Why Care Matters:

The importance of adequate care for children and society

Family
for every child

Contents

Acknowledgements

Executive Summary

This report reflects the views and collective expertise of 15 national organisations working hands on with millions of vulnerable children worldwide. These organisations have come together to form **Family for Every Child**, an alliance aimed at enabling more children to grow up safe and protected in families and to access temporary, quality alternative care when needed.

The care of children matters to all of us. It affects how we live; influences our capacity to develop, both as individuals and as a society; and it reflects our aspirations for the kind of world we wish to live in. Global consultations with children show that children themselves consistently prioritise their need for better care.

"When your parents are with you, you feel happy. You know that they love you."
(Girl aged 8-12 in residential care in Russia, cited in Family for Every Child 2013a p.10)[1]

"My security comes from having everyone I love at my side"
(Girl aged 15 from Brazil, cited in Family for Every Child 2013a p.10)[2]

"Everybody wants to go home to live with their parents so they can give you love and attention."
(10-year-old girl living in residential care in Guyana, cited in Family for Every Child p.10)[3]

Children have the right to be cared for properly, and for their survival and well-being they need physical and psychological support from parents or carers in a nurturing family environment. Despite this, millions of children around the world are without this adequate care and this problem is likely to escalate further due to factors such as rising rates of urbanisation and migration, and the conflict and climate change affecting communities in many regions of the world. These girls and boys are in every country: low, high and middle income, fragile and stable. They are neglected, abused physically, sexually and psychologically, and deprived of love and affection. They include children living in large-scale institutions, on the street or with an employer; girls and boys associated with armed forces/groups; children abused in their own home by parents or other family members, and children who have been forced to marry early. Girls and boys separated from their families in emergencies and those living with distant relatives are also at greater risk of being poorly cared for.

Inadequate care impacts both children and wider society. Children without adequate care are less likely to attend or do well in school, less able to access health and other basic services, more likely to engage in anti-social and criminal behaviours, and in many cases their physical, emotional and cognitive development is compromised. Inadequate care can also be life-threatening and lead to other child protection concerns, such as child exploitation. Having never experienced adequate care themselves, some children who have been poorly cared for go on to neglect and abuse their own children, creating a vicious cycle of harm.

The future prospects of children without adequate care are often severely limited. As adults, they are often less able to access employment, more likely to experience poverty and more likely to be dependent on the state. As such, the care of children underpins social and economic progress. Inadequate care can hinder efforts towards development targets such as growth, employment, poverty reduction, health, education and humanitarian preparedness and response. Children without adequate care are also an important target group for achieving equity in any sector since they are often the most vulnerable and marginalised in society.

Supporting children to grow up in a permanent, safe and caring family is at the heart of adequate care. All children, where possible, should be cared for by their own family. Where this is not possible, adoption, the *kafala* of the Islamic world or similar practices should be used to give children a permanent home within a family. Or, where a child requires temporary alternative care, this should be family-based or as family-like as possible, and the child should be reintegrated back home or placed into a permanent, safe and caring family as soon as possible. Achieving this requires investment in vulnerable families and communities to strengthen their ability to care for their own children, as well as in quality, family-based, alternative care. It also means giving children without adequate care a

---

1. Family for Every Child (2013) *My world, my vision. Consultations with children on their priorities for the post-2015 development framework.* London: Family for Every Child, p.10.
2. As above, p.10.
3. As above, p.10.

stronger voice and raising awareness of their needs.

Improving the care of children requires action from all parts of society. This is not just a challenge for child protection specialists. Rather, it affects the full spectrum of sectors – from education to health, from economic planning to humanitarian work. It is a matter for governments, parliamentarians, businesses, trade unions, multilateral and bilateral agencies, the media, national and international NGOs, and, not least, children and families themselves. All of these actors have a role to play in designing and implementing change and holding others to account for improving the care of children.

© Juconi, Mexico

Recommendations

1. **Build an in-depth understanding of care in each context, and develop locally appropriate responses.**

   - Gain insights into both formal, government-led care provision, and the care and support offered informally by families and communities.

   - Build on existing strengths, including the vital support already offered by extended families.

   - Explore innovative, promising practice developed by national civil society organisations for potential replication on a larger scale.

