

Family
for every child



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Towards a Family for Every Child:

A conceptual framework

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A guide for readers

This document provides a conceptual framework for Family for Every Child, a network of national civil society organisations working to mobilise knowledge, skills and resources to build a world where every child grows up in a permanent, safe and caring family, and to provide quality alternative care where needed. The framework is organised according to our five goals:

- Enabling children to grow up in permanent, safe and caring families
- Ensuring a range of high-quality, appropriate alternative care choices for children
- Taking steps to prevent children from having to live outside of any adult care, without the care of families or other carers, and in the interim protecting these boys and girls
- Promoting better and more participatory decision making about children's care
- Building strong child protection systems which strengthen families and promote quality care for children.

Under each of the five goals, we include a description of the goal, some definitions and key concepts, a justification for why we are working towards the goal, and a list of key principles for good practice.

If you are very short of time – read the one page summary diagram.

If you only have limited time – read the summaries at the start of each section, along with the introduction to the framework and the conclusion.

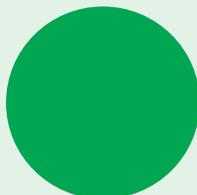
If you want to learn more – read the whole paper, or find the parts you are most interested in by following the headings and sentences in bold at the start of paragraphs. Text boxes and annexes provide further details but can be skipped.



Summary

We want a world where:

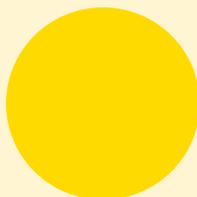
- All children grow up in safe and caring families, through efforts to reduce abuse and neglect within families and greater support to: parents, kinship carers, domestic adoption and *kafala* (see Section 1)
- Children who cannot be cared for in permanent families have a range of high-quality care choices for their temporary care including: foster care, small group homes, kinship care and supervised independent living (see Section 2)
- There is better and more participatory decision making about children's care (see Section 4)



As an interim measure only, whilst better alternatives are being developed, we will:

- Support and protect children who have to live outside of any adult care, without the care of families or other carers (see Section 3)
- Improve standards in institutional care (see Section 2)

We feel that inter-country adoption and children's villages should be used with caution (see Sections 1 and 2)



Ultimately, we would like to see an end to:

- The use of large-scale, institutional care (see Section 2)
- Children having to live unsupervised, outside of any adult care (see Section 3)



In order to achieve these goals, it is important to develop strong child protection systems which include:

- National legislation, policies and guidance on care, which are in line with the Guidelines for the Alternative Care of Children
- A strong child welfare workforce, orientated particularly to providing support to vulnerable families
- A range of services aimed at keeping families together, and at providing quality alternative care for children
- A recognition of the role of national NGOs, and of both the formal and informal sectors in delivering better care for children
- Linkages to other systems, including health, education, justice and social protection (see

Our goals apply during emergency and normal periods to all children, regardless of age, gender, HIV status, disability or any other status.



Introduction

Family for Every Child is a network of national civil society organisations working to mobilise knowledge, skills and resources to build a world where every child grows up in a permanent, safe and caring family, and to provide quality alternative care where needed. This document provides a conceptual framework for Family for Every Child.

The framework explores key elements of our work, outlining definitions and concepts, providing background information on the problems that we are working together to solve, and articulating principles for good practice. Following on from this introduction, the document is divided according to our five goals:

1. Enabling children to grow up in permanent, safe and caring families
2. Ensuring a range of high-quality, appropriate alternative care choices for children
3. Taking steps to prevent children from having to live outside of any adult care, without the care of families or other carers, and in the interim protecting these boys and girls
4. Promoting better and more participatory decision making about children's care
5. Building strong child protection systems which strengthen families and promote quality care for children.

These goals are strongly interlinked and can only be properly understood and achieved together. For example, in order to prevent children from having to live on the streets (goal 3), we need well supported families (goal 1) and high-quality alternative care (goal 2). To make good decisions about children's care that are in the best interests of each child (goal 4), we need a range of alternative care choices to be available for children (goal 2) and the option of well-supported family care (goal 1).

Our conceptual framework is guided by key international legislation, including the United Nations (UN) Convention on the Rights of the Child (CRC) (UN 1989), and the Guidelines for the Alternative Care of Children, welcomed by the UN in 2009 (UN 2010a). This conceptual framework is premised on a child rights based approach to our work (see Box 1), and on a belief in the value of a systems approach to protection and care (see section 5). The framework further articulates our values and beliefs.



Box 1: A child rights approach to our work

- A child rights approach to our work means that we must:
- Strive to achieve all the rights articulated in the UNCRC, including rights to adequate care and protection, and to recognise the links between children's care, their protection, and other rights, such as rights to education or health.
- Support children to survive and develop to reach their full potential in life.
- Recognise that rights apply to all children, and work to challenge discrimination and support the inclusion of all children.
- Ensure that in all actions concerning children, the best interests of the child is the primary consideration, and that no harm is done to children.
- Support the meaningful participation of children in decisions that affect them, including decisions regarding their care.
- Recognise the state as having the prime responsibility for ensuring that rights are achieved, but also acknowledge the role and duty of other agencies and individuals to promote child rights.

The framework is important as it will impact on:

- **Membership of Family for Every Child:**

We will only accept members who are fully committed to the goals and principles outlined in this framework. We will work with agencies whose work may not yet be fully aligned with our goals, but who are committed to change.

- **Our policy development:** Policies developed by Family for Every Child will be in keeping with this framework. However, it is recognised that the approaches taken by Family for Every Child are likely to change over time and the framework will be regularly reviewed and updated.
- **Our advocacy and communications:** The framework helps explain to others who we are and what we do. Advocacy messages will be in line with the goals and principles included in the framework, and our advocacy strategy will also strive to contribute to the achievement of these goals.

- **Our effective programmes work:** Any efforts to improve the effectiveness of what members do will contribute to the goals included in this framework, and the principles of good practice listed throughout the framework will be used as a starting point for improving the effectiveness of members' work.
- **Our technical assistance and consultancy work:** We will use this framework to help guide our technical assistance and consultancy work.
- **Monitoring and evaluation:** We will assess our policy development, advocacy and effective programmes work against the goals included in this framework.



1. Enabling children to grow up in permanent, safe and caring families

Summary

We are working towards a world where all children grow up in permanent, safe and caring families. We acknowledge that for some children, short periods of time outside of families may be necessary and even beneficial. However, we believe that children should spend most of their childhoods in secure, family and community-based care, which is intended to offer children a permanent home. Efforts must be made to ensure both that children have an opportunity to grow up within a family, and that families are safe, caring and protective environments for children. We acknowledge that families are complex and are not always safe havens for children and recognise that any work to increase the numbers of children living within families must be accompanied by both greater support to families, and child protection monitoring and response.

This goal is important as:

- Children themselves often express a strong preference for being cared for in their own families.
- Growing up in a caring family is widely acknowledged in international guidance as the most appropriate environment for children.
- A permanent and stable home for children with strong links to their cultural and linguistic background is widely recognised as being important for child development and well-being.
- In addition to being better for children, ensuring that all girls and boys can grow up safe and protected in families is also better for societies.
- The number of children outside of parental or family care is significant and likely to be growing.
- Children have a right to grow up in families that are well supported, yet the social protection, child protection, justice, education and health sectors are not currently doing enough to keep families together.
- Whilst many belief systems encourage family-based care, some beliefs lead to the unnecessary separation of children from families or communities.
- Adoption services are often inadequate or inappropriate, giving children in need of permanent care who cannot be cared for by their own families limited opportunities for an alternative safe and permanent home. Support for children cared for under the the *kafala* of Islamic law (see below for definition) is also lacking in some settings.
- Substantial numbers of children currently grow up in families which are not safe or caring.



In an effort to promote this goal, we propose the following principles of good practice:

- Prioritise prevention of separation from families and reintegration to families in systems of child protection and care, and do not separate children from their families unless it is in their best interests.
- Ensure the existence of a full package of support to vulnerable families to enable them to provide adequate care for children.
- Challenge beliefs that lead to the separation of children from parents, and support and build on those that keep families together.

- Develop and support domestic adoption services, or alternative routes to permanency such as *kafala*, as appropriate to context, but use inter-country adoption with extreme caution.
- Make particular efforts to prevent separation and promote reintegration during emergency periods when children are especially vulnerable.
- Recognise that the family is not always a safe haven for children; take action to prevent violence, abuse and neglect and to immediately protect children facing such issues within their homes.

In all efforts to enable children to grow up within families, it is important to listen to and respond to children's perspectives, and to recognise the active role that children play in decisions about their own lives.

Our goal

We are working towards a world where all children grow up in permanent, safe and caring families. We acknowledge that for some children, short periods of time outside of families may be necessary and even beneficial. However, we believe that children should spend most of their childhoods in secure, family and community-based care, which is intended to offer children a permanent home. Efforts must be made to ensure both that children have an opportunity to grow up within a family, and that families are safe, caring and protective environments for children. We acknowledge that families are complex and are not always safe havens for children and recognise that any work to increase the

numbers of children living within families must be accompanied by both greater support to families, and child protection monitoring and response.

Definitions and key concepts

Children are defined as girls and boys under the age of 18 years.¹

Families take on many different forms and may include children living with one or both of their parents or adoptive parents, children living with step parents, children living with extended family members, such as grandparents, aunts or uncles or older, adult siblings, and children living with families who are part of wider kinship networks. Children

¹ This is based on article 1 of the UNCRC (UN 1989). We acknowledge that age is not the way in which many communities define childhood. For example, in some settings childhood comes to an end when individuals start to do 'adult' activities (such as becoming sexually active) (Inter-Agency Learning Initiative on Community-Based Child Protection Mechanisms 2012). We believe that it is important to recognise these differing perceptions of childhood in the ways in which we communicate and work with communities.



in formal foster care are also part of families, although, whilst this care may be long-term in some settings, this care is not generally intended to be permanent.

A **safe and caring family** may be defined as a household in which there is at least one caring, responsible adult who lives together with children in their own home as they define it. Family members are bonded by blood or affection, with specific roles and reciprocal responsibilities to look after each other and create a protective, loving and understanding environment which fosters the development of all.

Whilst children being cared for by siblings who are themselves children are technically living in families, consideration must be given to the extent to which children can be properly cared

for and protected in such households. Children who marry early or who are living with the families of employers are not considered to be in safe and caring families. These issues are explored further in Sections 2 and 3.

Permanent care is care which is intended to last indefinitely. We acknowledge that care intended as permanent may not always actually be permanent, as adoptions break down, and family members may be unable to fulfil commitments to take care of children. However, the intention of permanency is crucial for providing children with a sense of security and belonging which, as we show below, is so important for their well-being and development.

Other key concepts included in this section are listed in Box 2 below.

Box 2: Definitions of terms used in Section 1

- **Children outside of parental care:** “All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.” (UN 2010a Article 29).
- **Kinship care:** “Family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature.” (UN 2010a Article 29).
- **Adoption:** A social and legal protective measure for children; a process whereby a child who cannot be brought up by their own parents becomes a member of a new family (ISS/IRC 2004). This may include **domestic adoption**, which is an adoption that involves adoptive parents and a child in the same country of residence and usually, but not necessarily, of the same nationality. It may also include **inter-country adoption**, which is an adoption that involves a change in the child’s habitual country of residence, whatever the nationality of the adopting parents (EveryChild 2012a).
- **Reintegration:** ‘Return to the [child’s] family’ (UN 2010a Article 49), which could include kinship care or parental care, and often involves return also to communities of origin. It is important to see reintegration as a process, which can begin from the moment a child becomes separated from families or parents, and last for a long time after they have returned to communities (Wedge and Kapur 2011).
- **Kafala:** A variety of means for providing child care for vulnerable children, recognised under Islamic law, which does not recognise adoption as the blood bonds between parents and children are seen as irreplaceable. *Kafala* may include providing regular financial and other support to children in need in parental, extended family or residential care. Alternatively, as referenced in the UNCRC, it may involve taking a child to live with a family on a permanent, legal basis, and caring for them in the same way as



other children in the household, though children supported under *kafala* may not have the same rights to a family name or inheritance (Cantwell and Jacomy-Vite 2011; Ishaque 2008; ISS/IRC, 2007).² The interpretation and use of *kafala* and Islamic law in relation to children's care varies considerably by context; some largely Islamic countries do allow adoption and in other settings, such as Syria, the importance of blood bonds is interpreted to prevent any placements in a family for children for whom parentage is known. There are also other practices similar to *kafala*, but with their own norms and rules, such as *el haq* for children of unknown parentage in Syria (Cantwell and Jacomy-Vite 2011; ISS/IRC 2007).

