welfare Boards – 5 respondents (1.8%)

The group was predominantly female (70% female; 30% male), with a significant number of respondents in the 30 to 40-year age bracket, and 44% over the age of 40, including 18% over 50. This profile reflects a relatively mature and experienced workforce.

In terms of professional tenure, the majority had extensive service histories, with over 16 years of experience, and 29% having worked in the sector for more than 20 years—indicating strong continuity and institutional memory across roles. Most respondents held a university-level education.

Geographically, the sample was distributed across all eight divisions of Bangladesh, with 25% of respondents from Dhaka Division, and approximately 10% from each of the remaining seven divisions.

A substantial proportion (83%) reported having direct experience in child protection work. Among them, the majority had 3–5 years (26%) or 6–10 years (21%) of experience specifically in child protection roles.

However, despite the depth of general experience, the data revealed notable gaps in specialised training:

- ◆ While 58% had participated in some form of child-related training, the majority had only received basic social service training (72%)
- ◆ Only 8.8% had received training in case management
- ◆ A mere 5.7% had participated in formal child protection training, and 5.2% had undergone training on the Children Act

These figures highlight both the strengths and limitations of the current workforce: while it is experienced and broadly engaged in child protection, there is a clear need for expanded and more specialised training—particularly in areas related to rights-based care, case management, legal frameworks, and alternative care planning.

3.3.2 Factors Influencing Child Development

The survey explored practitioners' perceptions of the key factors that support or hinder healthy child development, particularly in the context of alternative care. Understanding these views is essential for shaping effective programming, aligning training strategies with evidence-based practice, and addressing misconceptions that may affect frontline decision-making.

Practitioners highlighted a wide range of influences—spanning family environment, basic needs, education, and broader socio-economic and behavioral factors. The findings reflect a general understanding of holistic child development, though some critical areas—such as mental health, emotional care, and supervision—remain underemphasized.



Key protective factors:



Meeting basic needs and ensuring physical well-being

Basic needs and physical well-being were identified as the most critical foundation for child development. A majority of respondents (51.6%) emphasized the importance of meeting children's physiological needs—including nutritious food, safe and clean accommodation, clothing, and a healthy environment. These were seen as essential preconditions for children's health, growth, and security.



Access to education, recreation, and skill building

Recreation, education, and skill development also ranked highly. Practitioners valued both formal learning (39.0%) and access to play and social interaction (39.6%) as vital components of healthy development. Leisure and social life were viewed as key to building resilience, promoting mental health, and supporting the development of communication and life skills.



Supportive family environment and relationships

Family environment and relationships were also highlighted. Respondents noted that parenting styles, family dynamics, and communication patterns deeply influence children's emotional, social, and cognitive development. While 31.5% specifically mentioned the importance of openness and communication, 17.8% pointed to broader family and social relationships. Mental and emotional support was acknowledged by 7.2% of respondents.



Adult monitoring and supervision

Monitoring and guidance, however, received very little attention—cited by only 2.1% of respondents. This suggests a need to raise awareness among practitioners about the role of consistent adult supervision in promoting safe and structured development.



Key risk factors and barriers:



Family instability and domestic violence

Family instability emerged as a major threat to child wellbeing. Over half of respondents (56%) pointed to marital conflict, domestic violence, polygamy, extramarital affairs, and divorce as key drivers of emotional distress and insecurity for children. These factors often lead to breakdowns in care and increased vulnerability.



Parental neglect and harmful caregiving practices

Parental capacity and neglect were also identified as critical issues. About 28% cited physical or emotional abuse and neglect as impediments to healthy development, with additional emphasis on the impact of a lack of affection and punitive parenting practices.



Unsafe environments and peer influences

Environmental and social risks—including exposure to unsafe spaces, negative peer influences, and community-level degradation—were noted by 28% of respondents. Additional risks such as substance abuse and involvement in criminal activities were cited by 14.8%.



Economic hardship and poverty

Economic hardship was seen as a barrier to development by 17.7% of practitioners. Poverty affects families' ability to provide for basic needs and contributes to emotional stress and instability in the household.



Disrupted education and child labour

Educational disruption, including lack of access to quality schooling and high dropout rates, was mentioned by 16.8% of respondents as a developmental barrier, while child labour was cited by 12% as both a cause and consequence of deprivation.