   - Understand children's perspectives on adequate and inadequate care.

2. **Make the care of children a political and financial priority.**

   - Allocate sufficient resources to ensure the adequate care of all children.

   - Incorporate the care of children into the post-2015 development framework through, for example, a specific goal and/or target on care.[4]

   - Make investments in the care of children more visible, with dedicated lines of accountability.

   - Regularly collect and monitor data on children without adequate care.

3. **Ensure broader development and humanitarian work reinforces the effective care of children.**

   - Make health, education and other basic and life-saving services accessible to poor and marginalised children in their home communities, and inclusive of children without adequate care.

   - Ensure that actors working on child welfare, health, education, justice, growth, migration, poverty reduction, and disaster preparedness and response work together to prevent children from being unnecessarily separated from families.

   - Support children without adequate care to participate in the design and implementation of relevant laws, policies, structures and services.

4. **Increase the coverage and quality of social protection in order to strengthen the capacity of families to care for children.**

   - Provide families/carers of vulnerable children with a combined package of cash transfers and broader forms of social support to help enable them to care for children properly.

   - Carefully design social protection for vulnerable families and children to ensure that it benefits and does not have a detrimental impact on the care of children.[5]

5. **Ensure that each country adheres to the *Guidelines for the Alternative Care of Children.* The following are particularly important.**

   - Build on strengths within informal care systems and work to address any discriminatory or harmful practices that may exist.

   - End the use of institutional care for all children, particularly those less than three years of age and develop safer alternatives, such as more effective support for families to enable reintegration, small group homes and foster care.

   - Review and, where necessary, reform national laws and policies so that they prioritise the care of children in a safe, caring and permanent family environment.

   - Increase and strengthen care structures as appropriate to each context (for example, kinship care, domestic adoption or *kafala* and/or foster care) to ensure that children who cannot be cared for by their own parents have a range of quality options in a family environment.

   - Improve local, national and international child protection systems to ensure that inadequate care is prevented, detected, and addressed. This includes enhancing the capacity and effectiveness of the child welfare workforce.

   - Support children and their families to participate in decisions that affect them, including individual care arrangements.

---

4. An example goal: all children live a life free from all forms of violence, are protected in conflicts, and disasters, and thrive in a safe family environment. An example target: halve the number of children unnecessarily living outside family care and end the placement of all children in institutional care (from: BCN et al. (2013) *Protect my Future. Why child protection matters in the post 2015 development agenda.* Family for Every Child, London.

5. See Roelen and Shelmerdine 2014 for further recommendations around the design of social protection programmes to ensure that they enhance the care of children.

Glossary of terms

Adoption: A social and legal protective measure for children; a process whereby a child who cannot be brought up by his or her own parents (due to death, or child protection concerns which cannot be addressed etc.) becomes a member of a new family (ISS and IRC 2004).

Alternative care includes formal and informal care of children outside of parental care (UN 2010a). This includes kinship care, foster care, supported 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 (see below).

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). Simple neglect of a child is also classified as child abuse.

Child and early/forced 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). We are particularly concerned with forced and very early marriage (under around the age of 14) where the risks to children are greatest.

Child protection: "Measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children" (Save the Children 2010).

Children are defined as girls and boys under the age of 18 years.[6]

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).

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 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 (Family for Every Child 2013b).

Foster care: A form of alternative care (and therefore by definition a temporary arrangement) which may be defined as: "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).

Institutional care: Large-scale residential facilities involving 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 (Family for Every Child 2013b; UN 2010a).

***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. This may include providing regular financial and other support to children in need in parental, extended family or residential care, or taking a child to live with a family on a permanent, legal basis (Cantwell and Jacomy-Vite 2011).

Kinship care: "Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature" (UN 2010a Art 29). Kinship care is both a form of permanent family-based care, and a 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

---

6. 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.

parents or another person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body (UN 2010a).

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 (EveryChild and HelpAge International 2012).

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).

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). Care is provided in a specially designed and designated facility by salaried staff or volunteers (Family for Every Child 2013b).

Small group homes: Where children are cared for in smaller groups, with 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 (Family for Every Child 2013b).

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).

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).

