Technical insights on children’s care

to support the Global Campaign on Children’s Care Reform

Introduction

This document has been developed to support those engaging technically with the Global Campaign of Children’s Care Reform by providing a deeper exploration of key themes introduced in the Global Charter on Children’s Care Reform (henceforth referred to as the Global Charter). While the Global Charter presents a set of high-level, globally endorsed principles and core components for ending institutionalisation and transforming children’s care, it is intentionally concise and non-prescriptive. It does not address the detailed, nuanced, and context-specific issues that arise in care reform efforts across diverse contexts, countries, and systems.

This document offers elaboration and practical insight into several of the central themes reflected in the Global Charter. It draws on the global evidence base, links to foundational guidance and standards, and incorporates the experience and expertise of those with lived experience of care, technical experts, and practitioners.[1]

There are three parts:

1. Understanding family care
2. Including all children
3. Understanding key components of and contributors to care systems

The content is organised thematically, with each sub-section focusing on a particular area of care reform reflected in the Global Charter. For each, relevant information is summarised and references to key international frameworks and tools are included in endnotes. Boxes are used to provide a deeper view of specific topics within the themes. These include key issues on which global learning and insights have been gained over recent decades. Various actors who are active in championing and supporting care reform globally have contributed to this document.

Part 1: Understanding family care

Glossary of key terms

The child protection and children’s care sector rely on a wide range of technical terms to explain care reform—many of which are broadly recognised and used across countries and regions. However, not all terms have universally agreed definitions. Even those widely used and generally understood are subject to differing interpretations based on context, language, or legal framework. To support greater clarity and consistency, the Better Care Network Glossary of Key Terms serves as a foundational reference within the sector.[i] As part of the Global Campaign on Children’s Care, this glossary is being reviewed and updated to reflect the evolving cross-sectoral consensus on terminology related to

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children's care and protection. These updates are based on important clarifications by the UN Child Rights Committee from the 2021 Day of General Discussion, the Convention on the Rights of Persons with Disabilities Committee General Comment 5, and the UN Committee on the Rights of Persons with Disabilities Guidelines on Deinstitutionalization including in Emergencies, as well as the care reform experience of many countries and actors.

Legal framework and the right to family life or family care

The importance of family and of the family environment in a child's life is consistently recognised across the core international rights-based instruments that inform children's care and protection, including the Convention on the Rights of the Child (CRC),[ii] the Convention on the Rights of Persons with Disabilities (CRPD),[iii] the International Covenant on Economic, Social and Cultural Rights,[iv] the International Covenant on Civil and Political Rights,[v] and the Guidelines for the Alternative Care of Children.[vi] The right to family life is strongly established in international instruments, where a range of rights and obligations include the right to respect for private and family life for adults; children's rights to know and grow up within their family, not to be separated from their parents or other family members without clear determination of a child's best interests, family reunification, maintenance of relationships and identity, and participation in decisions relating to family arrangements and care; and the responsibility to provide support to parents and other caregivers.

Specific examples of rights related to family care

- The CRC affirms the child's right to know and be cared for by their parents (Article 7), and underlines the importance of preserving family ties, even in cases of state intervention (Article 9). It calls for efforts to reunify families whenever possible, and where this is in the best interests of the child, and for States to strengthen families to care for children (Article 18).
- The CRC Committee's joint general comments (No. 4 (2017) of the Committee on the Protection of the Rights of all Migrant Workers and Members of their Families and No. 23 (2017) of the Committee on the Rights of the Child on State Obligations), regarding the human rights of children in the context of international migration in countries of origin, transit, destination, and return, both mention "the right to family life".
- The CRPD reinforces the right of persons with disabilities, including children, to live within a family and to be included in the community (Article 19), explicitly opposing institutionalisation and separation on the basis of disability. Article 23 of the CRPD also requires States to ensure that children with disabilities have equal rights with respect to family life, and underlines that when children with disabilities cannot be cared for in their immediate families, every effort should be made to provide alternative care within the wider family or, if that is not possible, within the community in a family setting (Article 23.5).
- The CRPD Guidelines on Deinstitutionalization also clearly state: "Children with disabilities, like all children, have the right to family life and a need to live and to grow up with a family in the community."
- The Guidelines for the Alternative Care of Children further underscore the value of family-based care, emphasising the need to preserve family relationships (paras 3, 9, 11, 17, 32–38), prioritise care in the family of origin (paras 3, 11,18, 29bi, 29ci) and family-based alternatives over residential care (paras 14, 22, 53, 123), and promote reunification where appropriate and in line with the child's best interests (paras 49–52). They further the concepts of strengthening families to care for children and the State's role outlined in specific Articles of the CRC.
- The General Assembly's 31st Session of the Human Rights Council and Annual Report of the United Nations High Commissioner highlighted the critical role of family in achieving the Sustainable Development Goals and the post-2015 development agenda. The report on the session underlines family as "the natural and fundamental group unit of society."

Causes of child–family separation

Evidence shows that many children are at risk of experiencing violence within their own families, despite the vital role families play in child development and protection. Globally, nearly 400 million children under age five—around 6 in 10—regularly endure violent discipline, including psychological aggression or corporal punishment at home.[vii] Broader data indicate that one billion children aged 2–17 suffer from neglect, physical, sexual, or emotional violence annually.[viii] These experiences can be both a cause and a consequence of family breakdown. Societal factors such as poverty, social exclusion, substance abuse and mental illness, and lack of support services often intensify family stress, contributing to violence between caregivers or between parents and children. Discriminatory attitudes and inadequate services—especially for children with disabilities or those from marginalised communities—can also compromise families' ability to care safely for their children, while gender-based violence and harmful social norms further heighten the challenges, especially for women and girls.[ix] Without adequate intervention, these situations contribute to child–family separation and/or placement of children into alternative care.[x]

Why is a trauma-informed approach critical to the way in which we work with vulnerable children and families?