Excessive screen time and digital disconnection

Excessive screen time and digital disengagement were identified by 4.8% of practitioners as a growing concern. Respondents noted that both children and caregivers increasingly rely on digital devices in ways that reduce quality interaction, supervision, and engagement.

These findings suggest that while practitioners broadly understand the core elements of child wellbeing, there is scope to **deepen their knowledge** in key areas such as mental health, consistent parenting, child participation, and the long-term impact of neglect and institutionalisation. The data also point to priority areas for capacity building, including **training on child development theory, responsive caregiving, and integrated family strengthening approaches**.



3.3.3 Reasons for Child Separation from Family

Understanding practitioners' perspectives on the drivers of child-family separation offers important insights into both the lived realities of vulnerable families and the assumptions that may shape frontline responses. These perceptions reveal systemic, familial, and social dynamics that lead to separation, while also pointing to areas where training, policy, and services need to evolve to better support prevention.

It is important to note, however, that while practitioners' views provide valuable context, they may also reflect biases or normative judgments. Some attitudes risk reinforcing stigma or oversimplifying complex situations. Promoting critical reflection, awareness, and evidence-based approaches is essential to ensure that the wellbeing and rights of both children and families remain at the centre of all care decisions.

Children living on the street:

Practitioners described **street-connected children** as a group affected by a web of interrelated risk factors. According to respondents:

- ◆ **Family disruption** is the most frequently cited cause (81%), encompassing divorce, separation, frequent conflict, polygamy, and general instability. These dynamics can undermine the family environment to the point where children are pushed out or leave voluntarily.
- ◆ **Economic hardship** was also highlighted by 63% of respondents, with financial stress leading to housing insecurity (4.2%) and lack of access to education (10%). Poverty often compounds familial tensions, increasing the risk of neglect or abandonment.
- ◆ **Neglect and abuse** were identified by 41% of practitioners as key contributors to separation. Of these, 15% specified physical or emotional abuse. An additional 22% mentioned the de facto or actual **absence of parents**, including due to death or abandonment.

These drivers—poverty, violence, neglect, and parental absence—interact in ways that make separation difficult to prevent or reverse without coordinated support across systems.

Unaccompanied and displaced children:

For children who are unaccompanied or displaced, practitioners cited **external shocks**—particularly climate-related and humanitarian crises—as primary triggers:

- ◆ **Natural disasters** such as flooding, river erosion, and other calamities accounted for 36% of responses, with 41.6% overall citing environmental factors. An additional 5.4% referred to displacement due to **conflict or instability**.
- ◆ Economic insecurity (24%) and family instability (37.2%) were again noted as exacerbating risks in disaster-affected contexts.
- ◆ Other cited causes included **lack of awareness and education** (14.3%), peer pressure or “bad company” (15%), **drug abuse** (15%), and **mobile phone addiction**, particularly among adolescents.

These findings highlight how environmental shocks intersect with family vulnerabilities and adolescent risk behaviours, often without sufficient community or institutional safety nets in place.



Children in institutional care:

When asked about the reasons children end up in institutions, practitioners pointed to a mix of **protection concerns, poverty, and social stigma**:

- ◆ **Abuse and neglect** were the most cited reasons (36.7%), including physical and emotional abuse (21.4%), child labour (9%), and parental negligence (6.3%)
- ◆ **Economic factors** were equally significant (36.1%). This includes family poverty (19.9%), inability to provide for basic needs (9%), lack of food or shelter (7.2%), and general deprivation (4.5%)
- ◆ **Adverse family dynamics** contributed to 18.9% of responses, including divorce, polygamy, and poor bonding
- ◆ **Orphanhood** and the absence of a legal guardian were cited less frequently—9% and 3.9%, respectively—indicating that institutionalization is often driven more by socioeconomic and relational factors than the literal absence of caregivers

Importantly, **12.9%** of respondents pointed to **educational exclusion** as a driver of institutionalization, where institutional placement is viewed as a pathway to access schooling.

A smaller but significant number of practitioners cited **social stigma and discriminatory norms** as reasons for institutionalization:

- ◆ **Children born outside of marriage** (6.6%) and girls involved in perceived inappropriate relationships or early sexual activity (4.8%) were reportedly placed in care due to **moral judgment, community pressure**, or family rejection.