- **Child protection:** "Measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children." (Save the Children 2010a p.4).
- **Child abuse:** "A deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. Abuse includes all forms of physical, sexual, psychological or emotional ill treatment." (Save the Children, undated, p.2).
- **Neglect:** "Deliberately, or through carelessness or negligence, failing to provide for, or secure for a child, their rights to physical safety and development. Neglect is sometimes called the 'passive' form of abuse in that it relates to the failure to carry out some key aspect of the care and protection of children which results in significant impairment of the child's health or development including a failure to

thrive emotionally and socially." (Save the Children, undated, p.3).

- **Social protection:** "All public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups." (Devereux and Sabates-Wheeler 2004 p.15).
- **Social workers and social work:** For the purpose of this framework, social work includes all 'services aimed at preventing children from losing parental care; supporting children without parental care; and the reintegration and support in the community for those previously living without parental care' (EveryChild 2012b p.10). Social workers are all individuals carrying out this social work, including professionally trained staff, para-professionals and community volunteers. Social workers may be employed by the state, private sector or NGOs.
- **Psycho-social support:** "A continuum of care and support which influences both the individual and the social environment in which people live and addresses the social (including spiritual), emotional and psychological well-being of a person." (REPSSI 2010).

² Though such children will maintain the right to keep the names of their parents and to inherit from them. This provision may be interpreted as a measure to maintain the child's original identity and family ties, and to cause as little disruption to family life as possible (Ishaque 2008).



Why we are working towards this goal

Children themselves often express a strong preference for being cared for in their own families. Research from around the world suggests that most boys and girls would prefer to grow up in loving family homes, with many expressing a particular desire to live with their parents (EveryChild 2009/10; Skinner et al cited in Save the Children 2007; Mann 2004).

“No one will love you like your mother; she gave birth to you so you are part of her. A mother will care for you better than anyone else.”

(Quotes from children in Malawi discussing their care preferences, cited in Mann 2004 p.35)

“I feel happy when I am with my mum, nobody will look after me like my mother.”

(Boy in parental care in India, cited in EveryChild 2010 p.10)

Research in many regions suggests that children who cannot be cared for by parents commonly express a preference for kinship care, with many articulating a desire to live with grandparents (Save the Children 2007; EveryChild 2009; HelpAge 2005; Kuyini et al 2009).

“My granny is the kindest one in the world. She cooks tasty dishes, worries about us and always waits for us to come home from school.”

(Child who is cared for by grandparents in Kyrgyzstan, HelpAge 2011 p.2)

Growing up in a caring family is widely acknowledged in international guidance as the most appropriate environment for children. The preamble to the UN Convention on the Rights of the Child recognises that:

“The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.” (UN 1989 Preamble).

The Guidelines for the Alternative Care of Children (UN 2010a), formally welcomed by the UN in 2009, state that:

“The Family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in, or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in their caregiving role.” (UN 2010a Article 3).

Guidance on child protection in emergencies also highlights the vulnerability of children outside of family care, and states that children who cannot be with their parents should be placed with kin if possible (ICRC 2004). Our members report that national legislation is increasingly also recognising the importance of family-based care.

A permanent and stable home for children with strong links to their cultural and linguistic background is widely recognised as being important for child development and well-being. Opportunities

for secure attachment with a continuous carer are known to impact on children’s cognitive, intellectual and emotional development (Oates et al 2005). As shown below, children who do not experience such stable caring relationships due to the shift systems associated with institutional care or the frequent placement changes commonly associated with foster care, often suffer greatly. In acknowledgement of these issues, the Guidelines for the Alternative Care of Children (UN 2010a) highlight the importance of permanency, stating that:

“Decisions regarding children in alternative care, including those in informal care, should have due regard for the importance of ensuring children a stable home and of meeting their basic need for safe and continuous attachment to their caregivers, with permanency generally being a key goal.” (UN 2010a Article 12).



The Guidelines also acknowledge the value of children being cared for as close to home as possible to minimise disruptions to children's educational, cultural and social lives (UN 2010a), and research with children further highlights the importance of a sense of identity and belonging to child well-being (Morantz and Heymann 2010).

In addition to being better for children, ensuring that all girls and boys can grow up safe and protected in families is also better for societies. Children's care has a major effect on their ability to learn, grow and develop, impacting on their contributions to societies as adults. Children who have lost both parents are 12 per cent less likely to be in school than other children (UN 2010b). The impact of a loss of secure attachment at an early age, described above, can affect educational achievement and relationships in adulthood, especially if children spend long periods without the consistent care of an adult (Browne 2009). Being outside of families, or not properly protected by families, can also leave children more vulnerable to sexual abuse, and for girls this increases the risk of early pregnancy. This in turn impacts on maternal and infant mortality (Delap 2010). For boys and girls being outside of families, or neglected within families, can increase vulnerability to: malnutrition, early death, mental illness, substance abuse and long-term health problems (Delap 2010; BCN et al 2012a/b). Levels of vulnerability are likely to vary greatly depending on the evolving capacities of the child and their response to the challenging situations they face, with some groups, such as those with disabilities, likely to be especially vulnerable to the effects of poor care (EveryChild and BCN 2012). Placing children in temporary alternative care rather than permanent parental or family care also places a heavier financial burden on societies

as such care is far more expensive than support to vulnerable families (EveryChild 2011a/b; Williamson and Greenberg 2010).

The number of children outside of parental or family care is significant and likely to be growing. The number of children not living with parents varies enormously by region, but is generally substantial. For example, in Russia, at least 2.7 per cent of the child population are without parental care (Pomazkin 2008) and in Southern Africa 12-34 per cent of children live with neither parent (UNICEF 2008a). The vast majority of children not living with parents are in kinship care, and many of these children are in grandparent care (Beegle et al 2009; Roby 2011; RELAF/SOS 2010; Save the Children 2007). However, there is evidence to suggest that the numbers of children living outside of any family care is likely to be growing due to factors such as the global economic crisis, HIV, and the rising use of residential care (EveryChild 2009).

The growing number of emergencies in many settings, in part as a consequence of climate change,³ is also likely to impact on the numbers of children outside of parental and family care. Children may become separated from parents and families in the chaos that immediately follows an emergency, but separation may also increase as a consequence of the impact of emergencies on livelihoods and child care practices. For example, emergencies may increase poverty, a major driver of separation, or may lead to the dislocation of communities and a loss of wider support networks. Children may also become separated because they are forced to join armed forces or groups, either as soldiers or in other roles, such as cooks, porters or the 'wives' of commanders (International Bureau for Child Rights 2010). Children with disabilities are particularly vulnerable to a loss of parental

3 It is believed that around 325 million people are already affected by climate change, either losing homes in floods or to rising sea levels or migrating to avoid drought. It is also estimated that by 2020 up to 175 million children will be affected by climate-related disasters (cyclones, flooding, drought) every year (Save the Children 2009a).



care in many regions due to inadequate community-based support and a misguided belief amongst some child care professionals that children with disabilities can only be properly cared for by professionals (EveryChild and BCN 2012).

Children have a right to grow up in families that are well supported, yet the social protection, child protection, justice, education and health sectors are not

currently doing enough to keep families together. Evidence shows that children can be pushed out of families and into residential care, employment, detention or a life on the streets by a range of often interrelated factors (see Box 3).

Currently the actions of policy makers and practitioners in many sectors are at best inadequate for addressing these root causes, and at worst actively encouraging separation (see Box 4 for examples). As with preventing a

Box 3: Why do children live apart from families? ⁴

Common factors leading to children's separation from families include:

- Poverty
- Cultural norms and values which may support separation, or impact on the other factors listed here
- Violence, abuse and neglect in the home, and drug or alcohol abuse
- The disability, death or physical or mental ill health of carers or children, with HIV having a major impact on parental health and survival in many regions
- Adult migration
- A lack of access to good quality education
- Conflict and climate change, and natural disasters
- Unwanted pregnancies, or/and pregnancy outside of marriage in settings where there is considerable stigma associated with this
- Remarriage, with children commonly being rejected by step families⁵
- The lack of diversionary and non-custodial

sentencing for children – which leads to children being placed in detention away from families.

Gender and age both have a major impact on children's vulnerability to separation. For example, girls may be more welcome in the homes of extended family members than boys in some regions, as they are seen to contribute more to housework and the family will get a bride price when they marry (Mann 2001). In other settings, male orphans are preferred as they are seen to make a more productive contribution to the family, and girls are viewed as a burden, fit only for marriage (Cantwell and Jacomy-Vite 2011). In some settings, boys are more likely to migrate for work than girls (Dotteridge 2004). Stigma and discrimination against certain groups can also have an impact. For example, children living with HIV or with disabilities may be rejected by extended family members in some parts of the world (EveryChild and BCN 2012; EveryChild 2010; Mann et al 2012).

4 Evidence from a wide range of sources. For a summary, please see EveryChild 2009 and EveryChild 2011a.

5 See also: Cantwell and Jacomy-Vite 2011.



loss of parental care, strategies to support the reintegration of children who have already been separated are also inadequate (Wedge and Kapur 2011).⁶ The lack of support to families described in this section contravenes global guidance. As stated in UNCRC (UN 1989), children have a right to grow up in families which are well supported:

“States Parties recognise the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development ... States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right...” (UNCRC 1989 Article 27).

Box 4: The lack of support for families and policies which push

- **In child protection:** There is massive underinvestment in child protection, with government departments dealing with child protection often amongst the least resourced in the world in comparison with other sectors (Harper and Jones 2008). There is a chronic lack of social workers in many regions, and limited assistance for community-based child protection structures (Davis 2009; Wessells 2009). This makes it hard to monitor and support vulnerable children and families, and to respond properly to allegations of abuse. Policies on alternative care continue to promote expensive residential or foster care for children, though the vast majority of children in alternative care have families who could care for them with a little more support (EveryChild 2011a).
- **In justice systems:** There continues to be a reliance on detention for children in conflict with the law, rather than other forms of justice which enable girls and boys to remain in families. UNICEF estimates that worldwide around one million children are detained through justice systems at any one time, and in many countries around 60 per cent of children in detention have not been sentenced (UNICEF 2009). Children are also placed in detention as they are perceived as posing a security threat to the state; for immigration reasons; for behaviour felt to be ‘socially undesirable’; as a response to substance abuse or as they are suffering from mental health problems (UNICEF 2011). Children living on the streets may be particularly vulnerable to being detained as they are commonly deemed to be a nuisance (UNICEF 2011). In addition to separating children from families, conditions in detention are often appalling, monitoring is limited and children are commonly detained alongside adults (African Child Policy Forum 2007; UNICEF 2011; Penal Reform International 2011; United States Department of State 2010).
- **In education:** Many children have to travel long distances to go to school or to receive quality health care. This can lead to children going to live with other family members, or in some cases, encourage the placement of boys and girls in hostels or residential care. This may be especially the case for children with disabilities or children living with HIV in some regions (EveryChild 2011a; EveryChild and BCN 2012; Mann et al 2012).

⁶ For example, in Syria before the conflict, appropriate rehabilitation services for street children were almost non-existent. Parents were sometimes forced to take back children who had been living on the streets, and no efforts were made to address the reasons for their original departure, leading to children repeatedly returning to the streets (Cantwell and Jacomy-Vite 2011).



- **In social protection:** Social protection policies do not yet reach all vulnerable families, and coverage may be especially low for children in informal care as carers often lack required documentation (Kuo and Operario 2009). Poorly designed social protection may create perverse incentives, encouraging the placement of children in foster or kinship care so that carers can gain access to cash grants (Hanlon et al 2010; Kuo and Operario 2009).
- **In relation to parenting and psycho-social support:** Parenting and psycho-social support for carers and children is often lacking (HelpAge and REPSSI 2011), including for parents who are themselves care-leavers, or teenage mothers who may be in particular need of such support.
- **In emergencies:** Responses to emergencies may inadvertently cause separation; for example, if food is distributed in a chaotic manner (Save the Children 2004). Well-meaning agencies may also establish residential care facilities or promote inter-country adoption, in the belief that this is necessary for the new influx of 'orphans.' In reality, children separated by emergencies often have parents or extended family members who could care for them, but have either lost children in the chaos surrounding an emergency or placed them in residential care or for adoption in the hope that it will lead to a better life. Such practices can leave a legacy that lasts long after the end of an emergency period. For example, the tsunami in Indonesia led to the building of many new 'orphanages', many of which were still being used years later (Martin and Sudrajat 2007; Save the Children 2010b).
- **For older carers:** The common use of grandparent care in many regions, and the particular vulnerabilities of older carers, suggest that this group requires special attention. Yet in many regions financial, medical and psycho-social support for older carers is woefully inadequate (EveryChild and HelpAge 2012).
- **For families caring for children with disabilities:** As noted above, children with disabilities are more vulnerable to a loss of parental care, yet parents and other carers looking after children with disabilities are often poorly supported, with no or minimal rehabilitation services, inclusive health care or education, and a lack of community support due to the stigma surrounding disability (EveryChild and BCN 2012).