Decades of research show that early adversity fundamentally disrupts children's development across all domains, altering brain architecture, stress responses, and attachment patterns.[xi] These adaptations are survival responses, not signs of disorder. Without trauma-informed understanding, there is a of risk misinterpreting them, resulting in punitive or re-traumatising responses.

A trauma-informed approach recognises the pervasive impact of trauma and embeds this understanding into all aspects of policy, practice, and organisational culture.[xii] It shifts the question from "What is wrong with you?" to "What happened to you?" and builds safety, trust, empowerment, and cultural sensitivity into service delivery. Trauma-informed approaches intentionally create predictability and relational stability, supporting healing through repeated experiences of safety and co-regulation, and improving regulation, attachment, and placement stability, while reducing behavioural crises and service costs.[xiii]

Because most trauma occurs within caregiving relationships, consistent and emotionally attuned care can serve as a corrective experience that rebuilds trust and attachment.[xiv] Embedding trauma-informed principles and practices in all forms of alternative care means prioritising relationship continuity, reducing placement disruptions, and ensuring reflective supervision for caregivers.

At the system level, trauma-informed care aligns with the CRC, transforming protection systems from compliance-driven structures into healing-centred ecosystems, which include awareness-raising; provision for physical and emotional safety; empowering participation; capacity-building for relational caregiving; attending to workforce wellbeing; and collaboration across sectors.

Strengthening families

The Global Charter recognises the importance of strengthening families and preventing family separation, including supporting care in a child's extended family (kinship care). A primary aim is to support States in ensuring the provision of interventions that address the root causes of separation, that strengthen families, and that are accessible to all children and their families without discrimination. Such family-strengthening programmes and strategic approaches should empower families with the necessary capacities, opportunities, networks, relationships, and access to services and resources to promote and build resilience and the active engagement of parents, caregivers, children, youth, and other family members in decisions that affect the family's life.[xv]

Most, if not all, families can benefit from support at certain points in time, but some families face multiple risks and/or barriers that can put them at high risk of separation. There are many systemic issues that affect these families' access to support, resources, services, knowledge, and opportunities.[xvi] Family support can address these, including through interventions aimed at addressing societal factors such as poverty reduction strategies, community stigma reduction, and social policies promoting family empowerment and parenting; services and supports for families such as parenting education, counselling, or support groups in the community; and, where separation is imminent, approaches like case management, respite care, and intensive parenting education.

What is the role of mental health services in the prevention of family separation and the success of family-based care systems?

Healthy family environments, characterised by positive early relationships, parental sensitivity, and adequate support systems, are directly linked to children's cognitive, emotional, relational, and social development.[xvii] When caregivers receive support such as evidence-based parenting interventions that include mental health components, counselling, and mentoring they are better equipped to provide stable and nurturing care. This reduces the risk of all forms of violence, which can otherwise lead to family separation and placement in alternative care. The same interventions are equally important for kinship and foster carers, enhancing their caregiving skills, reducing children's stress and trauma, and improving placement stability.[xviii]

Mental health services such as family therapy, parent coaching, and support groups help families develop emotional intelligence, problem-solving, and communication skills; core capacities for long-term family cohesion. When families are supported, children are more likely to thrive. Services targeting the family system engage children directly, helping them learn healthy lifelong communication and other skills.[xix]

Families experiencing specific mental health challenges such as maternal depression, substance abuse, domestic violence, or trauma can face heightened risks of breakdown and separation. Mental health services integrated across sectors like education, social protection, and health can prevent family breakdown by addressing accessibility barriers and stigma, identifying crisis early, and providing practical information and support.[xx] Effective service models include community mental health centres, mobile mental health clinics, school-based family services, family resource centres, awareness campaigns, and court diversion programmes.

At a systems level, family-friendly policies and intersectoral child protection strategies contribute to better services and health outcomes. These frameworks promote family stability through paid parental leave, affordable childcare, flexible work arrangements, and workplace mental health support. They promote integration of the mental and physical health of parents, alternative caregivers, and children and create a system of services that supports the whole family's wellbeing.

Alternative care

When children are separated from family, including in emergency settings, States are required to provide for their care. The CRC and the Guidelines for the Alternative Care of Children both emphasise the need for a range of appropriate alternative care options, prioritising family care, particularly kinship care, for children who cannot remain with their families. Alternative care must always be a measure of last resort—used only when all efforts to support the child's family of origin have been exhausted. The Global Charter further calls for the ending of institutionalisation, which is well-evidenced as being harmful to children. Institutional settings—where mostly unrelated children are being cared for collectively by paid or unpaid staff, usually working shifts—have been shown to be a form of care that is often harmful to children. Decades of research on the development of children raised in institutions reinforces that institutionalisation is strongly linked with negative impacts on children's development, especially their physical growth, cognition, and attention, as well as their ability to form attachments and healthy social relationships.[xxi] These harms continue to have a lifelong impact.[xxii]

As outlined in the Guidelines, different children will have different needs, so a range of alternative care options, especially family settings, is necessary to ensure care placements can meet a child's individual strengths and needs.[xxiii] The Guidelines include principles of the child's best interest (Principles 6 and 7), necessity, and suitability (Principle 5).[xxiv] Both the CRC (Article 20)[xxv] and the Guidelines for the Alternative Care of Children (paras 54–59)[xxvi] highlight the importance of respecting ethnic, cultural, linguistic, and religious identity when determining alternative care arrangements. This includes making provisions for culturally appropriate local care practices and traditions—such as customary foster care, Kafaalah, or community-based care traditions—that take into consideration and respect the child's ethnic, linguistic, religious, and social background while also ensuring the child's best interests and rights. Such approaches support continuity in the child's identity and culture.

Utilisation of culturally appropriate forms of alternative care can also help to strengthen the acceptability, sustainability, and relevance of such options within local contexts.