These findings demonstrate that while many child protection professionals recognise the structural and psychosocial causes of separation, there is also evidence of normative bias—particularly around adolescent behaviour and social identity—that may influence case management decisions. Strengthening practitioner training on **non-discrimination, child rights**, and **family preservation principles**, as well as addressing structural poverty and family stressors, is critical for reducing unnecessary separation and promoting more appropriate care responses.

3.3.4 What is Needed to Strengthen the Alternative Care System

Drawing on the practical knowledge of child protection practitioners, this section explores frontline perspectives on the services and reforms needed to prevent unnecessary child-family separation and to strengthen the national alternative care system. The responses reflect a strong preference for family-based solutions, while also recognising the gaps in current structures, resources, and regulation.



Preventing child separation from families:

Practitioners identified **strengthening parenting capacity** as the most critical intervention for preventing separation. The top-ranked services include:

- ◆ **Parenting skills and positive discipline (61.3%):** Recognized as foundational to family stability, these approaches were seen as essential for promoting healthier relationships and reducing conflict
- ◆ **Counselling and mental health support (53.2%):** Addressing emotional and psychological stress within families was viewed as key to early intervention
- ◆ **Religious education (43.5%):** Many respondents perceived a moral or values-based dimension to family disruption and highlighted religious education as a factor in promoting family cohesion
- ◆ **Economic support (41.7%):** Targeted financial assistance was seen as a necessary complement to psychosocial interventions, particularly for families experiencing chronic poverty
- ◆ **Sports and recreation (38.7%):** Activities that build children's confidence and strengthen family and peer relationships were also valued as preventive strategies

Other services were cited less frequently but remain relevant:

- ◆ **Access to basic services (education, healthcare, housing) – 27.5%**
- ◆ **Improved access to social services – 9.1%**
- ◆ **Reproductive health education for youth – 8.5%**
- ◆ **Support for children with disabilities or special learning needs – 6.6%**
- ◆ **Employment services – 6.0%**
- ◆ **Day care centres – 3.9%**

These findings suggest that while practitioners prioritize psychosocial and economic interventions, more attention may be needed to promote understanding of how services like inclusive education, early childhood development, and day care contribute to family strengthening.



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Alternative care services for children unable to remain with their families:

When asked about appropriate care arrangements for children unable to live with their families, practitioners expressed a clear preference for **family-based care**, with the following options most frequently prioritized:

- ◆ **Guardianship (82.5%):** The most preferred option, indicating confidence in assigning long-term care responsibilities to known and trusted adults. However, concerns were noted regarding the lack of regulation, legal clarity, and support services—especially for older children or those with special needs.
- ◆ **Kinship care (74.3%):** Seen as a culturally accepted, emotionally secure option that preserves family and community ties. Respondents stressed the need for financial assistance and monitoring to prevent overburdening already vulnerable households.
- ◆ **Formal foster care (69.8%):** Although not yet established in Bangladesh, many practitioners supported the development of a structured foster care system to expand placement options—especially when kinship or guardianship is not viable.

While residential care was clearly less favoured, it still featured in responses:

- ◆ **Development of orphanages** – 42.9%
- ◆ **Small residential units or group homes** – 29.6%

These results highlight an overwhelming shift in mindset towards family-based care, but also suggest a pragmatic acceptance that **institutional care may still be necessary** for a subset of children, particularly when no suitable family placement is available.

Key measures needed to develop foster care¹:

Formal foster care was widely viewed as a necessary addition to the care system. Practitioners identified the following priority actions for its successful implementation:

- ◆ **Economic support to foster families (68.3%):** Financial constraints were recognized as the most significant barrier to participation. Subsidies or stipends would enable foster parents to meet children's needs without undue burden.
- ◆ **Clear legal and regulatory frameworks (62.2%):** Without an enabling legal environment, foster care cannot function as a viable and trusted placement option within the child protection system/
- ◆ **Public awareness and community mobilization (57.1%):** Respondents underscored the need to educate the public about foster care, reduce stigma, and build trust. Encouraging civic responsibility and shifting social norms were seen as crucial/
- ◆ **Stigma reduction efforts (48%):** Addressing negative perceptions—particularly around caring for “unknown” or “street-connected” children—was identified as critical to foster parent recruitment.
- ◆ **Training, supervision, and support (49.5%):** Practitioners stressed the need for pre- and in-service training for foster families, supported by regular monitoring and access to technical support and psychosocial services.