Whilst many belief systems encourage family-based care, some beliefs lead to the unnecessary separation of children from families or communities. There are many values and beliefs that promote strong family bonds and the permanent care of children living apart from parents. For example, the strong belief in the collective responsibility of extended families and communities to bring up children in many cultures, and the commitments in Islamic law to care for orphaned children (Cantwell and Jacomy-Vite 2011; Ishaque 2008; Save the Children 2007). The strength of these beliefs in many impoverished communities is deeply

impressive, with, for example, extended families in sub-Saharan Africa continuing to take on the responsibility of caring for children despite a dramatic increase in the number of children outside of parental care due to the HIV pandemic (JLICA 2009).

However, there are also some belief systems which encourage separation. For example, the stigma associated with disability or with children who are born outside of marriage can lead to children being relinquished by parents in some regions (EveryChild and BCN 2012; UNICEF 2007). In the Soviet era, the idea of collective care was politically favoured and led



to the popular acceptance of institutional care despite its shortcomings (Pomazkin 2008).

Adoption services and support to *kafala* is often inadequate or inappropriate, giving children in need of permanent care who cannot be cared for by their own families limited opportunities for an alternative safe and permanent home.

Adoption is relatively rare with an estimated quarter of a million or 12 in every 100,000 children adopted annually (UNDESA 2009). Domestic adoption counts for almost 85 per cent of all adoptions globally. Eighty-six per cent of domestic adoptions take place in just 10 countries, and while domestic adoption is used in countries such as the US, Russia and Brazil, it is much less common throughout much of Asia and Africa (UNDESA 2009). Domestic adoption is poorly supported in many regions of the world, with limited appropriate investments in finding families for children, matching children with prospective adoptive parents, and providing follow-up support to prevent breakdown. In regions such as Africa, where adoption is very rare, there is a dearth of evaluated and well-documented examples of good practice that could be scaled up (EveryChild 2012a). Opportunities for domestic adoption are especially limited for some groups of children such as those with disabilities, those living with HIV or from certain ethnic groups. This may be attributed to stigma and discrimination, and to families caring for children with special needs often not receiving the follow-up they need (EveryChild and BCN 2012; Cantwell et al 2005; Dowling and Brown 2008; UNDESA 2009).

Inter-country adoption usually takes place from resource-constrained settings to wealthier nations. It has increased dramatically since the 1980s, though there has been a decline in numbers in recent years (Selman 2009). Inter-country adoption continues to be widely promoted and poorly regulated in many settings despite evidence of corrupt and exploitative practices (Terre des Hommes and UNICEF 2008; Save the Children 2010b). Relying on inter-country adoption can

also de-motivate the wider reform of care systems, and in some settings, inter-country adoption is associated with the wider use of institutional care as children are 'harvested' by unscrupulous children's home managers, or placed in residential care in the hope that it will lead to a 'better' life in the West (Chou and Browne 2008; Save the Children 2010b; Smolin 2010). Inter-country adoption is recognised in international guidance as a last resort, to be used only when options closer to home have been exhausted (Hague Conference on Private International Law, 1993/2008).

As with adoption, some forms of *kafala* or other similar practices sanctioned under Islamic law can offer children an opportunity to be cared for in a family in a relationship that is intended to be permanent. As noted above, in some Islamic countries, these practices are restricted to children of unknown parentage, leaving separated children whose parentage is known in residential care. Elsewhere, *kafala* can be used for children of known and unknown parentage, and even for the children of family members and friends. As with adoption, there is some evidence to suggest that families caring for children through *kafala* or similar practices receive limited preparation and follow-up support and that, in some settings, matching and monitoring practices are inadequate (Cantwell and Jacomy-Vite 2011).

Substantial numbers of children currently grow up in families which are not safe or caring.

As articulated above, our efforts to ensure that children can grow up safe and protected in families not only means ensuring that children can live in families, but also making sure that children are properly cared for and protected by these families. Indeed, these two objectives are closely related as violence and abuse within the home is a key cause of separation from parents and other family members. Evidence suggests that currently many children around the world are subject to abuse and neglect at the hands of parents or other family members and the family should not automatically be viewed as a safe haven for children (see box 5 for examples).



Box 5: Examples of levels of abuse and neglect within families

- In Western nations, around 75% of murders of children under 10 are committed by family members, and in some states in India, 41% of neo-natal female deaths are attributed to infanticide (Pinheiro 2006).
- In one region of Mexico, a survey of over 1,000 children found that 18.7% of these children reported having experienced sexual abuse, and 36.8% of this abuse was perpetrated by a family member (Pinea-Lucaterro et al 2009).
- In Georgia, 54% of children included in one survey reported having experienced direct physical violence in the home, and almost 60% had experienced psychological violence (Lynch et al 2007).
- Research by the World Health Organisation indicates that 12% of women in one area of Brazil experienced sexual abuse as a child, with 66% of this abuse perpetrated by a family member (cited in Pinheiro 2006).
- In Namibia, 21% of women studied reported sexual abuse as a child, with almost half of this abuse having been committed by a family member (cited in Pinheiro 2006).

Evidence suggests that children in kinship care are more vulnerable to exploitation, abuse and neglect if they live with more distant relatives (Roby 2011). Research in Brazil and Mexico suggests that children are more likely

to experience sexual abuse if they live with stepfathers than with their own biological fathers (Pinea-Lucaterro et al 2009; Alexandre et al 2010). Children with disabilities may be especially vulnerable to violence and abuse in the home (EveryChild and BCN 2012). Girls and boys experience different types of violence and abuse within the home. In a global survey of calls to helplines around the world, Child Helpline International reports that two thirds of reported cases of child abuse involve girls, with the percentage of cases involving girls even higher for sexual and emotional abuse. For boys, the most common forms of reported abuse are physical abuse and bullying. Research in Afghanistan and Sri Lanka suggest that long-term conflict can be linked to higher rates of violence in the home (Catani, Schauer and Neuner 2008). Forms of abuse experienced by children may also vary by region, with rates of reported emotional abuse and neglect especially high in Africa (Child Helpline International 2010).

"Usually her [sister's] husband will want to sleep with you as his second wife."

"In our culture, you can marry your cousin, so if you happen to stay with him, he will start making advances at you to have sex with him. You could become pregnant and drop out of school."

(Girls from Malawi, cited in EveryChild 2009 p.23)

"Just because they are family doesn't mean they are good at looking after us."

(Child in care in the UK, cited in Department for Education 2010, p.48)

Violence and abuse against children often goes unchecked as perpetrators are rarely brought to justice. Research in Tanzania and Sierra Leone shows how cultural norms mean that many families and communities prefer to respond to

cases of abuse internally (Kisanga et al 2010; Inter-Agency Learning Initiative on Community-Based Child Protection Mechanisms 2012). In Tanzania, seeking justice through the courts is further hindered by costs and distance to courts or police stations, corrupt officials and a lack of trust in the system (Kisanga et al 2010). In Mexico, only 14.4 per cent of victims of child abuse in one study had spoken of this abuse, and only 3.7 per cent had taken legal



action (Pinea-Lucaterro 2009). Potentially, the education and health sectors could play a role in helping to identify and address cases of abuse, neglect or exploitation. However, far from offering a protective and supportive environment, schools in some regions are places where violence and abuse against children is common (Pinheiro 2006).

Some principles for good practice

1. Prioritise prevention and reintegration in systems of child protection and care.

Those working to improve the care of children must prioritise support to families so maximum possible efforts can be made to keep children in/return children to families, providing this is in their best interests. Investments in the provision of adoption, residential care or foster care should not over-shadow efforts to improve support to children's own families. Here it is important to recognise that, in terms of both global guidance and children's preferences, kinship care is not seen as fully equivalent to parental care. Both parents and kinship carers must be supported, and the decision to separate children from their parents to place them with kin should not be taken lightly and must involve a full consideration of child and family preferences and the best interests of the child (see Section 4 for a discussion on decision making).

2. Ensure the existence of a full package of support to vulnerable families to enable them to provide adequate care for children.

This support is important for preventing a loss of family care, returning children to their families following separation and placing children in new permanent homes through adoption or *kafala*. This requires coordinated contributions from a range of sectors, including health, education, justice, social protection and child protection. These efforts must work to address the full range of root causes of a loss of parental care, including poverty and violence in the home, and early intervention

(both in terms of the age of the child and the existence of the problem) is particularly important. Here, both the formal system and the informal sector have a role to play, with social workers, community groups, NGOs, and faith-based organisations all contributing to the support of families. Support must also be tailored to reflect the varying needs of individual children and of different family types, with consideration given to different needs of girls and boys, and of the particular vulnerabilities of older carers and the children in their care, children with disabilities and families affected by HIV.

3. Challenge beliefs that lead to the separation of children from parents, and support and build on those that keep families together.

The impressive commitment to caring for the children of kin in many communities is a strength to be built on. However, any stigma and discrimination that encourages separation must be challenged. There is much evidence to suggest that however deeply embedded beliefs are, they can be altered, especially if change comes from within, and that a consideration of beliefs is essential for ensuring the ownership and sustainability of interventions (see for example UNICEF 2007). Here the media may have a significant role to play.

4. Make particular efforts to prevent separation and promote reintegration during emergency periods when children are especially vulnerable.

As noted, vulnerability to separation increases considerably during emergencies. Global guidance on child protection in emergencies suggests a range of strategies to avoid long-term separation which should be followed in all emergencies. These include work to prepare for emergencies, such as raising awareness about the dangers of separation, or providing children with name tags; rapid efforts to trace family or community members; work to maintain basic services, including schooling, during



an emergency to help ensure a sense of normality, and avoiding all adoptions in the early stages of an emergency to allow time for efforts to trace families to be exhausted. Strategies must also be put in place for family tracing and reintegration during emergencies, with particular strategies needed for children who are formerly associated with armed forces or groups, due to the trauma such children are likely to have experienced and the considerable stigma associated with their role during conflict. Separated children with disabilities may also need special attention during emergencies (CPWG 2012; Save the Children 2004; ICRC 2004).

5. Develop and support domestic adoption services, or alternative routes to permanency such as *kafala*, as appropriate to context, but use inter-country adoption with extreme caution. Countries should ratify and follow the guidance included in the Hague Convention on Inter-country Adoption (Hague Conference on Private International Law, 1993/2008). In line with the Convention, inter-country adoption should be used as a measure of last resort, and efforts must be made to improve domestic child care systems. In countries that have ratified and implemented the guidance accompanying the Hague Convention, inter-country adoption may offer a small number of children the only chance for a life in a family and out of institutional care, at least in the short term whilst efforts are being made to change discriminatory attitudes and improve in-country care systems. This may be especially likely to be the case for certain groups of children, such as those living with HIV or children with disabilities (EveryChild and BCN 2012; Mann et al 2012).

6. Recognise that the family is not always a safe haven for children; take action to prevent violence, abuse and neglect, and to immediately protect children facing such issues within their homes.

Whilst most parents and extended families do their best to care for children, families do abuse, exploit and neglect children and it should not be assumed that children are safe within families. Efforts must be made to regularly monitor child protection concerns for children in families deemed to be risky and to review the appropriateness of children remaining in such homes. When child protection concerns are raised, efforts should be made to ensure that children are immediately protected from harm, and if necessary provided with alternative care, though it may also be possible to address abuse whilst the child remains in the care of the family, for example through removing perpetrators of violence and abuse from families. It is important to also work intensively with families to ensure that maximum efforts have been made to change behaviours and to address the root causes of abuse, such as the stress and frustrations of extreme poverty and instability. As we discuss in the next section, for some children a period apart from families can be highly beneficial. Decisions must always be made on a case-by-case and best interest basis, and children should always be listened to (see Section 4).