How is violence against children addressed in the context of alternative care?

Violence against children (VAC) is both a cause and a consequence of alternative care.

Effective family- and community-based interventions are crucial to prevent VAC in families and reduce the risk of family separation and unnecessary entry into the care system,[xxvii] as described in detail in the 'Strengthening families' section of this paper.

Within all forms of alternative care, children can experience violence from caregivers, staff, volunteers, peers, or outsiders. This includes the use of violent discipline and restraint while in alternative care and the heightened risk of exploitation, including child labour, sexual exploitation, and trafficking both into, within, and when leaving care. Trafficking can include being trafficked to attract funding through orphanage volunteering and tourism, which is described further in the text box on demand-side drivers of institutionalisation (in the section 'Policies and national strategies' in Part 3). The risks to children in alternative care continue after leaving care without adequate support. Those supports are described in the paper's section on care leaving. It is essential to actively prevent VAC in alternative care through regular monitoring and robust independent oversight mechanisms, rigorous vetting and background checks during recruitment of staff and caregivers, and ongoing training for staff, volunteers, caregivers, and families. All children, including those with disabilities or who are migrants or refugees, should have safe, accessible, and confidential complaints and reporting mechanisms to be able to raise concerns and seek help.

Institutionalisation itself can cause irreparable harm, including deep trauma, scarred mental health, and developmental delay.[xxviii] The pervasive nature of VAC in institutions and its impacts on children's wellbeing and development is well-known,[xxix] and there is growing recognition of the historical and colonial roots of institutionalisation.[xxx] Therefore, ending institutionalisation of children and prioritising family-based alternative care are necessary strategies to ending VAC globally. The identification of safe, loving, and stable family-based alternative care with caregivers who have the necessary support and skills is critical to respond to each child's unique needs. In a show of commitment to ending VAC, over 391 pledges have been made by countries from every region of the world related to the Ending Violence Against Children Campaign, several of which include combatting violence in and related to alternative care.

The role of kin

Kinship care is one of the most prevalent and longstanding forms of care for children and is common all over the world, playing a critical role in low- and middle-income countries.[xxxi] Some estimates suggest 1 in 10 children live without their biological parents, most living with relatives.[xxxii] In South Africa, 1 in 10 children are cared for by relatives, while kinship care accounts for half of all children in out-of-home care in Australia and one third of children in US foster care.[xxxiii] Kinship care straddles the formal–informal continuum: in many contexts relatives or close "kin" community members take on the care of a child where parents are not able to, arranging this privately without judicial or administrative oversight (informal). The maintenance of family connection means that kinship care may be less disruptive than other forms of alternative care, particularly when it is placement by the family versus the state or court system. Formalisation through legal decision-making is increasing in some countries.[xxxiv]

Kinship care is recognised as a preferred form of family-based alternative care in the CRC[xxxv] and the Guidelines for the Alternative Care of Children because it enables children to remain within their family environment and retain crucial connections with their community, identity, and social support network.[xxxvi] Many children being cared for in this way do not perceive themselves as having left "family care" at all, making the transition more stable and less disruptive compared to other forms of alternative care[xxxvii] and making reunification with parents more feasible if that becomes a safe option again.

What are the unique considerations for kinship care within care reform?

Most cultures have strong social norms for children being cared for within their families,[xxxviii] and children often express a preference for kinship care.[xxxix] For many children, kinship care is a normal part of childhood.[xl] Kinship care allows continuity in children's lives as they are usually cared for by someone known to them, often within their own community. Such continuity is vital for maintaining connection to culture and family, a key part of children's identity,[xli] and an important basic child right.

Global guidance and many national laws state that, when children cannot be cared for by parents, the option of kinship care should always be the priority.[xlii] Such "kin first" policies do not mean that kinship care is always the best choice; decisions must still be made on a case-by-case basis to determine which care options are safe and best able to meet the child's best interests.[xliii] Within care reform this means state policies that prioritise placement with kin and the fostering of family relationships must have strong mechanisms and approaches for gatekeeping and best-interest decision-making that reflect principles of both necessity and suitability.

Despite its high value, kinship care is often the most poorly supported form of alternative care,[xliv] with caregivers frequently looking after children with no or minimal assistance or support.[xlv] Care reform must include ways to support kinship care that are relevant for the context and do not discourage informal practices but instead are supportive of positive practices. This can include systems of support that are community-based and informal (e.g. community or faith groups or other local structures) and ensuring that support for kinship caregivers is integrated into existing community support structures. Social protection support, like financial assistance, childcare vouchers, respite services, and school feeding programmes, should be equally accessible to informal caregivers who need it. Finally, care reform efforts can include contextual understandings of kinship care, the participation of kinship caregivers and children, and the collection of evidence to bring light to the successes and challenges of kinship care as part of the alternative care system.[xlvi]

The role of adoption

Adoption plays an important role in ensuring children grow up in safe and permanent families. Because adoption establishes a new legal family relationship, it is not considered a form of alternative care; however, the processes leading up to a child's adoption are part of the alternative care system. The Global Charter for Children's Care Reform recognises the role of domestic adoption and highlights the importance of intercountry adoption being carried out in line with the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (henceforth referred to as the 1993 Hague Convention).[xlvii] In line with Article 21 of the CRC and the 1993 Hague Convention, adoption processes should uphold the principle of subsidiarity. This means that domestic adoption takes precedence, and intercountry adoption should only be pursued if all suitable permanent family care options have been fully explored in the child's country of origin as a means of maintaining a child's right to ethnic, linguistic, and cultural identity. All adoptions—domestic and intercountry—must be conducted in a manner that respects and reflects agreed standards and safeguards to protect the child's best interests.