¹ These findings might have been impacted by problems of terminology, as “foster care” is a general term to indicate various forms of informal childcare by relatives and non-relatives. Although a glossary was included in the questionnaire indicating “Informal foster care as the care of a child within a non-related family without formal authorization and “Formal foster care as the care of a child in a non-related family appointed by the relevant authority” still the ambiguity might have played a role in responses.



By contrast, **reducing the number of orphanages (13.6%)** was the lowest ranked measure. This suggests that while practitioners favour family-based care, institutional reduction is not currently seen as an immediate priority or prerequisite for launching foster care.

Conclusion – The data reveal a clear shift in practitioner attitudes toward **family-first approaches** in the alternative care system. Guardianship, kinship care, and foster care are viewed as the most appropriate forms of care for children who cannot live with their parents. However, **realizing this vision requires action** on multiple fronts: legal reform, financial support, system capacity, and community engagement.

Building a viable, child-centered care system means not only preventing unnecessary separation—but also ensuring that when separation does occur, every child has the opportunity to grow up in a **safe, loving, and family-like environment**.

3.3.5 Comparing Residential Care and Family-Based Care: Perceptions of Benefits and Risks

This section of the study explored how child protection practitioners perceive the comparative advantages and disadvantages of residential care and family-based care for children who are separated from their parents. Understanding these perceptions helps identify what practitioners value most, where they see risks, and how these insights can inform strategies for reform, training, and alignment with international standards for alternative care.

Perceived benefits of residential care:

Practitioners acknowledged that residential care plays a role in meeting children's immediate needs, particularly in the absence of any family-based alternative. Reported benefits include:

- ◆ **Provision of basic needs:** Residential facilities were seen as dependable providers of food, shelter, and daily care. This was reflected in high mentions of regular meals (47.1%), safe accommodation (30.5%), and general fulfilment of children's basic needs (18.1%).
- ◆ **Access to education and skill development:** Practitioners valued the potential of residential institutions to provide formal education (25.1%) and facilitate school attendance, including primary education (12.4%) and vocational training (2.1%).
- ◆ **Health and safety:** While less frequently cited, some respondents acknowledged the provision of medical care (7.3%) and general safety and security within institutions (7.6%).
- ◆ **Psychosocial and recreational support:** A minority noted that group care settings may offer a structured environment for personal development, discipline (4.8%), and participation in sports and recreational activities.



Perceived risks of residential care:

Despite acknowledging some functional benefits, respondents expressed serious concerns about the negative impacts of residential care:

- ◆ **Loss of emotional connection and parental affection:** The absence of family relationships was seen as the most significant risk, with **60.8%** citing the deprivation of love, affection, and individualized attention. Children may experience loneliness, helplessness, and emotional insecurity (10.8%).
- ◆ **Abuse and peer violence:** Half of all respondents cited **physical, sexual, or emotional abuse** by staff or peers as a major concern. Many noted that the group care environment can enable bullying, peer aggression (17.5%), and even gang involvement (12%).
- ◆ **Mental health consequences:** Respondents noted that the rigid, institutional structure may lead to psychological harm, including mental breakdowns and disrupted emotional development (14.1%).
- ◆ **Educational and health limitations:** Though facilities may offer formal schooling, 11.6% noted educational barriers remain, alongside health and nutrition concerns (3.6%).

These risks indicate that institutional care often fails to deliver on its promise of protection—and can inadvertently expose children to new forms of harm.



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Perceived benefits of family-based care:

There was strong consensus among practitioners that family-based care is more beneficial for children's holistic development:

- ◆ **Basic needs and safety in a nurturing environment:** 79.2% of respondents agreed that family-based care provides the best setting for physical and emotional development. Children benefit from consistency, affection, and a familiar setting.
- ◆ **Emotional and psychological wellbeing:** More than a third (36.4%) highlighted the role of parental affection and emotional support in fostering resilience and identity. Children reportedly feel more secure and are better able to express their needs.
- ◆ **Educational and moral development:** Family-based care was viewed as supporting children's schooling (31.7%) and moral growth through everyday socialization and value transmission (15.6%).
- ◆ **Social integration and civic participation:** Living in a family was also associated with enhanced community integration (19.5%) and the development of responsible citizenship (8.4%).