Efforts to prevent children from being married or from having to work also help to keep families together. These are discussed in Section 3. In all efforts to enable children to grow up within families, it is important to listen to and respond to children's perspectives, and to recognise the active role that children play in decisions about their own lives, including decisions about whether or not to remain in or return to families. The participation of children in decisions about their care is covered in more detail in Section 4.



2. Ensuring a range of high-quality, appropriate alternative care choices for children

Summary

All girls and boys who cannot be cared for by their parents should have access to a range of high-quality alternative care so that the most appropriate care can be chosen to meet their individual needs and preferences. Care in large-scale institutions is harmful and cannot be considered to be of high quality or appropriate to children's needs. Other options that should be available include short or long-term foster care, supported kinship care, supervised independent living and small group residential homes.

This goal is important as:

- Children in need of alternative care have diverse and complex needs that should be reflected in a care system which has a range of choices for children.
- Poor quality or inappropriate alternative care, such as large-scale institutional care, is very harmful to children and must be urgently reduced.
- There are substantial and in some cases growing numbers of children in harmful institutional care, yet other forms of alternative care are currently underdeveloped in many settings.

In an effort to promote this goal, we propose the following principles of good practice:

1. Prioritise support to family and community-based alternative care such as foster care, small group homes, kinship care and supervised independent living.
2. Make sure children have a wide range of high-quality alternative care choices to meet their specific individual needs and preferences.
3. Work to end the use of institutional care, prioritising long-term care and the institutionalisation of children under three, but also developing alternatives to large-scale, dormitory-style transit centres, which commonly provide short-term care for older children.
4. Properly regulate alternative care and develop national standards for formal care, following the Guidelines for the Alternative Care of Children.
5. Make particular efforts to broaden the care choices of often discriminated against groups, such as those living with HIV or children with disabilities.
6. Aim for stability in caring relationships and ensure that a key aim of alternative care is to eventually provide children with permanent homes, either through reuniting children with families or through alternatives such as adoption (covered in Section 1).



Our goal

All girls and boys who cannot be cared for by their parents should have access to a range of high-quality alternative care so that the most appropriate care can be chosen to meet their individual needs and preferences. Care in large-scale institutions is harmful and cannot be considered to be of high quality or appropriate to children's needs. Other options that should be available include short or long-term foster care, supported kinship care, supervised independent living and small group residential homes.

Definitions and key concepts

Alternative care includes formal and informal care of children outside of parental care (UN 2010a). Alternative care is always a temporary measure whilst permanent solutions are sought, and should have the clear purpose of offering children a protective, nurturing environment whilst efforts are made to find them permanent homes. Alternative care includes kinship care, foster care, supervised independent living and residential care. Residential care includes a range of arrangements including small group homes, children's villages and institutional care, whereby children are cared for collectively in large groups.

Residential care may be short or long-term. In many settings, **transit centres** are used for the care of children for a few days, weeks or months

whilst efforts are made to reunite them with parents. These centres may be institutions, small group homes or children's villages. In some settings, such as Brazil, transit centres have very specific meaning in national guidance and are only ever intended for the short-term emergency placement of children in small group homes. In other contexts, children become 'trapped' in such centres if insufficient or unsuccessful efforts are made to reunite them with parents or other family members, and centres described as transit centres can house children for several months or even years (see for example Cantwell and Jacomy-Vite 2011; Tolfree 1995).

In some settings, it is hard to distinguish residential care from boarding schools or sanatoriums as such facilities may commonly take on the roles and responsibilities of parents, and children can spend long periods of time with no or minimal contact with home. When such facilities are institutional in nature, this leaves children vulnerable to the same care and protection concerns as other forms of institutional care. Establishing whether boarding schools and sanatoriums need to be included in efforts to improve the alternative care of children may hinge on the degree of contact that children have with their parents, their own perception of who their main carer is, and the frequency with which they return home (Tolfree 1995).

Further details of the characteristics of different forms of alternative care are included in Box 6 below.

Box 6: Definitions of types of alternative care

- **Kinship care:** Kinship care is defined above. It is included here, and in Section 1, as kinship care is both a form of permanent family-based care, and form of temporary alternative care. There are two types of kinship care. **Informal kinship care** is "any private arrangement provided in a family environment, whereby the child is looked after on an on-going or indefinite basis by relatives or friends ... at the initiative of the

child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body." (UN 2010a Article 29). **Formal kinship care** is care by extended family or close friends which has been ordered by an administrative or judicial authority or duly accredited body (UN 2010a). This may in some settings include guardianship or foster care.



- **Foster care:** “Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family other than children’s own family, that has been selected, qualified, approved and supervised for providing such care” (UN 2010a Article 29). Foster care can range from emergency placements for children unexpectedly separated from families and temporary respite foster care for children with disabilities, to long-term placements for children who cannot return to their families, but for whom adoption is not considered appropriate or possible. Foster carers may be financially and materially supported in doing so.
 - **Supervised independent living:** “Settings where children and young persons, in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with, and access to, support workers” (Cantwell 2010 p.3). Such arrangements may be considered to be formal arrangements which include children living in child-only households⁷ who are supervised by “a legal guardian, a recognised responsible adult or, where appropriate, a public body legally mandated to act as guardian” (UN 2010a Article 37).
 - **Residential care:** “Care provided in any non family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities including group homes.” (UN 2010a Article 29). Care is provided in a specially designed and designated facility by salaried staff or volunteers.
- children being cared for collectively in large groups. The distinction between institutional care and other forms of residential care rests not only on the size of the facilities, but also on the nature and quality of the care provided. Institutional care involves the use of shift-systems, children generally sleep together in dormitories, their lives are governed by set rules and routines, and children are commonly isolated from wider communities. All of these factors impact on children’s protection, their ability to form bonds with carers, and the ease with which they are eventually able to reintegrate back into families and communities (EveryChild 2011a; Tolfree 1995).
- **Small group homes:** In contrast to institutional care, children are cared for in smaller groups, and there are usually one or two consistent carers responsible for their care. This care is different from foster care in that it takes place outside of the natural ‘domestic environment’ of the family, usually in facilities that have been especially designed and/or designated for the care of groups of children.
 - **Children’s villages:** In this framework, we refer to children’s villages in terms of the ‘traditional’ models of children’s villages still being widely used in the countries in which we work. These involve several small group homes located inside one walled complex. Other services, such as schooling and health care, are also often provided in the complex.

Residential care may encompass a range of different arrangements, including:

- **Institutional care:** ‘Large-scale residential facilities’ (UN 2010a Article 22) involving

In addition to kinship, foster care, supervised independent living, and residential care, other forms of ‘family-based or family-like care placements’ (UN 2010a Article 29) are mentioned in the Guidelines for the Alternative Care of Children as forms of alternative care. These may include, for example, ‘cluster foster care,’ whereby a number of foster carers are provided with housing close together.

7 Child-headed households may include an incapacitated adult. Children in child-headed households may or not be outside of adult care, depending on the degree to which the adult is incapacitated.
8 Taken from EveryChild 2011a/2011b, EveryChild and HelpAge 2012, and UN 2010a.



Quality alternative care has several components including being cared for in a protective, stable environment by a consistent and committed carer and having a tailored full package of support. The characteristics of quality alternative care are further articulated in Box 7 below:⁸

Appropriate care is formal or informal care which is suitable for the specific care needs and best interests of each individual child (see UN 2010a Articles 57-68).

Box 7: Components of quality alternative care

- Efforts should be made **to maintain regular contact with communities and families** of origin, except in cases where it is not in children's best interests, and to **reintegrate children or provide them with alternative permanent homes**, such as adoptive families.
- A **consistent and committed carer**, able to create a protective, loving and understanding environment which fosters the development of children. Carers in the formal system, such as those working in residential care facilities or in foster care, must be carefully selected and provided with on-going training and, ideally, training in areas such as parenting skills should also be offered to informal kinship carers.
- A **full package of support** for carers and the children in their care, which ensures that children and carers have adequate financial support, accommodation, health care and psycho-social support, and that children are able to attend school and have some leisure time. As with all children, the rights of children in alternative care to survival and development, health, education and play must be respected.
- Proper **child protection measures**, with an opportunity for children to report concerns regarding abuse, neglect and exploitation, some monitoring of carers and the children in their care, and adequate responses to allegations of misconduct.
- For children in formal care and for those deemed to be at risk within families, there is a need for careful **care planning and regular review** of decisions about children's placements (see Section 4 for more discussion on these issues).
- Promote **stability in care arrangements** to minimise disruptions and enhance a sense of belonging.
- Proper **support to children leaving care** to return to families or live independently as adults must be provided.
- Efforts must be made **to keep siblings together** wherever possible, providing it is in children's best interests.
- Efforts to **listen to children**, and to take their views into consideration, in both decisions about their own care, and wider efforts to ensure that care is of high quality.
- **A recognition and response to the diverse needs of children**, acknowledging in particular the different needs of girls and boys, and of older and younger children, and the needs of children with disabilities or living with HIV.



Why we are working towards this goal

Children in need of alternative care have diverse and complex needs that should be reflected in a care system which has a range of choices for children.

As we have shown above, children come into alternative care for a number of reasons, including abuse, behavioural problems, exploitation, parental death or strategies to try and achieve better life chances. Children may range from tiny babies relinquished at birth, to adolescents approaching adulthood, often with many years of living outside of any adult care behind them. Characteristics such as age, gender, disability and HIV status may all also affect children's needs, with some children having specific intensive therapeutic, rehabilitation or health care needs. Some children may need only a few days in alternative care to give parents some respite or because carers are too sick to look after them. Others may have longer term needs, perhaps whilst parents are in prison, or may be spending periods in alternative care whilst a whole new family is sought for them through adoption. Many children benefit from care by adults in families, through foster or kinship care; other children may need time away from families and a break from the intensity of family relationships, such as those who have experienced abuse or other traumatic experiences in a family setting, or who need intensive, specialist support that cannot be provided in family homes. Such children may benefit from periods in small group homes (EveryChild 2011a). For other children, being supervised to live independently may be the best choice, for example, if this is the only means of enabling children to remain with siblings or in communities of origin.

Poor quality or inappropriate alternative care, such as large-scale institutional care, is very harmful to children and must be urgently reduced.

Care that does not include the key elements of quality care outlined above can be extremely harmful to children. Care in large-scale, dormitory-style institutions has been shown to deny children the opportunity to form a lasting attachment with a

consistent carer. Research dating back to the 1950s shows how such a lack of attachment can impact on children's cognitive, intellectual and emotional development, especially for very young children who are at such a crucial stage in their development (Browne 2009; Johnson et al 2006; Oates et al 2005). Research demonstrates how poor attachments can have an actual physical impact on children's brains (Bilson 2009). Institutional care can also expose children to abuse and bullying, including sexual abuse, and the lack of contact with communities can make it hard for children to learn how to live independently as adults or to form an identity linked to a community of origin (Browne 2009; Tolfree 1995; Williamson and Greenberg 2010).

"Sometimes the teacher [in residential care] can beat them up and yell at them."

(A girl in residential care in Georgia, cited in EveryChild 2011a p.13)

"Grown-up children humiliate and steal things and offend smaller kids."

(A child in residential care in Russia, cited in EveryChild 2011a p.13)

"The children don't know what is happening outside."

(14-year-old boy in residential care in Malawi, cited in EveryChild 2011a p.13)

Long stays in institutions are especially damaging, but even relatively short stays can have an impact on babies and very young children (Browne 2009). For older children, whilst there is general consensus that long stays in institutional care is harmful, there is a lack of research on the impacts of short stays in institutions, such as the dormitory-style transit centres commonly used for children who have been trafficked, living on the streets or with employers and are awaiting reintegration. What evidence does exist suggests that care in such facilities is not likely to be beneficial (EveryChild 2011a). For example, it is argued that the collective care of large groups of children cannot provide boys and girls with a strong bond with a carer which may be crucial for overcoming trauma associated with separation



from families and any subsequent abuse and exploitation (Tolfree 1995). Having a strong bond with carers has also been identified as a key factor affecting the resilience (ability to cope with threats) of children. Children's resilience changes over time, and creating a stronger bond with children through caring for them in smaller groups, even if only for a short period, could potentially have an impact (see Rochat and Hough 2007). As noted, children can get 'stuck' in short-stay residential care, especially if such centres do not have a sufficient focus on reintegration or the provision of alternative family-based care, and such centres can thus hinder the ultimate goal of all alternative care services – to place children in permanent, family homes. Like all institutional care, such facilities can also divert resources away from efforts to support families or to develop better forms of alternative care, such as specialised therapeutic small group homes or emergency foster care.