Ending institutionalisation

Over a century of global evidence demonstrates that institutionalisation (the placement of a child into any non-family-based care situation[xlviii]) harms children—severely impacting physical, cognitive, and emotional development, and deepening patterns of exclusion.[xlix] Residential institutions—characterised by isolation, a one-size-fits-all approach, and often violence, abuse, and neglect—frequently fail to meet children's needs.[l] Care reform is the process of making "changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs to prevent separation from their families, decrease reliance on residential care, promote reintegration of children, and ensure appropriate family-based alternative care options are available".[li] The UN Guidelines for the Alternative Care of Children call for reforms that progressively eliminate institutional settings for all children and provide a framework for designing, resourcing, and delivering children's care with a continuum of family- and community-based care services.[lii]

The process of deinstitutionalisation should be relational, diagnostic, and dynamic. It should reveal and respond to the reasons why children enter and remain in residential institutions, exposing deeper social and systemic weaknesses such as poverty, exclusion, discrimination, and lack of community-based services. National care system assessments, including mapping and understanding the situations of children living in residential institutions, can generate the evidence base for a shared national vision for care reform across sectors and for coordinated transition planning. In practice, reforms entail redirecting resources from institutional settings to family-based care; developing a comprehensive continuum of gatekeeping, family-strengthening, and alternative care services; reforming policy and regulation; and coordinating reforms across social welfare, education, health, finance, and justice sectors. Importantly it demands a whole-of-government approach—engaging education, health, social protection, justice, finance, and other branches of government—to drive reforms that strengthen systems for children and families and reshape how societies invest in inclusion, equity, and wellbeing.

Deinstitutionalisation requires a specific focus on residential institutions themselves and on the children who live within them. Transforming institutions involves, where appropriate, repurposing their functions, workforce, and assets to deliver community-based prevention, family support, and specialist services. In other cases, safe and permanent closure is required. In both cases, each child's transition must be planned, safe, and supported through individual case management, gatekeeping, and quality assurance, ensuring every child moves to safe, appropriate family-based care, never to another institution. For adults and young people with disabilities, deinstitutionalisation also includes fulfilling their rights in line with the CRPD, including the right to live in the community. Through this process, deinstitutionalisation becomes a catalyst for rights-based, efficient, and accountable systems that move from fragmented, institution-centred responses to integrated approaches that strengthen families, expand quality alternative care services, and protect all children.

In an effort to end institutionalisation, some countries have included moratoria on the registration of new institutions and/or on new placements of children in institutions as part of deinstitutionalisation strategies and to kick start or progress deinstitutionalisation processes.[liii] Private providers of residential care services also use moratoria on new placements as part of their process to transition away from institutional care.[liv]

Deinstitutionalisation requires costed, legally grounded, multi-year national strategies, along with careful planning and sequencing. This includes aligning the process with legal and policy reforms, reallocating resources (finances, infrastructure, and human resources) from institutions to prevention and family support services, building case management systems, and developing a range of alternative care options supported by clear standards and a skilled workforce.[lv] Globally, much work has been done on the process of transition of residential care services and understanding the stages it requires, which include 1) learning and exploration; 2) preparing for transition; and 3) implementing transition through one of two pathways, namely full transition to non-residential services or safe closure and divestment.[lvi] It is important to understand that reform is rarely linear and requires leadership, communication, buy-in and engagement from many different actors (including government, institution management and staff, children and families, care leavers, and donors and other supporters), and parallel investment in community services. Strategies, legal mandates, and other policies are critical; however, without such buy-in any stakeholder can bring resistance and make the deinstitutionalisation and transition process difficult.

Part 2: Including all children

Disability

There are 240 million children with disabilities worldwide,[lvii] yet how they are impacted by and interacting with protection and care systems is understudied.[lviii] Children with disabilities tend to experience poorer health and lower levels of education than their peers without disabilities, and they are at greater risk for poverty, violence, social exclusion, family separation, and institutionalisation.[lix] Children with disabilities are disproportionately represented in residential forms of alternative care.

They are up to 17 times more likely than their peers to be institutionalised in East and Southern Africa,[lx] and 30 times more likely in Europe and Central Asia.[lxi] Children with disabilities are too often the last to be reunified with their own families, supported for independent living, or placed in family-based alternative care.[lxii] When children with disabilities are institutionalised, they often face lifelong exclusion, as many are transferred into adult institutions without proper transition planning, leading to continued segregation, developmental harm, and heightened risk of abuse.[lxiii] At the same time the CRC affirms the rights of all children, including children with disabilities, to live in the community and participate in decisions that affect their lives. A 2022 joint statement by the Committee on the Rights of the Child and the Committee on the Rights of Children with Disabilities expressed deep concern about the continued institutionalisation of children with disabilities, calling on State Parties to end institutionalisation and promote support for children in families and communities.[lxiv] The 2022 Guidelines on Deinstitutionalization provide crucial guidance regarding the process of ending institutionalisation.[lxv]

What are the main barriers to safe family care for children with disabilities and how should they be addressed?

Children with disabilities face multiple, interrelated barriers to safe family care, including the lack of accessible, community-based services, stigma and discrimination, systemic exclusion from mainstream child rights and care reform processes, and a persistent medicalised view of disability that prioritises treatment over inclusion.[lxvi]

To address these barriers, countries must design services around inclusive, community-based approaches that enable families to raise their children. This means ensuring that inclusion is fully integrated in health, education, social protection, and child protection systems, while providing targeted, specialised, and accessible supports for children and families who need them.[lxvii] For example, education systems should train all teachers in inclusive pedagogies while maintaining specialised resourcing to assist children with complex needs. Case management systems should systematically screen for disability, while linking families of children with disabilities to appropriate social protection schemes.[lxviii]

Stigma and discrimination remain powerful drivers of exclusion, often deterring families from seeking or receiving support. In India, for instance, many parents bring children with intellectual or developmental disabilities to psychiatric institutions in search of a “cure” and later place them in an institution due to long-term costs and lack of alternatives.[lxix] Changing this requires replacing the medical model, where disability is based on factors of biometrics, diagnosis, and interventions, with a social and rights-based model that focuses on systemic barriers and exclusion and promotes sustained awareness-raising and social and behavioural change to foster acceptance and inclusion.[lxx]