Potential risks of family-based care²:

While family care was clearly preferred, practitioners recognized that it is not without risks—particularly when family environments are unstable or unsupported:

- ◆ **Abuse and exploitation:** The most commonly cited risks included **child labour (37.2%)**, physical or mental abuse (17.8%), and sexual abuse (3.9%). Neglect (9.3%) was also noted as a recurring concern.
- ◆ **Family instability and poverty:** Poor living conditions, economic hardship (13.5%), and family conflict (9.3%) can undermine the protective role of the family and contribute to cycles of re-separation.
- ◆ **Educational and developmental gaps:** Respondents observed that children in struggling households may face barriers to education (11.4%) and developmental delays (12.7%).
- ◆ **Inconsistent care:** Some noted that overprotection or emotional neglect—such as excessive control or isolation—can occur in family-based settings. A small proportion (8.4%) mentioned issues like “over-pampering” while others raised concerns about insufficient guidance.

Interpretation and implications:

The results underscore the **inherent vulnerability of children**, who depend on adults for care, safety, and emotional stability. Whether in institutions or families, children can face risks of neglect and harm. However, the data strongly suggest that **institutional care—despite its structured environment—often fails to provide the nurturing, individualized, and emotionally secure conditions that children need to thrive.**

² It is unclear whether the respondents were always referring to the risks faced by in family-based care arrangements, as intended by the question. Some responses may not fully address the question and seem to overlap with the reasons for child separation from families.



Family-based care is overwhelmingly preferred, but practitioners also recognize its limitations in the absence of sufficient support, oversight, and poverty alleviation. The findings reaffirm the importance of:

- ◆ Strengthening families and kinship networks through support and training
- ◆ Investing in family-based alternatives such as guardianship and foster care
- ◆ Transforming institutional care into smaller, quality-regulated, child-centered models

Ultimately, these insights reinforce the need to view children not as passive recipients of care, but as individuals with **inherent rights and developmental needs** that must be met in the most appropriate, safe, and empowering environments possible.

3.3.6 Assessing Child Care Attitudes and Policy Recommendations

The final section of the practitioner survey aimed to further explore stakeholder attitudes toward different forms of child care, with a particular focus on perceptions of stigma, discrimination, economic constraints, and the viability of family- and institution-based care. This segment of the study served two purposes: to deepen understanding of normative and practical barriers within the alternative care system, and to identify policy directions that practitioners believe could improve the quality and responsiveness of care.

Respondents were presented with a series of declarative statements, reflecting common narratives or assumptions about children in alternative care and the systems that support them. They were asked to indicate their level of agreement or disagreement with each statement. The results provide valuable insight into both prevailing attitudes and areas where policy and capacity-building efforts should be strengthened.

Among the key themes that emerged:

- ◆ **Strong support for family-based care:** Practitioners overwhelmingly agreed that **living in a family is the best option for a child**, provided that it is safe and nurturing. There was also clear consensus that institutional care should be used only as a **last resort**—in line with the principles outlined in the UN Guidelines for the Alternative Care of Children.
- ◆ **Recognition of children’s evolving capacities and rights:** A high proportion of respondents supported the idea that **children should be consulted** in decisions about their care and that **placements should be tailored** to the child’s individual needs, including a clear **exit or transition plan** for those in residential settings.
- ◆ **Stigma remains a concern:** Many respondents acknowledged that **children who grow up in institutions face discrimination**, especially when they reach adulthood. There were also troubling indications that **stigmas around girls’ behaviour, out-of-wedlock births**, and **disabilities** still influence placement decisions, highlighting the need for greater awareness and sensitivity among professionals and the broader community.
- ◆ **Persistent belief in institutional responses for ‘undesirable’ cases:** A significant number of practitioners agreed that **girls who defy social norms**, or children with certain behavioural



or family backgrounds, should be placed in institutions—suggesting that **attitudinal barriers** continue to shape care decisions, even when they may not be in the best interests of the child.