Care in institutions can be especially neglectful, abusive and damaging to children with disabilities. Such girls and boys have a particular need for individualised support and attention which is all too often missing in institutional facilities (UN 2011). Research in Europe and the US shows how residential care can fail to adequately respond to or even exacerbate disabling conditions (Trout et al 2010; WHO 2010), and social isolation and lack of attention to rehabilitation in institutions can leave many children institutionalised for life (Tolfree 1995). Children with disabilities in institutions are more vulnerable to abuse than other girls and boys (Ellery et al 2011; Rosenthal et al 2011; WHO and World Bank 2011).

"I looked into the crib and saw a child who looked to be seven or eight years old. The nurse told me he was 21 and had been at the institution for 11 years. I asked her how often he was taken out of the crib and she said: 'Never. He has never been out of the crib in 11 years.'"
(Mental Disability Rights International (MDRI) investigator, Serbia, cited in MDRI 2007, p.v)

"There were almost two dozen children with disabilities sitting on mats on the floor or on benches in total inactivity, practically motionless. Some were covered in blankets. Some sat staring at the walls. A few sat rocking back and forth or biting their fingers. Staff just looked on."
(MDRI investigator in Mexico, cited in Rosenthal et al 2011, p.21)

The large body of evidence on the harm caused by institutional care suggests that this care is intrinsically harmful to children, and that alternatives must be sought urgently. This is reflected in the Guidelines for the Alternative Care of Children (UN 2010a Article 23).

Other forms of poor quality alternative care also need to be urgently addressed. For example, efforts must be made to adequately regulate and monitor formal foster care, as children can suffer from abuse and neglect in such settings, and may also suffer the harm caused by frequent placement changes (Biehal et al 2011; Hannon et al 2010). As shown above, some child protection measures may also be necessary for children in kinship care. Children's villages, whereby children live isolated from communities in walled complexes, are widely used and can also be harmful to children. This form of care can damage children's sense of identity due to a lack of connection with communities, which in turn can threaten their ability to live independently as adults.⁹

There are substantial and in some cases growing numbers of children in harmful institutional care, yet other forms of alternative care are currently underdeveloped in many settings.

There are large numbers of children in residential care around the world, with many of these children placed in large-scale institutions. In contrast, with the exception of some Western nations and some countries in the CEE/CIS region, there are relatively few children in foster care placements (see box 8 below). Some children, especially those with disabilities or living with

9 See: Abede 2009; EveryChild 2011a; SOS 2004/2010; World Vision 2009 for further evidence on the advantages and disadvantages of children's villages.



HIV, currently have much more limited care choices than children in the general population. In some settings, children born outside of marriage or with unknown parentage also have far more limited care choices than other

children. This can lead to an over-reliance on institutional care for these groups in some regions (Cantwell and Jacomy-Vite 2011; EveryChild and BCN 2012; Mann et al 2012; Xiang et al 2003; Zhi 2011).

Box 8: The numbers of children in residential care vs foster care

- UNICEF research in five countries in Southern Africa suggests around 30,000 children in registered residential care facilities, with many more in unregistered facilities (UNICEF 2008a; Powell et al 2004). In contrast, with the exception of South Africa and Namibia, foster care is only used in a piecemeal manner in the region (Parry-Williams and Dunn 2009).
- In South Asia, UNICEF estimates that there are more than 49,000 children in residential care in Bangladesh (UNICEF 2008b). In Sri Lanka there are at least 19,000 children in residential care, and there has been a reported rise in residential care in Nepal (Roccella 2007; Terre des Homme 2008).
- In Indonesia, there are an estimated 8,000 residential care facilities, housing approximately 500,000 children, though a recent change in government policy is leading to a reduction in the number of children in residential care (Save the Children 2009b).
- In the Caribbean, excluding Haiti, there are 6,000 children in residential care compared with around 1,600 in foster care (Lim Ah Ken 2007). In Guyana, in 2006 there were 550 children in residential care, with recent statistics suggesting that there are currently 700 children in residential care.¹⁰
- In many CEE/CIS states, the proportion of children in institutional care is either growing or failing to fall, despite extensive de-institutionalisation efforts. In Russia there were 1,255.9 children per 100,000 of the population in residential care in 1989, compared with 1,240.3 in 2008. In Ukraine, these figures are 224.9, and 996.9 respectively, and in Moldova they are 1,085.6 and 1,250.2.¹¹ In Russia, out of nearly 670,000 children without parental care, approximately 55,000 are in foster care, with the majority in residential care or under guardianship (primarily kinship care) (Rosstat and UNICEF 2010).
- In the Czech Republic, only 25% of children in care are in foster care, and rates of children in residential care here, and in Latvia and Lithuania, are rising. In Bulgaria, there were over 7,000 children in residential care in 2008, compared with just 72 in foster care (EuroChild 2010).
- In Japan, only 10% of children in alternative care are in foster care, with the remaining 90% in some form of residential care.¹²

10 From figures provided by the Government of Guyana to EveryChild.

11 Taken from the TransMonEE data base: <http://www.transmonee.org/>

12 From a presentation given by Takeshi Kokubu, journalist, at the SOS Children's Villages Conference on Quality in Alternative Care 'Save the Affected Children after the Catastrophe in Japan'.



Some principles for good practice

High-quality alternative care hinges on ensuring that children are only in alternative care if it is in their best interests so that maximum resources can be devoted to those children for whom alternative care is really necessary. Thus, achieving goal 1 (enabling children to grow up in families) and goal 4 (improving decision making about children's care) is essential for ensuring that the principles below can be achieved.

1. **Prioritise support to family and community-based alternative care.**

Rather than investing in institutional care, which is in any case often more expensive than family-based alternatives, resources should be invested in foster care, support to kinship carers and supervised independent living, along with small group homes which are embedded in communities. Owing to the likely long-term negative effects of the isolation of children in complex-based children's villages, it is recommended that alternatives also be sought to this form of care.

2. **Make sure children have a wide range of quality alternative care choices.**

Build care systems which cater to the varying needs of children, including respite, short and long-term foster care, and small group homes which respond to particular therapeutic or rehabilitation needs. Allow for varying degrees of support and regulation of kinship carers, depending on the needs and vulnerability of kinship carers and the children in their care. Support supervised independent living for children for whom this is the best choice.

3. **Work to end the use of large-scale institutional care, prioritising ending the use of long-term care and the institutionalisation of children under three, but also developing alternatives to dormitory-style transit centres, which commonly provide short-term care for older children.**

Of course, it is

recognised that institutional care cannot be ended overnight and children currently in such centres need to be carefully reintegrated with families, supported to live independently, or found other forms of alternative care before such centres can be closed. The closure of any facilities must be phased, making sure that alternative care and family support services are adequately developed, and that budgets have been reallocated (Browne 2009; European Commission 2009). As noted above, new institutions are often built during emergencies and remain part of the child care system for many years afterwards. It is recommended that such facilities should only be established as a last resort at such times.

4. **Properly regulate alternative care.**

Develop national standards for formal care, following the Guidelines for the Alternative Care of Children (UN 2010a) and the elements of quality care outlined above. Ensure formal care is properly regulated and that adequate support is given to improve the quality of care. If necessary for the protection of children's rights, this should include measures to enhance the quality of institutional care whilst efforts are made to close down such facilities, though the primary focus must remain on closing down such facilities.¹³ Make sure that children in informal kinship care are properly protected and supported, but do not alienate carers and place too great a burden on social workers by over-regulating this form of care.

5. **Make particular efforts to broaden the care choices of often discriminated against groups,**

such as those living with HIV, from unknown parentage, from ethnic minority groups, or children with disabilities.

6. **Aim for stability in caring relationships and ensure that a key aim of alternative care is to eventually provide children with permanent homes,**

either through reuniting children with families or through alternatives such as adoption (covered in Section 1).

¹³ It is recognised that it is important not to improve the quality of institutional care to such a degree that it offers a high standard of living likely to attract children into residential care. However, it must also be acknowledged that children currently living in such facilities have rights, and efforts must be made to ensure a basic standard of living, service provision and care to meet these rights. Any work to improve the quality of residential care should not take place at the expense of broader efforts to end the institutionalisation of children.



3. Taking steps to prevent children from having to live outside of any adult care, without the care of families or other carers, and in the interim, protecting these boys and girls

Summary

We strive for a world where no child has to grow up outside of any adult care; unsupervised in child-only households, living on the streets, or with employers or other adults who exploit or abuse them. We believe that ultimately, the vast majority of children living outside of adult care should be found permanent family homes, though they may require periods in appropriate quality alternative care whilst such arrangements are being made. We do not think it is ever desirable for younger children to live outside of adult care. However, it may be acceptable for some older, teenage children to live the remainder of their childhoods without adults, alone or in peer groups, though they should never be forced into such living arrangements as their choices are restricted by poverty, or a lack of alternative care or other service provision. Pragmatically, we recognise that, owing to the scale of the problem, in the interim at least, both older and younger children currently living outside of adult care may need our support and protection whilst better alternatives are being developed.

This goal is important as:

- Children living on the streets or with exploitative or abusive adults are extremely vulnerable; there is an urgent need to offer such children more caring and protective environments.
- Living unsupervised in child-only households places children at risk, and many children living in such homes need more supported and caring environments in which to grow up.
- There are millions of girls and boys around the world living outside of any adult care. We are therefore unlikely to stop all children from having to live outside of adult care immediately and in the interim at least, whilst better alternatives are being developed, such children need our support and protection.



In an effort to promote this goal, we suggest that it is important to balance strategies enabling the immediate protection of children outside of adult care with medium and long-term preventative strategies. Investing all resources in protecting children already living outside of adult care reflects a too ready acceptance that such living situations are inevitable. Yet, investing all resources in preventing children from being outside of adult care leaves children already outside of adult care highly vulnerable. Working towards all of the following is essential for achieving a more balanced response:

- Take action to immediately remove children from extremely and intrinsically dangerous and exploitative situations.
- Ensure that children who continue to live outside of adult care have access to a full package of support.
- Ensure that strategies to prevent a loss of family care, or to reintegrate children, take into account the specific motivations and needs of children who are outside of any adult care.

Our goal

We strive for a world where no child has to grow up outside of any adult care; unsupervised in child-only households, living on the streets, or with employers or other adults who exploit or abuse them. We believe that ultimately, the vast majority of children living outside of adult care should be found permanent family homes, though they may require periods in appropriate quality alternative care whilst such arrangements are being made. We do not think it is ever desirable for younger children to live outside of adult care. However, it may be acceptable for some older, teenage children to live the remainder of their childhoods independent of adult care, alone or in peer groups, though they should never be forced into such living arrangements owing to their choices being restricted by poverty, or a lack of alternative care or other service provision. Pragmatically, we recognise that, due to the scale of the problem, in the interim at least, both older and younger children currently living outside of adult care may need our support and protection whilst better alternatives are being developed.

Definitions and key concepts

Children **living independently** fit into two categories. As per the Guidelines for the Alternative Care of Children (UN 2010a) these children may be in **supervised independent living arrangements** which are considered to be a form of alternative care and are discussed and defined in Section 2 above. Children living independently may also be in unsupervised arrangements, whereby they are effectively **outside of the care of any adult**, though they may still be supported by adults. These children constitute a particular category of children outside of parental or family care in that, unlike children in alternative care, there are no adults who have taken on or been given the responsibility to care for these children. They include:

- Children living in child-only households who are not supervised by an adult.
- Children living on the streets without adult carers.
- Children living with adults who do not take on the responsibility to care for and protect children. This group may include children who live with employers, children who have been recruited into fighting forces or groups, or who have married. It does not include children living with parents or other family members who have taken on the



responsibility to care for children, but who provide inadequate care (this is covered in Section 1 above which explores the need for improving child protection and care within children's own families).

It is recognised that the dividing line between children in kinship care and this last category may be extremely thin in some cases. For example, in many settings, children sent to live with kin or distant relatives spend large proportions of their day on child care or

domestic tasks, and these arrangements are culturally sanctioned in some settings. Parents and children may have entered into such arrangements with the expectation that children would be cared for by the adults in the household, and adults in the household may believe that they are providing adequate care and a better life for children (Blagbrough 2008; Roby 2011).