Finally, child protection and care reform and deinstitutionalisation processes must explicitly include children with disabilities from the onset. Coordinated inter-ministerial action, dedicated funding for inclusive and community-based services, and robust disaggregated data are essential to ensure accountability and progress toward safe, nurturing family care for every child.[lxxi]

Early childhood

Decades of research on the development of children raised in institutions has found that institutionalisation is strongly linked with negative impacts on children's development, especially their physical growth, cognition, and attention, as well as their ability to form attachments and healthy social relationships throughout life.[lxxii] These impacts are especially severe in early childhood, a critical period from pre-birth to age eight, marked by rapid neurological, cognitive, social, and emotional development.[lxxiii] During this time, consistent, nurturing care and strong one-to-one relationships with parents or family caregivers are essential for healthy brain development and emotional security.[lxxiv] In contrast, the absence of such relationships in institutional settings can cause long-term harm to brain architecture, attachment formation, and social-emotional skills.[lxxv, lxxvi] The evidence strongly supports avoiding residential care placement for young children, which is reinforced in the Guidelines for the Alternative Care of Children: "In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings" (para 22).

Leaving care

Research and people with lived experienced of alternative care have made it clear that young people leaving residential institutions face significant challenges, including poor preparation for independent living, limited education and employment opportunities, mental health issues, and social exclusion,[lxxvii] plus higher risks of homelessness, substance use, early parenthood, and involvement with the justice system.[lxxviii] Care leavers describe the need for consistent emotional support, long-term supportive relationships, and preparation for independent living.[lxxix] They also need access to housing, financial and employment assistance, mental health and psychosocial services, and extended care and transition services, for example.[lxxx] Evidence suggests that better outcomes are achieved when legal frameworks extend care beyond the age of 18[lxxxi] and when young people's views are considered in transition planning and in providing targeted post-care support which is phased out gradually.

In line with this evidence, global conventions and frameworks (including the CRC, the CRPD, and the Guidelines for the Alternative Care of Children) establish obligations for States and guidance for care providers to ensure safe, supported transitions into independent life. In addition to the right of children to special protection (Article 20), the CRC establishes the right to an adequate standard of living, which applies to housing and support after leaving care (Article 27), and emphasises the right of children to express their views in decisions affecting them, including around leaving care (Article 12). The Guidelines call for leaving care to be a planned and prepared process; one that includes ongoing support around access to education, employment, housing, and psychosocial support. They further urge States to include post-care services as an essential and integrated component of any care system.

What is important to consider when designing support systems, including financial aid, for young people leaving care?

One of the priorities identified by care-experienced advocates involved in the development of the Global Charter on Children's Care Reform is the need for sustainable, long-term support for young people leaving care. Care leavers across the world face multiple barriers, including stigma, limited education and employment opportunities, weak policy frameworks, and programme/service dependency on short-term donor funds. Many care leavers also lack social networks and experience unaddressed trauma, underscoring the need for systemic, not piecemeal, reform of systems aimed at supporting them. These barriers can be particularly acute for those leaving non-family-based alternative care. The Association of Care Leavers Uganda conducted interviews asking, "what is important to consider in support systems for young people leaving care", and care leavers from Uganda, Kenya, Namibia, and Tanzania agreed that one-off or short-term support is insufficient. This is a message echoed in recent research.[lxxxii]

Care leavers need consistent, holistic, and dignified pathways to independence. Financial assistance, mental health support, and mentoring are some of the most often mentioned essential interventions. Financial aid provides a safety net for basic needs such as housing, food, and education, helping young people avoid destitution. Mental health services equip care leavers to process trauma, social stigma, and isolation, while mentorship helps them adjust to new environments and build resilience.

Care leavers who input into the content of this text box emphasised the need for structured systems that combine material, emotional, and social support. They proposed mechanisms such as savings cooperatives, transition stipends for two years after leaving care, business start-up capital linked to training, job placements, and legal recognition of care leavers as a vulnerable group eligible for social protection. Accountability measures should ensure that care institutions prepare young people for transition. Social protection systems should prioritise vocational training, mental health support and trauma-informed counselling, transitional housing, employment support, financial and education assistance, and inclusion of care leavers in national social protection schemes.

Ultimately, support must extend beyond the gates of care institutions. The goal is not mere survival but success, empowering care leavers with the resources, skills, and networks to build stable, fulfilling lives. Governments, donors, and practitioners must co-create systems that ensure no young person is left to navigate independence alone. Empowered with resources, skills, and networks, care leavers can thrive as confident, contributing members of society, breaking cycles of poverty and exclusion, and proving that, with the right support, every child can build a safe and stable future.

Children impacted by conflict and disaster

Natural disasters, including those related to climate change, and conflicts can displace families, forcing children to leave their homes and communities. This displacement can disrupt education, healthcare, and social support systems, and it can also lead to children being separated in the chaos of emergency. A 2023 report found that 43.1 million children were internally displaced due to climate-related disaster over a six-year period; the equivalent of 20,000 children per day.[lxxxiii] UNICEF further estimates record levels of at least 473 million children caught in conflict.[lxxxiv] In the aftermath of a disaster, children may become separated from their parents or caregivers, amplifying the risks of exploitation, child trafficking, and abuse. Systems of protection are often not set up to ensure family care in these situations. The experience of the global COVID-19 pandemic, for example, had a major impact on children's care, not only with children losing parents and other primary caregivers to death and long-term illness, but also the impact of shutdowns and stay-at-home orders impacting everything from family income to mental health and child safety.[lxxxv]

The CRC is clear that children must not face discrimination of any kind, including that based on immigration status, nationality, or origin, and all children on the move are entitled to equal rights and protection (Article 2). Their best interests must be a primary consideration, including in decisions related to immigration, asylum, detention, care placements, and return and reunification (Article 3). Children have a right to be protected from separation, even across borders (Article 9 and 10), and from detention (Article 37). The Guidelines for the Alternative Care of Children encourage cooperation across countries in cases of children on the move and encourage family care, including for children who are separated due to disaster or conflict. Services for children in such situations should be underpinned by standard operating procedures, assessments, and child safeguarding protocols, and systems for tracing families and reunification are promoted as best practices.[lxxxvi]

What are the unique considerations when children are separated and need alternative family care in humanitarian settings?