- ◆ **Economic hardship and poverty as primary drivers:** The majority of respondents believed that **poverty alone can justify institutionalization**, which reflects the current lack of economic support systems that would allow vulnerable families to continue caring for their children.
- ◆ **Guardianship, foster care, and kinship care are widely supported:** Respondents called for the **formal recognition and regulation** of guardianship arrangements, **development of foster care**, and financial and psychosocial support for kinship carers. At the same time, they noted that **Bangladeshi families may be unprepared to take in non-biological children**, reinforcing the need for public sensitization campaigns.
- ◆ **Institutional reform is necessary, not just expansion:** While some respondents supported the **creation of more residential care centres**, most agreed that these facilities should be **limited in size, well-regulated**, and **used only when no family-based alternative is available**.
- ◆ **Community involvement is critical:** There was near-universal agreement that the **wider community should play an active role** in preventing child separation and supporting children without parental care—through volunteerism, sponsorship, and local advocacy.

The data from this section reinforce the broader findings of the study: that while there is a growing **shift in practitioner mindset** toward family-based care, **social norms, stigma, and structural limitations** continue to influence decisions. These attitudes must be addressed through a combination of **policy reform, institutional strengthening, training, and public engagement**.

The detailed breakdown of practitioner responses to each declarative statement is presented in the accompanying table (not reproduced here). These results can inform the design of targeted messaging, training curricula, and program strategies that aim to challenge harmful beliefs, build professional consensus, and align national practice with **international child rights standards**.³

Statements	Findings
1. Single mothers are unable to care for their children alone	A majority (58.3%) agree or strongly agree, suggesting a perception of significant challenges for single mothers
2. To avoid stigma, it is preferable to place children born out of wedlock in an institution	A significant portion (58.0%) supports institutional placement to avoid stigma, while 39.6% disagree
3. Poverty alone is a sufficient reason for placing children in orphanages	A majority (75.8%) believe poverty justifies residential care

³ Responses mentioned by less than 5% of the respondents have been excluded unless they are considered as critical issues.



Statements	Findings
4. Child sexual abuse leads to child prostitution	A majority (50.8%) agree, but 46.8% disagree, showing differing views on the relationship between abuse and prostitution
5. People tend to discriminate against young adults who grew up in childcare institutions	A large majority (70.1%) agree that discrimination is common
6. The best option for a child is to live in a family environment	There is strong consensus (93.3%) favoring family environments
7. Girls who do not respect the social norm should be institutionalized to change their behavior or for their rehabilitation	Opinions are split, with 52.9% supporting institutionalization and 45.3% opposing it
8. Orphans are better cared for in residential institutions than by their own extended family	Opinions are divided, with a slight majority (52.0%) in favor
9. Out-of-family placement should be implemented only when an accurate assessment indicates that it is in the best interest of the child	A strong majority (83.0%) support child-centered placement decision
10. Ensuring a child's access to education is a valid reason to place them in a residential institution	A majority (64.9%) believe access to education justifies residential placement
11. The duration of the alternative care placement should be tailored to the children's needs	Strong support (90.3%) for tailoring care duration to individual needs
12. Each child in residential care should have a personal plan including an exit plan	A substantial majority (94.0%) support personal and exit plans
13. The government should create more children's residential institutions	A majority (65.0%) believe more institutions are needed
14. The community should play an important role in the prevention of child-family separation and the care of children without parental care	Strong support (92.7%) for community involvement
15. Residential care institutions should accommodate a limited number of children (up to 25)	A majority (63.7%) support limiting the size of institutions



Statements	Findings
16. The government should strengthen family-based care of children who cannot live with their parents/guardians	A strong majority (92.1%) support strengthening family-based care
17. Residential care is not appropriate for children under three years of age	A majority (67.9%) believe residential care is unsuitable for children under three
18. It is a better option for girls who have been sexually abused to be placed in a residential institution	Opinions are mixed, with a majority (54.7%) disagreeing
19. Children deprived of parental care should be asked where they prefer to live	A strong majority (83.9%) support considering children's preferences
20. The greatest part of existing residential institutions is driven by philanthropic motivations	There is a perception of philanthropic motives (57.4%), though opinions are varied