Other key concepts used in this section are included in Box 9 below.

Box 9: Definition of key terms used in Section 3

- **Child marriage:** "Child marriage involves the marriage of anyone below the age of 18. It is the marriage of a child to an adult or another child, and may be legally condoned by national laws." (CRIN 2007 p.1). Many believe that all marriages of children under the age of 18 may be considered to be 'forced' as children are highly vulnerable to deception, and physical or emotional pressure, and can never be said to have fully consented to a marriage. The younger the child is, the less likely they are to have given their full and free consent (CRIN 2007). Marriage is also especially dangerous for young girls, for whom the risks of early pregnancy and consequent maternal and infant mortality are greatest (IWHC 2008). We are therefore especially concerned with the marriage of girls under the age of 14 years.
- **Working children and child labour:** Child work may include any activities that children undertake to contribute to their own or their family economy. It includes housework as well as paid employment and may not always be harmful to children (Save the Children 2003). According to the UNCRC, children must be protected from harmful and exploitative work which is defined as "any work that is likely to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development." (UN 1989 Article 32). Many use the term 'child labour' to describe such harmful work. Harmful work or child labour is further articulated in Conventions 138 and 182 of the International Labour Organisation (ILO 1973/1999).¹⁴

¹⁴ Convention 138 stipulates minimum ages of employment as no less than the age for completing compulsory schooling and in any case not less than the age of 15, though in developing countries this age limit can be lowered to 14. Children aged 13-15 years are able to take part in 'light work' with developing countries able to lower this limit to 12-14 years. Convention 182 states that no child can engage in the 'worst forms' of child labour. This includes several forms stipulated by the convention, such as forced labour or commercial sexual exploitation, along with particularly harmful forms of work agreed at the national level based on set criteria.



- **Child trafficking and migration:** Child trafficking is generally referred to as children being transported for the purposes of exploitation within or across borders. Trafficking also includes the recruitment of children before they are transported and the receipt of children after they have been transported. Unlike adult trafficking, child trafficking does not have to involve coercion or deception; any situations involving children being moved for the purpose of exploitation are considered to be trafficking whether or not a child agrees to it. What this exploitation constitutes is a matter of considerable

debate, with many keen to ensure that children, especially older children, are not prevented from migrating in search of a better life because of over-strict definitions of trafficking.¹⁵

- **Child domestic work:** The term domestic work means any work performed in or for a household or households, and a domestic worker is any person engaged in domestic work within an employment relationship. Child domestic work is domestic work performed by a girl or a boy aged under 18 years (ILO 2011a).

Why we are working towards this goal

Children living on the streets or with exploitative or abusive adults are extremely vulnerable; there is an urgent need to offer such children more caring and protective environments.

It is unacceptable for children to have no choice but to sleep on the streets. Street living leaves children highly vulnerable to abuse and exploitation, with increased risk of substance abuse, HIV and, for girls, dangerous early pregnancies. Both boys and girls are likely to suffer from abuse and exploitation, though the form that this takes is likely to vary considerably by gender (Consortium for Street Children 2009; Thomas de Benitez 2007).

“One boy in my gang knew a way of making fast money ... he encouraged me to go with him and his friends. They met a German tourist, he was about 30, and he paid them \$2-5 to sexually abuse them. I would not join in; I just kind of hung out with them. ... After a few months, I saw more kids getting paid to do this. I needed the money and wanted to be like my older mates.”

(A 13-year-old boy living on the streets in Cambodia, cited in Thomas de Benitez 2007 p.13)

Children on the streets commonly lack proper nutrition, may become involved in substance abuse, are highly vulnerable to diseases such as malaria and are usually unable to go to school (Consortium for Street Children 2009). Children living on the streets may also be more likely to end up in conflict with the law, especially if sleeping on the streets is viewed by authorities as a crime. This can lead to detention with all of its associated problems (Cantwell and Jacomy-Vite 2011).

Children involved in child labour and living with employers can be doubly damaged by both the consequences of their work and the lack of protection of an adult responsible for their care (Blagbrough 2008). Vulnerability and exploitation is increased if children are trafficked into work. Some children may decide themselves to migrate for work as a rite of passage or a survival mechanism, or to live on the streets because it is better than the alternatives, such as abusive family homes (Dotteridge 2004). For older children in particular, this may be the best choice available, and may be considered ‘normal’ in communities where reaching the age of 18

¹⁵ This definition derives from the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (UN 2000a), commonly known as the Palermo Protocol, and from the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (UN 2000b). See also Black et al 2004, and Dotteridge (2004).



is not viewed as the definitive point at which children enter adulthood, and living apart from parents may be seen as desirable at an earlier stage in life. However, no child should have such potentially dangerous environments as their only choice in life, and adults continue to have a responsibility to protect children from making harmful life choices. Maximum efforts must be made to ensure that children living on the streets or with employers who abuse or exploit them are reunited with families, found appropriate alternative care, or supported to live independently in safer homes, depending on their best interests.

Similarly, children who marry before they reach the age of 18 are often highly vulnerable, and as noted above, risks are especially high for younger girls. Girls usually marry older spouses, and such marriages frequently lead to early sexual activity, often forced. This carries with it heightened vulnerability to sexually transmitted diseases, and, especially for girls aged under 14, the risk of early pregnancy and consequent maternal and infant mortality (CRIN 2007; IWHC 2008; UNICEF 2006). Pregnancy-related deaths are the leading cause of mortality for girls aged 15-19 worldwide with girls under 15 five times as likely to die as women in their 20s (World Vision 2008). Marriage also usually leads to girls stopping school (CRIN 2007; IWHC 2008). In some societies, pregnancy, no matter how young the mother, is seen as the entrance into womanhood and the end of a girl's window for education (World Vision 2008). Finally, girls who marry young frequently show signs of child sexual abuse and post-traumatic stress, such as feelings of hopelessness and severe depression (ICRW 2006). They can be extremely isolated, have to perform the bulk of the housework for their husband's family, be vulnerable to domestic violence and abuse, and be denied access to their peers or even their own relatives (UNICEF 2009). As with children living on the streets or with exploitative employers, urgent efforts must be made to ensure that children are not forced into marriage, and instead live in protective caring environments.

Living unsupervised in child-only households places children at risk.

Children living unsupervised in child-only households may be left vulnerable to violence and abuse; have to engage in harmful child labour including sex work in order to survive; and struggle with the challenges associated with raising younger siblings. Such children are commonly unable to attend school, experience feelings of loneliness and isolation, and worry about their future, including marriage prospects, which may be damaged by their responsibilities to their siblings (Tolfree 2004).

Despite the risks, in some circumstances there are certain comparative advantages to living unsupervised in child-headed households. For example, for some children, living in such homes is the only way to ensure that they can remain with siblings or in their communities of origin, and this can be essential for children's sense of identity and well-being. Living in such homes can also enable a group of siblings to retain rights to their family home and property and prevent property grabbing by neighbours or relatives, and some children prefer to remain together as a group rather than live with relatives as they fear discrimination (Tolfree 2004). Older children who have migrated for work may live in child-only households as a means of maintaining the protection and support of living with friends, and as a better alternative to living with employers or on the streets. However, as such unsupervised arrangements can leave children vulnerable there should be safer alternatives available to girls and boys.

There are millions of girls and boys around the world living outside of any adult care. Box 10 provides further examples of the substantial numbers of children living on the streets, with employers or in early marriages.



Box 10: Number of children living outside of adult care

- In certain parts of the world, recent reports suggest that the number of children living on the streets and not returning to families at night is rising (Ray et al 2011).¹⁶
- UNICEF (2009) estimates that in Africa 34% of women aged 20-24 were married or in a union before the age of 18 and in Asia this figure is 40%. In Nepal, 7% of girls marry by age 10 and 40% by age 15 (World Vision 2008). Every day an estimated 3,500 girls under the age of 15 get married (Bruce 2007).
- Latest available figures suggest that globally there are at least 15.5 million child domestic workers, representing almost 5% of all economically active children, with more girls than boys engaged in domestic work. It is not known precisely how many of these children live in the homes of their employers. However, in many settings this is extremely common, and such children are especially vulnerable to abuse and exploitation. The risks associated with child domestic work are so great that a new Convention explicitly calls on states to take stronger action against child domestic work (ILO 2011a/b).
- There are growing numbers of children migrating in search of work around the world (Global Movement for Children 2010). According to the World Bank (2006), about a third of all migrant flow from developing countries is youth age 12-24. This includes millions of children under age 18 who migrate without adult supervision. McKenzie (2008), based on census data from 12 destination countries, showed that a considerable number of migrant children were living without their parents. Migrant children, especially those unaccompanied, are most exposed to the worst forms of child labour (UN General Assembly 2009).

We are unlikely to stop all children from having to live outside of adult care immediately and in the interim at least, whilst better alternatives are being developed, such children need our support and protection. As articulated above, in an ideal world, no child will live on the streets or with an exploitative and abusive adult, such as an employer or older spouse. Achieving such a world requires attention to prevention, addressing the root causes of abuse and exploitation, such as poverty or cultural norms and values, including gender norms. However, whilst such difficult change is being achieved,

children remain in marriages, work or on the streets and are in desperate and urgent need of support and protection. Evidence suggests that currently such support is lacking. For example, children on the streets are often discriminated against by service providers and unable to access healthcare or advice about contraceptive use.¹⁷ Although there is general recognition that the long working hours linked to much child labour mean that work is a barrier to schooling for many children, the linkages between child labour and education have not translated into policy change on the part of many governments (ILO 2010). There are only

¹⁶ Because the use of the street can be fluid depending upon a child's age, gender, or experience at the time, agencies working in the sector have struggled to agree upon an exact number that globally represents 'street children' (Ray et al 2011). UNICEF (2006), while having discarded the previously accepted figure of 100 million, still puts the number at 'tens of millions' of children living on the streets at any given time.

¹⁷ See for example research by Street Action in Durban, South Africa:
<http://streetaction.org/research-advocacy/projects>



limited references to children being outside of adult care in global reports and policy papers aimed at encouraging education for the most marginalised (Delap 2010).

Some principles for good practice

Balance strategies enabling the immediate protection of children outside of adult care with medium and long-term preventative strategies. Investing all resources in protecting children already living outside of adult care reflects a too ready acceptance that such living situations are inevitable. Yet, investing all resources in preventing children from being outside of adult care leaves children already outside of adult care highly vulnerable. Working towards all of the following is essential for achieving a more balanced response.¹⁸

1. Take action to immediately remove children from extremely and intrinsically dangerous and exploitative situations. Children outside of adult care and involved in the worst forms of child labour or who are regularly abused or whose lives, health or well-being are at risk, must be immediately removed from harm and placed into more protective environments. As noted above, short-term residential care may play a role here, providing such care is organised in small groups so that children can get the individualised care and attention they require. For the reasons noted above, institutional care, including dormitory-style transit centres whereby large numbers of children are cared for collectively in care intended to be short-term, should not be used, though such care may continue to be necessary whilst better alternatives are developed. Other 'protective environments' to be considered include emergency foster care, or immediate reunification with families. As with all children in alternative care, efforts must be made to

ensure that children have stable placements and, eventually, permanent homes.

2. Ensure that children who continue to live outside of adult care have access to a full package of support. This should include: support with schooling; health care, including reproductive health; psycho-social support; social protection, income generation or savings; and accommodation. For many of these children, access to justice may be especially important, and efforts must be made to decriminalise children living on the streets. For some groups of children, this provision may be short-term whilst preventative and reintegration efforts are stepped up. For other groups of children, such as older teenaged children who have made informed choices to live apart from families, this support will always need to be available.

3. Ensure that strategies to prevent a loss of family care, or to reintegrate children, take into account the specific motivations and needs of children who are outside of adult care. The strategies to support families described in Section 1 above should take into account the reasons why children leave families for a life outside of adult care, and ensure that appropriate support is provided to families and communities to minimise such separation. Common motivations include poverty, abuse and violence in the home, and cultural beliefs which promote periods of separation as a kind of rite of passage for young people. Such strategies should not view children as passive victims and should take into account children's own role in decisions to leave their families. This requires sensitive listening to children's experiences to understand their opinions, needs and aspirations. This is the focus of the next section.