In humanitarian emergencies, children are often separated from their caregivers or left unaccompanied, exposing them to additional harm and emotional distress. Approximately 1% of displaced populations are unaccompanied or separated children, highlighting the urgent need for timely, coordinated, and high-quality action to prevent separation and to address their needs, including for alternative care.[lxxxvii] A child-centred response that prioritises safety, development, and rights must begin in the earliest phase of an emergency. This includes preventing separation, enabling rapid family tracing and reunification, and arranging culturally appropriate family-based alternative care aligned to national law while longer-term solutions are pursued.

Preparedness and response should be guided by child-focused risk assessments to avoid unintentionally contributing to family separation. Access to services, food distribution, or evacuation can help keep families together. Identifying children at risk, mapping community care options, and pre-training foster families and caseworkers before a crisis, particularly in hazard-prone or displacement-prone contexts, significantly improve outcomes. Child-friendly evacuation protocols and rapid registration at borders or displacement sites support family tracing and reduce trafficking risks. Establishing child-friendly spaces and community-based surveillance helps identify and assist at-risk families.

Structured case management processes led by trained caseworkers mitigate risks through safe vetting of caregivers, regular follow-up, and support for immediate needs. Community engagement is equally vital. Working with local leaders and networks helps identify safe care options, reduces stigma, and promotes safe reintegration. Unaccompanied and separated children must never be presumed orphaned, and adoption or other permanent care should not proceed until family tracing and reunification efforts are complete. Many children lack legal documentation, complicating identification and reunification. Systems such as child protection information management systems plus (CPIMS+) can standardise procedures and ensure data protection.[lxxxviii]

Finally, psychosocial support is essential. Many children experience trauma, loss, or violence and need trauma-informed care (see text box on trauma-informed approaches in the section ‘Causes of child–family separation’ in Part 1). Parents and caregivers should receive psychosocial support and parenting sessions to help children cope and to enable referrals for specialised services where required.

Part 3: Understanding key components of and contributors to care systems

Policies and national strategies

Policies, updated legislative frameworks, and national strategies provide the foundation for effective care reform and child protection system-strengthening by defining the vision, principles, and standards that guide service delivery, ensuring alignment with international human rights instruments and mandating accountability mechanisms.[lxxxix] Clear policies articulate government commitments to prioritising family care, to the deinstitutionalisation and transformation of institutional systems, and to the prevention of violence, neglect, and exploitation, while updated legislation embeds these commitments into enforceable legal obligations, closing protection gaps and clarifying the roles and responsibilities of actors across sectors.[xc] National care reform strategies help to operationalise these commitments through costed, time-bound action plans, facilitating coordinated, multisectoral responses and sustainable resource allocation. Together, these instruments create an enabling environment for evidence-based practice, workforce capacity development, and monitoring systems which ensure that children's rights to family care, safety, and development are upheld.

How can demand-side drivers of child institutionalisation like orphanage volunteering, tourism, and foreign funding be addressed as part of wider care reforms?

Residential care volunteering, tourism, and private funding are demand-side drivers that fuel what is referred to as "orphanage voluntourism" and "the orphanage business model", whereby some residential care facilities are established to profit from the interest of volunteers, tourists, and donors in supporting children.[xci] Addressing these drivers is an important part of care reform and requires a holistic approach targeting all sectors involved. Given the global nature of volunteering and charity models of support, coordinated action between sending and receiving countries, under the framework of international cooperation, is essential. Measures should combine awareness-raising, legislation, multisector regulation, and prosecution across borders to disrupt harmful practices and promote children's rights.[xcii]

Alternative care regulations and state-sanctioned or government-funded volunteering programmes should explicitly prohibit harmful volunteering, tourism, and private funding into such residential care. Dedicated regulations can introduce child safeguarding standards, among others. Sending-country governments should issue travel advisories warning citizens of the risks of harm to children in residential care facilities and encourage volunteering support for organisations that strengthen families and promote family-based care, while penalties can be applied to organisations and individuals operating unlicensed facilities or unlawfully removing and admitting children into residential care.

In the first such example, Australia addressed concerns about the link with child trafficking through their Modern Slavery Act 2018 and related standards, which include provisions for regulating charities and organisations that facilitate tourism or volunteering in residential care for children, especially overseas.[xciii] The law primarily focuses on eliminating the exploitation of children for profit by using existing legal frameworks and introducing external conduct standards for Australian-based charities operating internationally.

Stronger not-for-profit sector regulation can help ensure that charitable activities involving residential care comply with international child rights norms and relevant national child protection laws and minimum standards. Embedding these measures within care reform strategies channels donors' and volunteers' good intentions towards services that meet children's needs, curtails harmful practices, deters offenders, and reduces financial incentives that sustain the "orphanage business model".

Services and service delivery

Care reform involves strengthening, diversifying, and scaling community-based services, including ensuring a range of prevention and response services. The CRC affirms that children have the right to access a wide range of services necessary for their survival, development, protection, and participation, including health services (Article 24), social security (Articles 26 and 27), education (Article 28), and special services for children with disabilities (Article 23). Article 6 suggests governments must ensure the child's survival and development through appropriate services and support, while Article 18 is about States providing appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and Article 19 includes social programmes and supports to prevent and respond to abuse and neglect. The Guidelines for the Alternative Care of Children emphasise that strengthening and expanding community-based services is essential to prevent unnecessary family separation and to support reintegration. The Guidelines state that families should have access to responsive basic services within their communities. They also stress that preventive and responsive services at the community level are critical to reducing reliance on alternative care and institutions. They call for governments to prioritise family support and to develop inclusive, accessible, and culturally appropriate services that help keep children safe with their families.