04

Conclusions

21. Institutional/residential care should be an option of last resort, when a family-based option is not available or suitable	A significant majority (92.1%) agree that residential care should be a last resort
Statements	Findings
22. Children should be sent to institutional/ residential centres if they have a disability or special learning needs	A majority (68.9%) support institutional care for children with disabilities or special needs
23. When a relative takes in a child from his or her parents, it is normal for the child to provide some domestic work in exchange for care	Opinions are divided, with a significant majority (59.5%) disagreeing with this practice
24. Bangladeshi families are not ready to care for children other than biological children	A majority (80.4%) believe Bangladeshi families are not prepared to care for non-biological children
25. Kinship care is compounded by economic constraints	A strong majority (91.5%) agree that economic constraints affect kinship care
26. The government should have a formal foster care program	A strong majority support (97.2%) the need for a formal foster care program

The study's findings offer important insights into the prevailing attitudes, perceptions, and priorities of child protection practitioners regarding alternative care in Bangladesh. The results reflect a growing orientation toward **family-based care**, while also exposing persistent structural, social, and normative barriers that continue to shape placement decisions and implementation practices.

Perceptions of Family-Based vs. Institutional Care:

There is a strong and widespread preference among practitioners for family-based care as the optimal environment for a child's development. However, institutional care continues to be seen as a necessary option—particularly when family-based solutions are deemed unfeasible or when safety cannot be assured. This pragmatic view suggests that while the ideal is clear, operational realities still influence frontline decisions.



Stigma, Discrimination, and the Use of Residential Care:

Practitioners acknowledged that **economic hardship**, **lack of access to education**, and **social stigma** are key factors driving the institutionalization of children. Particularly concerning is the tendency to institutionalize children based on personal characteristics or circumstances—such as being born out of wedlock, living with a disability, experiencing sexual abuse, or engaging in socially disapproved behavior. This highlights the deep entrenchment of **social norms and prejudices** in placement decisions.

Notably, there was broad agreement that residential care is **not appropriate for children under the age of three**, in line with global standards, reinforcing the need to prioritize early family-based placements for young children.

Economic and Social Pressures on Families:

Respondents consistently identified poverty as a major constraint to both family preservation and kinship care. Single mothers and extended families are often willing but unable to care for additional children due to limited resources. These realities underscore the need for **integrated economic support** and social protection measures to prevent unnecessary separation and to support kinship and guardianship arrangements.

Government Policy and the Role of the Community:

Views on the future direction of the alternative care system reflect both support for **family-based reforms** and a continued reliance on institutional care. While many practitioners favour the development of a formal foster care system and recognize the importance of strengthening kinship care, a significant proportion also supported expanding or maintaining residential facilities. However, there was wide agreement on the need to **limit the size of institutions** and **ensure stronger regulation**, especially for private facilities.

Respondents strongly supported **greater community involvement** in child care—through public awareness, sponsorship, volunteerism, and financial contributions—reflecting a desire for a more shared and participatory approach to care.

Case Management and Individualized Care:

There was clear consensus that alternative care decisions should be based on **individual assessments** of a child's needs and best interests. Practitioners emphasized the importance of:

- ◆ Tailoring care plans, including the duration of placement
- ◆ Involving children in decisions about where they should live, particularly in kinship care
- ◆ Ensuring that every child has a **personalized care plan** and a **defined exit strategy**, especially for those in institutional care

These views highlight the importance of transitioning toward a **child-centred, rights-based approach** that respects children's evolving capacities and agency.



Addressing Harmful Social Norms:

A significant number of respondents acknowledged that children raised in institutions often face **discrimination and social exclusion**. There is an urgent need to challenge harmful stereotypes related to children born out of wedlock, girls with early sexual experiences, children with disabilities, and victims of abuse. Promoting **inclusive, non-discriminatory care practices** and public messaging will be essential to shifting attitudes and ensuring dignity and equality for all children, regardless of background or circumstance.

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This study of stakeholder attitudes toward alternative care in Bangladesh reveals a complex and nuanced landscape. While there is strong consensus around the value of family-based care, responses also reflect competing priorities, entrenched institutional norms, and the persistence of social stigma. The findings offer valuable insights into the beliefs, practices, and systemic barriers that shape care decisions and highlight urgent opportunities for policy and programmatic reform.