¹⁸ Individual agencies may decide to strategically work on some of these four strategies and not others, but collectively, all of these areas must be covered to properly protect the rights of children outside of adult care or vulnerable to a loss of adult care.



4. Promoting better and more participatory decision making about children's care

Summary

It is essential that all decisions about children's care are made on a case-by-case basis, considering the best interests of each individual child, and that, in line with their evolving capacities, the views of girls and boys about their care are always considered in decision making.

This goal is important as:

- Children have a right to participate in decisions which affect them, and international guidance recognises the importance of child participation in decisions regarding their care.
- Children have strong preferences about their care, and offer insights into which forms of care are most likely to be in their best interests.
- Some children take control of their lives and make their own decisions about where they will live; ignoring their role in decision making will mean that efforts to keep families together, or provide children with new permanent homes, are likely to be unsuccessful.
- Decisions about children's care are currently rarely made in consultation with children and the best interests of the child are not always the primary consideration in decision making.

In an effort to promote this goal, we propose the following principles of good practice:

1. Improve formal decision making about children's care, through for example:
 - Involving children, parents, and relevant

professionals in all decision making regarding children's care

- Ensuring that all children in formal care have care plans which are regularly reviewed
 - Raising awareness amongst relevant decision makers about the importance of child participation, acting in the best interests of the child, keeping families together and the dangers of institutional care
 - Making the spaces in which decisions are made about children's care more child-friendly and appointing a neutral appropriate adult to assess and represent children's best interests in proceedings.
2. Improve informal decision making about children's care by supporting children, families and broader communities to make more participatory and well-informed choices about children's care.
 3. Recognise that children often make their own decisions to leave home and understand and address their motivations in strategies designed to keep families together and act in the best interests of the child.



Our goal

It is essential that all decisions about children's care are made on a case-by-case basis, considering the best interests of each individual child, and that, in line with their evolving capacities, the views of girls and boys about their care are always considered in decision making.

Definitions and key concepts

Decisions regarding children's care

include decisions about both the formal and informal care of children. Decisions regarding formal care involve decisions that are "ordered by an administrative or judicial authority or a duly accredited body," and any decisions regarding children's entry into or exit from residential care (UN 2010a Article 29).¹⁹ Informal decisions take place within families and communities without involving formal structures, such as social services or the courts, and without children being placed into residential care. In some cases, such as when children run away from home, decisions may be made by the child alone. Decisions include an initial decision to separate from parents or families, decisions to move between different forms of alternative care, and decisions to reintegrate children with their parents.

Better decision making regarding children's care means making well-informed, case-by-case decisions, which aim to act in children's best interests, and involve the full participation of children and families. Acting in the **best interests** of children means that in all decisions regarding children's care, acting in children's best interests is the primary consideration (see UNCRC 1989 Article 3). In relation specifically to children's care, the Guidelines for the Alternative Care of Children articulate several factors that need to be taken into consideration in determining best interests, including:

- The importance of understanding and meeting universal child rights (as articulated by the UNCRC) and the specific needs of individual children
- Balancing children's immediate safety and well-being with their medium and longer-term care and development needs
- Recognising the problems associated with frequent placement changes, and the importance of achieving permanency in care relationships
- A consideration of children's attachments to family and communities, including the importance of keeping siblings together
- The problems associated with care in large-scale institutions.

In assessing best interests, it is important to consider the strengths, as well as the weaknesses, of families, to ensure that maximum efforts are made to build upon strengths. This includes an assessment of relationships and not just a consideration of material needs.

Consulting children about their care involves asking their views and taking these views into consideration in decision making regarding which forms of care are in their best interests. Proper consultations require professionally trained staff and a supportive environment to ensure children understand the decision-making process and have the competence and confidence to engage. Consulting children does not mean always doing exactly what children suggest and nor does this participation negate adults' responsibility to protect children. Children's ability to articulate their views and to make informed judgements about their lives varies by age and other characteristics of the child. However, even young children have opinions and feelings which need to be taken into consideration.

¹⁹ As per the Guidelines for the Alternative Care of Children (UN 2010a) all forms of residential care are considered to be 'formal care' whether or not they are "ordered by an administrative or judicial authority or a duly accredited body".



Why we are working towards this goal

Children have a right to participate in decisions which affect them, and international guidance recognises the importance of child participation in decisions regarding their care. Article 12 of the UNCRC states that:

“States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.” (UNCRC 1989 Article 12)

Article 3 of the UNCRC states that in all actions concerning the child, the best interests of the child shall be the primary consideration. Article 9 states that the removal of the child from his or her parents should not be made against their will, except by ‘competent authorities,’ and when in the best interests of the child. All interested parties must also be given the opportunity to take part in proceedings and to make their views known. According to Article 25, children who are in the care of the state are also entitled to a periodic review of their placements.

The Guidelines for the Alternative Care of Children (UN 2010a) also highlight the importance of decisions on children’s care being made on a best interest basis and in consultation with children.

Children have strong preferences about their care, and offer insights into which forms of care are most likely to be in their best interests. Girls and boys often have strong views about the benefits and problems associated with different forms of care. For example, as noted in Section 1, children around the world commonly express a strong preference for grandparent care if they cannot be cared for by their parents as grandparents

are felt to offer more love and support to children than other relatives, and to be less likely to abuse and exploit children. Girls and boys often have very different views about their care. For example, research in Malawi found that girls did not like living with more distant relatives as they felt more vulnerable to sexual abuse and being pushed into early marriage; boys on the other hand feared that they would be made to work long hours in such homes (EveryChild 2009). Children in residential care often, but not always, acknowledge the problems associated with such care, and many express a desire to be in a family environment once more.

“In the orphanages, the substitute mothers could not give us the love of a true mother. We didn’t have our parents’ care and that is something terrible. We would have really wanted to have it, even if they were starving poor, we would have wanted to have the care that each child deserves.”

(Young people in residential care in El Salvador, cited in Tolfree 2005 p.4)

“We miss home. All the children miss home; their mothers, the love of their parents.”

(A girl in residential care in Moldova, cited in EveryChild 2011a p.13)

“It is better to have a home and to be visited by relatives ... you feel safe when you belong to a family.”

(A 15-year-old boy in residential care in Malawi cited in EveryChild 2011a p.13)

“Parents are for a child’s good. No matter how they take care of you, there should be parents. That’s what I believe, and I’m convinced that many of us think that way. Those who live with us, particularly those guys who used to have parents, all miss them. I’m sure there are no children who would not want to come back to parents.”

(A 15-year-old boy in residential care in Russia cited in EveryChild 2011a p.13)



Some children take control of their lives and make their own decisions about where they will live; ignoring their role in decision making will mean that efforts to keep families together are likely to be unsuccessful. Research on child migration (Dotteridge 2004) and children's reintegration (Wedge and Kapur 2011) shows how children often make their own decisions to leave home, with friends and siblings commonly playing a role too. Successful reintegration and prevention work therefore requires working with children to understand their motivations and to find better alternatives to exploitative and harmful situations.

Decisions about children's care are currently rarely made in consultation with children and the best interests of the child are not always the primary consideration in decision making. Around the world, decision-making processes regarding children's formal care are often inadequate. For example:

- A study of alternative care in the Caribbean has found that in four of the ten countries reviewed there was no legal regulation of children's entry into residential care, and that children's involvement in decisions regarding their care was not routine (Lim Ah Ken 2007).
- In Russia, research shows that professionals perceive child involvement in decisions in court hearings as being stressful for the child and often decisions are made not to involve children in such processes (Rogers and Smykalo 2007).
- In Syria, judges often make decisions about returning separated children to their families without taking into account their views, or assessing the availability of follow-up support. Here, decisions about children's entry into residential care are not based on proper evaluation of family capacity to care for children (Cantwell and Jacomy-Vite 2011).

Decisions about children's informal care are also often not made in the best interests of the child or involving their participation. For example:

- In Ghana, elders in the community may make a decision about where a child is placed, and may allocate children to unwilling aunts and uncles, often leading to resentment (Kuyini et al 2009).
- In rural Tamil Nadu in India, research shows that if fathers are still alive, they will make decisions about children's care, and if they have died, mothers or grandparents will decide where children are placed, with children themselves having little say (EveryChild 2010).
- In rural Malawi, Mann (2004) found variations between communities over who made decisions about children's care, but limited engagement of children, with adults overriding children's wishes to be placed with grandparents. Here, adults were preoccupied with children's material needs, ignoring children's own desire to be placed with someone who will love and care for them well:

"It is your life and you know who will care for you. You can see for yourself who will love you and who will treat you like a slave."

(11-year-old boy in Malawi, cited in Mann 2004 p.33)

"We would like to be given a choice about where we live because we know best where we will be well-treated – but we are not asked."

(Teenaged girl in Malawi, cited in Mann 2004 p.33)

It is likely that certain groups of children may be especially likely to be excluded from decision making. For example, in many cultures girls are doubly disempowered due to their gender and age, and children with disabilities may also not be listened to due to assumptions about their capacities and ability to communicate (EveryChild and BCN 2012).



Some principles for good practice

1. Improve formal decision-making processes about children's care:²⁰

- All children in formal care should have clearly articulated care plans, which are regularly reviewed.²¹ This should be a multi-faceted process, involving children, parents, friends and any relevant professionals. Children and parents must always be given an opportunity to engage in decision making regarding children's care.
- Adults involved in decision making regarding children's care, including social workers and judges, must be properly trained to acknowledge the importance and means of involving children in decisions regarding their care, and of making decisions on a best interest basis.
- All of those involved in decision making regarding children's care should understand the importance of children's developmental needs (particularly of stable and permanent care), of families staying together and of not separating siblings. There should be a well-defined process to ensure that children are only separated from parents and placed into care if it is in their best interests.
- The dangers associated with care in large-scale institutions, especially for very young children, should also be understood.
- The spaces where decision making takes place, such as courts, should be child friendly, and consideration should be given to appointing a neutral appropriate adult to assess and represent children's best interests in proceedings.

2. Improve informal decision-making processes about children's care:

Families and children must be supported to make more participatory and well-informed decisions about children's care. This may include awareness-raising regarding the advantages and disadvantages of different forms of care and the importance of child participation. Community groups or community or religious leaders could also be encouraged to help support better decision-making processes. Such efforts may be part of broader strategies to ensure greater participation of children in the family and community.

3. Recognise children's agency: As noted above, children may make their own decisions about their care without any involvement from adults, choosing to, for example, run away from home or from foster or residential care. Children's role in decision making about their care, and the reasons behind the decisions that they make, should be recognised in strategies aimed at keeping families together and acting in the best interests of the child.

In all efforts aimed at improving the participation of children, it is essential not to view children as a single group and to recognise power imbalances between children as well as between children and adults. The extent to which children are given opportunities to take part in decisions regarding their care is likely to be impacted by characteristics such as their age, gender, emotional stability, disability or ethnicity.

20 See UN 2010a for further guidance on formal decision making.

21 The Guidelines for the Alternative Care of Children state that reviews of care plans should preferably take place every three months (UN 2010a Article 67).



5. Building strong child protection systems which strengthen families and promote quality care for children

Summary

Our goals can only be achieved through strong child protection systems which explicitly and appropriately aim to improve children's care, including through an emphasis on strengthening families and the provision of a range of quality care options for children. This requires both enhanced political will to devote sufficient resources to children's care and protection, and efforts to improve the quality of child protection systems to ensure that they adequately promote better care for children.

This goal is important as:

- Systemic change is important for achieving sustainable and wide reaching improvements in children's care.
- It does not make sense to view children's care in isolation; linkages must be made to broader child protection efforts, and to other systems which impact on children's care.
- Currently, in many countries most of the elements of a child protection system necessary to strengthen families and improve children's care are weak.

In an effort to promote this goal, we propose the following principles of good practice:

1. Work to enhance the political will for change to encourage greater investments in strong child protection systems which strengthen families and promote quality care for children.
2. Ensure that family strengthening and better care for children is reflected in all elements of a child protection system.
3. Recognise and support the role of both the informal and formal sectors in ensuring better care for children.
4. Promote the role of national NGOs who have good knowledge of the realities on the ground and are flexible enough to develop innovative practice, and have an important role to play in holding governments to account.
5. Create effective linkages to other systems to ensure that they also work to strengthen families and improve the quality of children's care.
6. Strategically consider the contribution of individual agencies, working towards understanding the whole child protection system, and then identifying particular areas within it which are both important, and where agencies can achieve significant change.