Investing in accessible, inclusive, and high-quality community services—such as health, education, social protection, and child protection—is foundational to progressively moving away from child institutionalisation. Effective service delivery must be child- and family-centred, culturally appropriate, and responsive to the needs of particularly vulnerable groups. Intersectoral coordination, development of a professional workforce, and active involvement of families and communities in service planning and delivery are critical.[xciv]

The social service workforce

A well-planned, developed, and supported social service workforce is essential to prevent unnecessary family separation, oversee family-based alternative care, and support safe reintegration. Social service workers provide case management to assess, arrange, and oversee alternative care, manage social services, and deliver social protections.[xcv] Without trained workers, families may not receive the support they need to care for children at home. During the transition from residential to family-based care, the workforce ensures case management, provides social services, and is engaged in family support, gatekeeping, and monitoring. As the cornerstone of systems change, social service workers collaborate across health, education, and justice sectors to holistically address the needs of children and families, ensuring a more integrated and sustainable approach to care reform.

The 2019 UNGA Resolution on the Promotion and Protection of the Rights of Children urges investment in social services and the workforce who provides them.[xcvi] It specifically highlights the need for improvements in planning and decision-making on alternative care, which relies on a suitably qualified, trained, and resourced workforce being in place and capable of making these decisions, in line with the rights and best interests of the child and working in partnership with families. In addition, it calls for investment in social services with a focus on preventing separation and strengthening families. The CRC and the CRPD further underscore the vital role the social service workforce plays in designing and delivering family-strengthening services, making it a key component of inclusive child protection and care systems, and pivotal to the reforms of those systems.

What is needed to ensure case management systems and processes meet the needs of children vulnerable to separation or experiencing alternative care?

To ensure case management systems and processes effectively meet the needs of children vulnerable to separation or in alternative care, a comprehensive, child-centred approach is required. The case management system must enable a robust assessment of the child's situation, including an analysis of strengths, risks, and protective factors within the child, family, and community. Decision-making should be grounded in the best interests of the child, supported by systematic collection and analysis of information to determine whether the child can remain safely with their family (with appropriate support) or requires alternative care.

Professionals must possess a strong understanding of the risks of harm, best-interest decision-making, the range of care options available, and the potential impact of each option on the child's development and wellbeing. This requires regular training, mentoring, and access to clear guidance and tools for applying best-interest principles in different contexts, including emergencies. For children in alternative care, carers must have a clear understanding of the child's needs, strengths, preferences, and wishes. The care plan must be supported by ongoing monitoring and communication with caseworkers.

Case management systems should also include plans for maintaining connection with the family of origin, whenever possible. Structured assessment and follow-up processes for reunification, kinship care, adoption, and guardianship are important parts of case management. Rather than relying on oversimplified tools, investment should be directed toward strengthening the capacity of caseworkers through supervision and continuous professional development. Case management must be firmly based on good relational person-to-person work. Caseworkers must have the time to build and continuously foster trusting and supportive relationships that help them to understand children and families and empower them, not just follow pre-defined processes.

Finally, children's voices and the perspectives of those with lived experience, including care leavers and family members, must be integral to system design, implementation, and review. Their participation ensures that case management processes are responsive, inclusive, and aligned with the real needs and aspirations of children and families.

Information and measurement systems

The Guidelines for the Alternative Care of Children state that policies relating to the care of children need to be "based on sound information and statistical data".[xcvii] The Guidelines highlight the importance of complete and confidential records related to children's placements in alternative care, which should be available to each child to help them understand and be part of the decisions being made about their care and support. Reliable and up-to-date data on national care systems and the number of children in care are key to informing policy and practice and improving outcomes for children. Many countries have taken steps to create management information systems (MISs) to allow such confidential information to be captured, safely stored, and easily available for use by care workers and wider service providers.

Administrative data and MISs, along with periodic statistical and demographic data collected through surveys or censuses, can provide data on the needs, situation, and outcomes of children in care and in need of support, to inform policy and decision-making. However, reliable information is often missing for children in alternative care outside of families, who are not included in household-based data collection processes such as household surveys and national censuses, especially if they are residing in unregistered institutions.[xcviii] The UN Committee on the Rights of the Child has issued many recommendations to address data and reporting gaps.[xcix] In addition, there are currently no internationally standardised definitions and classifications for alternative care to guide data collection, making it difficult to compare results between countries to show progress towards the shared goal of care reform.[c] Collaborative efforts are underway to developing an international classification under UNICEF's leadership.[ci]

States should work towards improving data on the number of children in care, as well as on the quality of that care and the outcomes for children in care. This will require improvements to administrative data systems, as well as standardised surveys (such as Demographic and Health Surveys or Multiple Indicator Cluster Surveys) and locally contextualised surveys that can explore the experiences and outcomes of children and families in ways that are meaningful to them and the caregivers and social service workforce that support them.

What is currently being done to improve measurement approaches for care reform?

Comparable data over time, as well as between countries, can inform good practice and build learning around “the factors that hamper progress, and the support and investments required to accelerate change”.[cii] Improving care systems includes improving the quality, availability, and use of data, as highlighted in the Global Charter.