Key Conclusions

- ◆ There is **strong and widespread support for family-based care**, with respondents overwhelmingly affirming the family as the most appropriate environment for a child's development—physically, emotionally, and socially.
- ◆ **Families face serious constraints** in providing adequate care, including financial hardship, limited access to services, lack of parenting support, and evolving social norms.
- ◆ **Multiple, interconnected drivers**—including marital conflict, poverty, family breakdown, abuse, and harmful societal attitudes—contribute to child separation and influence placement decisions.
- ◆ Children are often placed in **residential care due to economic and social conditions**, not only because of the absence of family. While institutional care is seen as a necessary option in some circumstances, it is widely recognized as a last resort.
- ◆ **Attitudes toward institutional care** range from pragmatic acceptance, to strong opposition. Many stakeholders view it as necessary but acknowledge serious concerns about its quality, oversight, and appropriateness, especially for young children.
- ◆ **Discriminatory views and societal stigma** continue to shape care decisions, particularly for children with disabilities, children born out of wedlock, girls in distress, or those with behavioural challenges. These biases must be addressed to ensure non-discriminatory and child-centred care.
- ◆ **Kinship care is viewed as the most natural option** for children deprived of parental care, but requires structured support—including financial assistance, social services, and ongoing supervision.
- ◆ While there is **broad support for the development of formal foster care**, respondents also noted public reluctance to care for non-biological children. This points to the need for awareness-raising, legal reform, and professional training to create enabling conditions.
- ◆ There is **significant support for community engagement** in the care of vulnerable children, including financial contributions, volunteerism, and local advocacy.
- ◆ The **residential care system suffers from long-standing systemic weaknesses**, including inadequate staffing, poor infrastructure, limited oversight, and insufficient budget allocations. Institutional practices are shaped by a form of path dependence—legacy structures that persist despite shifting policy priorities.
- ◆ Ministry officials tend to attribute the shortcomings of residential care to **budgetary and bureaucratic limitations**, including high maintenance costs, staff shortages, and low per capita allocations. These constraints undermine quality and point to the need for more cost-effective care models.

Importantly, care options remain limited to a binary of **family or institutional care**, with few structured alternatives in between. All stakeholders—across government and practice—recognized the need to diversify options and shift toward a continuum of care that prioritizes the family while reforming institutional models.



Recommendations and Strategic Direction for Reform

The findings support a three-part strategy for reforming alternative care in Bangladesh:

1. Enable and Strengthen Kinship Care

Kinship care should be formally recognized and supported through:

- ◆ Structured financial assistance for caregivers, especially elderly or economically vulnerable relatives
- ◆ Regular supervision by trained social workers
- ◆ Access to basic services including health, education, and mental health
- ◆ Community engagement to ensure social inclusion and protection from stigma or exploitation

2. Develop a Formal Foster Care System

Foster care can offer temporary, high-quality family-based placements when kinship care is not possible. To establish a functioning system:

- ◆ Initiate national policy dialogue on foster care
- ◆ Develop a legal and regulatory framework
- ◆ Launch public education and outreach campaigns to reduce stigma and mobilize interest
- ◆ Recruit and train foster families
- ◆ Establish robust support and monitoring mechanisms to ensure the safety and well-being of children

3. Improve the Quality of Residential Care

While institutional care remains necessary in specific cases, its quality must be urgently addressed:

- ◆ Transition from large-scale institutions to smaller, community-based group homes
- ◆ Introduce national care standards and a regular inspection framework
- ◆ Ensure compulsory safeguarding policies and training for all staff
- ◆ Improve infrastructure, hygiene, education, and mental health services
- ◆ Reform budgetary and staffing allocations to ensure sustainability and accountability



A photograph of a middle-aged man with a mustache, wearing a light-colored patterned shirt and a blue and white checkered lungi. He is standing in a doorway, leaning on a silver metal crutch with his left hand. The background is dark, suggesting an interior space. To the left of the man, on the wall, is a yellow electrical meter and a red switch. A red patterned cloth is visible on the left edge of the frame.

Final Reflection

A renewed approach to alternative care in Bangladesh must move beyond binary options and embrace a **diverse, rights-based continuum of care**. By strengthening family-based options such as kinship and foster care, and by reforming residential care into smaller, regulated, and child-centered settings, the system can better respond to children's needs and fulfill national and international commitments.

This approach is aligned with the **Convention on the Rights of the Child (CRC)**, the **UN Guidelines for the Alternative Care of Children**, and the expressed priorities of practitioners and Policy makers alike. It reflects a shift in mindset—from institutional dependence to a vision of care that places children in safe, loving, and stable family environments, wherever possible.





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