Our goal

We believe that our goals can only be achieved through strong child protection systems which explicitly and appropriately aim to improve children's care, including through a strong emphasis on strengthening families and the provision of a range of quality care options for children. This requires both enhanced political will to devote sufficient resources to children's care and protection, and efforts to improve the quality of child protection systems to ensure that they adequately promote better care for children.

Definitions and key concepts

A **child protection systems** approach represents a shift away from a focus on individual child protection issues, towards an approach that addresses all child protection concerns through changes to the broader system. Elements of a system include:²²

- Policies, laws, and standards
- The child welfare workforce – which includes professional social workers, para-professionals and community volunteers
- Service provision
- Monitoring and review.

A systems approach requires central co-ordination and linkages between those primarily focused on protecting children and those concerned with other areas that may have an impact on children's protection (e.g. health, education, social protection, justice systems). It is widely argued that effective child protection systems should recognise the contribution of informal structures, and should establish effective linkages between the formal and informal sector. These informal structures may include kinship care, religious groups, friendship and neighbourhood networks, and structures established specifically for child protection – such as community-based child protection committees.

Child protection systems are often based on certain principles such as: a focus on prevention, including preventing a loss of family care through support to families; non-discrimination, and child participation, and such systems aim to protect children in emergency and non-emergency periods.

A child protection system which explicitly and appropriately **aims to promote better care** for children may be defined as a system whose goals include goals 1-4 outlined above. For the purpose of this paper, we perceive **care** as referring to providing a safe and caring environment within families, as well as outside of families in the alternative care system. Such a system therefore works to address the abuse and neglect of children within families, unnecessary separation from families, and poor quality, abusive or neglectful alternative care.

Why we are working towards this goal

Systemic change is important for achieving sustainable and wide reaching improvements in children's care. As is shown, the challenges that we face in achieving our goals are enormous. Piecemeal initiatives that reach a few children may be good for identifying and demonstrating principles for good practice, but, in order to really make a difference to the millions of children in need, these principles have to be put into practice on a much wider scale. This large-scale change cannot occur unless we have: proper policies and guidance in place; a range of different services to support children in vulnerable families and children outside of parental care, and a strong child welfare workforce. Such systemic change also requires real political commitment to work with the most vulnerable groups and to invest in children's care in and outside of children's families, recognising that such care is of fundamental importance to children's well-being and to the wider development of societies.

22 For further descriptions of a child protection system see: Save the Children 2010a and UNICEF 2008c.



It does not make sense to view children's care in isolation: linkages must be made to broader child protection efforts, and to other systems which impact on children's care. As repeatedly demonstrated, the inadequate care of children does not occur in a vacuum. The abuse and neglect of children within families, separation from families, and poor quality, abusive or neglectful alternative care are closely linked to wider children's protection issues, such as norms and beliefs about how children should be treated or poorly trained and resourced child welfare workforces.

Child protection and care is impacted by a range of other systems, and efforts must be made to link up with these other actors. As demonstrated above, children's care and protection can have a major impact on and be affected by health, including reproductive health and family planning, education, access to justice and poverty. Working systemically with other actors who deal with these issues is therefore essential for achieving goals in relation to children's care and protection. Box 11 below provides details of some of the linkages between children's protection and care and other systems.²³

Box 11: What different systems should do to promote the care and protection of children

Health

- Training for those dealing with pre and post-natal care to stop them from encouraging child abandonment into institutional care as commonly happens in some regions in cases where the child is deemed to be too 'difficult' to care for (e.g. because they have disabilities or are living with HIV) or the mother deemed to be incapable (e.g. because they are poor).
- Health care close to home so that carers do not have to leave children behind, and children do not have to enter institutional care in order to receive adequate health care. This is especially important for children who need regular or intensive medical interventions, such as some children with disabilities.
- Promote a shift away from a medical model of disability which promotes the isolation of children and adults with disabilities for specialised treatment.
- Ensuring that all children, including those in alternative care, or outside of any adult care, receive appropriate health care, including testing and treatment for HIV.
- Strategies to prevent parental death (e.g. by reducing the transmission of HIV and improving treatment).
- Family planning services to prevent unwanted pregnancies (which may be linked to child abandonment).
- Training health care workers to recognise and report signs of abuse and neglect and ensure that health care facilities are protective environments for children.

23 The evidence presented in this table is taken from BCN et al 2012b; CPWG 2012, Delap 2010 and EveryChild and BCN 2012.



Education

- Inclusive, quality education close to home so that children do not have to leave parental care in order to attend school. This is especially important for children with disabilities.
- Using education systems to inform children about strategies to protect themselves from abuse and the risks of family separation, and to provide them with a viable alternative to work away from home.
- Providing day care so that children can be looked after safely whilst parents are at work.
- Quality, inclusive schooling for children in alternative care (preferably as part of the mainstream systems to avoid the further isolation of these groups).
- Access to schooling for children outside of any adult care, including those living on the streets or working children living with employers, such as child domestic workers.
- Training teachers to recognise and reports signs of abuse and neglect and ensure that schools are protective environments for children.

Social protection

- Efforts to reach the most vulnerable households to address the poverty that lies behind much separation from parents and communities.
- Linking social protection to broader social welfare strategies to enable social protection to address other root causes of a loss of parental or family care.
- Ensuring that social protection schemes do not inadvertently increase separation by creating perverse incentives for alternative care.
- Providing social protection, as necessary, for children in alternative care, and ensuring that schemes are available for children outside of any care if needed.

Justice

- Decreasing the reliance on detention to reduce children's separation from families.
- Ensuring that perpetrators of violence and abuse against children are brought to justice, and taking steps to remove perpetrators from families rather than the child victim. Here it is important to ensure that children can easily and safely report incidences of abuse without fear of retribution.
- Supporting children outside of any adult care who are in conflict with the law.
- Ensuring that in judicial decisions regarding children's care, the best interests of the child are the paramount consideration, that courts are child friendly and that children are fully supported by independent advocates throughout court proceedings.
- Minimise the time that children are left in limbo by streamlining care proceedings in courts.
- Train police etc. so that they can recognise abuse and neglect and provide a protective environment.



Currently, many elements of a child protection system necessary to improve children's care are weak. For example, the child welfare workforce is inadequate in many settings, and not properly orientated to supporting families and providing quality alternative care (EveryChild 2012b). For example, only 17 of Africa's 50 countries have social work educational programmes (Sossou and Yogtiba 2009). In many countries, national legislation does not include strong statements about prioritising family care over institutions (Family for Every Child 2012). As shown above, social protection, health, education and justice sectors are not currently doing enough to support vulnerable families or children outside of parental care.

Support to and liaison with the informal sector is also often inadequate. Community and religious groups and leaders have a potentially strong role to play in: supporting vulnerable families; monitoring the well-being of children within and outside of parental care, and changing attitudes and beliefs which may threaten children's care (Wessells 2009; Olson, Knight and Foster 2008; Olson et al 2011). Community groups may have a particularly important role to play in emergencies, and in other especially resource-constrained settings. Formal sector professionals should support the work of these groups, and must be available to deal with complex cases of abuse and neglect, and to ensure that such community-based mechanisms are not overloaded (Gale 2008; Wessells 2009). However, currently there is a poor understanding of the informal sector, and the best means of linking the formal and informal sectors.²⁴

The consequences of the failure of child protection systems to adequately address the care of children can be seen in several alarming global trends which are highlighted above. For example, the continued widespread abuse of children within families, the growing use of institutional care, the total lack of support for extended family carers in some

settings, and the substantial numbers of children who grow up on the streets or with employers, outside of any care at all.

Principles for good practice

1. Work to enhance the political will for change to encourage greater investments in strong child protection systems which strengthen families and promote quality care for children. This can be achieved through emphasising the legal, moral and economic imperatives for action. For example, by highlighting the high costs of poor care for children and societies, and the obligation to improve children's care as articulated by the UNCRC, which has been ratified by most states.

2. Ensure that better care for children is reflected in all elements of a child protection system. We should work towards a child protection system, where:

- Mapping and analysis includes analysis of abuse and neglect within families and existing family-strengthening efforts, and the formal and informal alternative care of children. As most alternative care is provided informally through kinship care, and as much support to carers is also provided outside of the formal sector, this must be reflected in mapping and analysis of child protection systems, which should include some understanding of the impact of the values and beliefs of communities on children's care. This requires the support of sensitive and skilled researchers.
- There are specific national level strategies, policies and guidance on family strengthening and children's alternative care, and strategies and policies directly and indirectly related to care reflect the Guidelines for the Alternative Care of Children.

²⁴ This was a key point that emerged from discussions at the Conference on Child Protection System Strengthening in Sub-Saharan Africa, Dakar, Senegal, May 2012.



- There is a strong child welfare workforce, which can be comprised of professional social workers, along with para-professionals and community volunteers, and which prioritises support to vulnerable families, and works to support better decision making about children's care. The workforce should also aim to address the needs of children living on the streets, in child-headed households or with adults who abuse or exploit them, and children in alternative care.
- There are a range of services available to vulnerable families to support children to remain in or return to their families and communities. Well-regulated and supported domestic adoption services and a range of high-quality alternative care are also provided.

3. Recognise and support the role of both the informal and formal sectors in ensuring better care for children.

As noted, the role of the informal sector in supporting children's protection and care is currently poorly understood and supported, and there is also a great deal of mistrust of the formal sector in many communities.

4. Promote the role of national NGOs. Whilst governments have prime responsibility for ensuring that the rights of children are achieved, the non-

governmental sector also has a strong role to play in promoting better care for children. National NGOs in particular have good knowledge of the realities on the ground and are flexible enough to develop innovative practice, and have an important role to play in holding governments to account.

5. Create effective linkages to other systems to ensure that they also work to strengthen families and improve the quality of children's care.

As demonstrated, children's care and protection is affected by and affects health, education, access to justice and poverty. As also demonstrated, government departments dealing with care and protection are often far less well-resourced than these other sectors. It therefore makes sense to work collaboratively with these other sectors.

6. Strategically consider the contribution of individual agencies. Improving a whole child protection system is an enormous and daunting task. As an organisation consisting of often relatively small national NGOs, we acknowledge the importance of working towards understanding the whole child protection system, and then identifying particular areas within it which are both important, and where smaller NGOs can achieve significant change.



Conclusions

To summarise, Family for Every Child would like to see a world where all children grow up in permanent, safe and caring families. Families must be supported to care appropriately for their children, and children must only be separated from their parents if it is in their best interests. Where children cannot live with parents, the option of kinship care should be explored. In addition to kinship care, other forms of alternative care also need to be available, including short and long-term foster care, small group homes and supervised independent living so that the best choice can be made about each individual child. Domestic adoption services, or alternatives such as *kafala*, should be supported to provide children who cannot be cared for by their own families an alternative permanent home. All decisions about children's care should be made on a case-by-case basis, involving the full participation of children and families, as appropriate to children's evolving capacities, and with the best interests of children as the paramount consideration.

We would like to see an eventual end to the use of large-scale institutional care for all children, for both the short and long-term care of girls and boys, with particularly priority given to ending the use of this care for children under three. We recognise that this change cannot and should not happen overnight, and acknowledge the need to continue to improve standards in such care whilst alternatives are being developed. We recommend caution in the use of children's villages, whereby children are cared for isolated from communities in walled complexes, and we would like to see inter-

country adoption used only when alternatives closer to home have been exhausted.

We believe that no child should have to spend periods of their childhood with no adult care at all, and that the vast majority of children currently living on the streets, in child-only households, or with employers or others that exploit or abuse them, should instead be urgently placed in safer and more protective environments. These environments may include return to families of origin or quality alternative care, including supervised independent living arrangements. However, we acknowledge that in the interim at least, whilst alternatives are being developed, children in such situations may need our support and protection whilst they remain living without the care of adults.

Ultimately, these goals can only be achieved through stronger child protection systems which include national level legislation, policies and guidance on children's care and family strengthening, based on a proper analysis of the current situation. Child protection systems also need a child welfare workforce orientated to supporting families and providing better care for children, and strong service delivery in a range of areas. Here it is essential to understand and recognise the vital importance of informal processes for the protection and care of children. We believe that national NGOs have a crucial role to play in such systems, and that our alliance of national NGOs is essential for strengthening expertise at the national level and ensuring that this knowledge is reflected in global policy debates.



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