Assessments can be undertaken at the system level to review key system components, such as legislation and financing, and provide a helpful way to improve knowledge, commitment, and collaboration, as part of a longer reform process.[ciii] More specific analyses of aspects of a care system can also drive reform efforts, such as censuses of residential care facilities and the children living in them[civ] or analyses of workforce and service provision[cv] with linked investment cases.[cvi]

Administrative data systems should provide a way to monitor children within alternative care and lead to regular publication and use of statistics. While many countries have reliable systems for doing this, in other countries the systems are known to be weak, leading to underestimates of the number of children in care or a lack of reliable data.[cvii] Strong legislation and a central mandated agency are crucial to support data systems, along with clear definitions, disaggregation of data (by variables such as sex/gender, age, location, and disability), and coordination across agencies and levels of government.[cviii] Government-led assessments on the maturity of data systems can be a helpful way to identify the components that need strengthening and so need to be included in relevant national costed and funded action plans.

There is a need for standard definitions of alternative care for use in administrative data systems and surveys to improve comparability of statistics and to encourage investment in data collection and use. The International Classification of Alternative Care for Children (ICare) project, led by UNICEF under a recommendation from the UN Committee of Experts on International Statistical Classifications, has undertaken a thorough consultative process to develop and pilot a statistical classification, guided by international conventions and guidelines. The classification should be published in 2026.

Public finance and investment

Public finance for children’s care plays a critical role in enabling care reform by ensuring adequate, efficient, and equitable investment in family-based care and prevention of separation. Public expenditure is both a lever and a foundation for care reform, ensuring that the shift towards family- and community-based care is not only planned but properly funded and sustained.[cix] Budgetary decisions can be used to encourage reforms, such as linking funding to deinstitutionalisation outcomes or integrated service delivery models. Both public and private financing facilitates the reallocation of funds to prioritise cost-effective family- and community-based care options. Public budgets, in particular, anchor care reform within national systems, reducing reliance on unpredictable donor funding and enabling long-term planning and scale-up. Public financing, when guided by equity principles, helps reach vulnerable families and children, especially those at risk of separation or already in alternative care. Care reform enables more effective use of resources since institutional care is considerably more expensive than providing support to families and family-based alternative care.[cx]

The 2019 UNGA Resolution calls on States to “ensure that no national or international funding mechanisms are used to support institutionalization” and calls on them to reallocate those funds toward family- and community-based care models.[cxi] This requires coordinated investment across sectors, including social protection, health, education, and justice, and the use of budget analysis to identify gaps and support advocacy, such as through investment cases.[cxii] Realistic reform costing enables organisations and governments to plan transitions without service disruption, while financing mechanisms like dedicated budget lines, performance-based financing, and de-centralised allocations help ensure resources reach family- and community-based care services.

Orphanage volunteering, tourism, and private funding

Orphanage volunteering, tourism, and private funding are significant drivers in perpetuating the operation of different forms of residential care and the institutionalisation of children, particularly in low- and middle-income countries. The demand created by "voluntourism" sustains a market for institutional care, as facilities are incentivised to maintain or increase the number of resident children to attract paying visitors and donors, sometimes leading to active recruitment of children from families under the guise of offering education or better opportunities.[cxiii] Private donations and foreign sponsorship often bypass government regulatory systems, creating parallel, unaccountable funding streams that reinforce institutional models rather than family-based alternatives.[cxiv] In a 2020 landmark study by the Barna Group, it was estimated that American Christians were giving approximately $2.5 billion per year to residential care facilities for children, marking the first clear baseline of private faith-based funding flowing into institutional care globally.[cxv] This financial and emotional investment can undermine care reform by diverting resources from community-based and preventive services, while normalising institutionalisation as an acceptable long-term solution.[cxvi] Research shows that such practices contribute to the commodification of children, entrench institutional dependency, and delay systemic reform towards family care.[cxvii]

Intersectoral coordination

Coordination is critical to ensuring the provisions of the CRC are implemented, including establishing an effective child protection and care system and achieving care reform.[cxviii] Cross-sectoral coordination among child protection, education, health, justice, and social protection actors helps to ensure holistic, family-centred support. Coordination mechanisms enable systems-level change, reduce duplication, align financing and services, and ensure that reforms are sustained and child- and family-centred. Countries with strong coordination platforms will tend to have more effective and inclusive care reform outcomes.

Coordination must occur at all levels—national, regional, and community—and should involve government leadership, with clear mandates, accountability mechanisms, and inclusive participation from civil society, communities, and children themselves.[cxix] The lack of coordination leads to fragmented services, duplication, and gaps that can undermine efforts to support families and prevent child–family separation. Multisectoral coordination mechanisms are essential for integrating family support services, strengthening case management systems, and aligning actors at different levels of government, thus enhancing accountability and ensuring children's needs are met.[cxx]

Public awareness and social norms

The CRC promotes respect for children's dignity, protection from discrimination, and the importance of raising awareness of children's rights. The CRPD places a strong emphasis on eliminating stigma and changing public attitudes towards persons with disabilities. Its Article 8 urges State Parties to adopt immediate, effective, and appropriate measures to: raise awareness throughout society about persons with disabilities and foster respect for their rights and dignity; combat stereotypes, prejudices, and harmful practices relating to persons with disabilities, including those based on sex and age; and promote awareness of the capabilities and contributions of persons with disabilities.

Stigma and discrimination towards children with disabilities, children from minority groups, or those living in poverty are major drivers of family separation and institutionalisation.[cxxi] One global review found that myths, such as the belief that institutions are necessary for children with disabilities, are also a major barrier to reform.[cxxii] Comprehensive public awareness efforts to challenge harmful beliefs, promote inclusive attitudes, foster support for family-based alternatives to institutions, and reinforce the value of family care is a critical component of care reform. Raising awareness helps shift public and professional perceptions, builds political will, mobilises communities and faith leaders, and encourages community engagement in care reform. It also helps parents to understand their rights and families to learn about services available to support them, such as parenting programmes, disability inclusion, and financial aid—thus preventing separation. When the public understands the harms of institutional care and the benefits of family-based alternatives, they are more likely to support policy change and budget reallocation.

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