1. Introduction

This report explains why the care of children underpins the achievement of several fundamental rights as well as broader development and humanitarian goals. It describes how the care of children is in a global crisis with millions of children experiencing inadequate care in every region of the world. It explains why children consistently rank their own need for a safe and loving family above all other concerns. It examines why children continue to experience inadequate care despite widespread acknowledgement of the importance of good care. And it highlights what action is needed – and by whom – to ensure that children are better cared for.

How children are cared for matters to all of us. It affects how we live; determines our capacity to develop, both as individuals and as a society; and it reflects our aspirations for the kind of world we wish to live in today and in the future.

This report is aimed at anyone striving for economic or social progress. It is as relevant to governments and parliamentarians as it is to businesses, trade unions, multilateral and bilateral agencies, the media, and national and international NGOs. In particular, it is intended to reach beyond the traditional child protection sector – to those working on broader development objectives. It has lessons for all settings – developed, developing and fragile alike.

This report reflects the views and collective expertise of national civil society organisations working hands on with hundreds of thousands of vulnerable children in all regions of the world. These organisations have come together to form Family for Every Child,[7] an alliance aimed at enabling more children to grow up in secure families and access temporary, quality alternative care when needed.

© Child Rights Centre, Tajikistan

7. See: www.familyforeverychild.org (Ishaque 2008).

2. Who are children without adequate care?

Children without adequate care are those boys and girls who do not receive the necessary physical and psychological support from parents or carers in a nurturing family environment. Box 1 below explores elements of adequate care in more detail. These definitions suggest that children who are inadequately cared for include children who experience physical, sexual or psychological abuse and/or neglect in their own home or at the hands of other carers as well as children who are without any parent or carer. For example, children living in large-scale institutions (care, detention, educational); living alone on the streets or with an exploitative employer, and those associated with armed forces/groups; abused in their own home; or experiencing early, forced marriage, are lacking in adequate care. Children separated from their families in emergencies and those living with distant relatives are also at greater risk of being poorly cared for (Family for Every Child 2013b; EveryChild and HelpAge International 2012). Whilst their situations may vary, for all, their lack of care is both a major cause and a consequence of their vulnerability and dictates several areas of their lives and prospects for the future (see section three).

Box 1: What are the elements of 'adequate' care?

In recent research in Rwanda, parents and children were asked what it means for a child to be 'happy, healthy and well cared for' as a way of exploring adequate care. Children and adults spoke of both material and non-material needs. Material needs included food, clothing, education materials, clean water, health care and good housing. Non-material needs included love, affection, time spent with parents and carers, and time for relaxation and playing. Respondents also spoke of the value of good communication between children and parents/carers and of having a good atmosphere in the family (Roelen and Shelmerdine 2014).

"They [carers] have to sufficiently well feed children, cloth them, love them, pay school fees and [provide] enough materials for them, provide them with health insurance, make them look clean and stay in beautiful places, get time to discuss with them, present them to family members, protect them from inappropriate work, and give them enough time to play with others."
(Boy from Rwanda, cited in Roelen and Shelmerdine 2014, p.18)

Other research demonstrates how perceptions of 'good' care vary greatly by context, with, for example, some cultures emphasising protecting children from risk and then enabling them to become increasingly independent from their families, and others encouraging children to learn how to deal with risk and recognise their responsibility towards their families (Burr 2002; Mann 2001; Punch 2002). It has been argued that the 'basic' elements of care necessary for child well-being and development in all contexts include 'secure, stimulating and responsive care,' but that this care can be provided in a range of different ways by a range of different family types (Woodhead 2006, p.10).

Supporting children to grow up in a permanent, safe and caring family is at the heart of ensuring children are adequately cared for. Whilst children may want and need some time apart from families during their childhoods, for well-being and happiness, evidence indicates that children should spend the bulk of their time in safe, caring family environments. Poverty or a lack of access to services should never be regarded as sufficient grounds for removing a child from the care of their own family. Where a child requires permanent care but cannot be looked after by their parents, care by wider extended family or kinship networks is often a good option, and adoption or similar practice – such as *kafala* in the Islamic world – can also be used to give children a home within a family. Where a child requires temporary alternative care this should be family-based or as close as possible to a family, such as foster care or small group homes, and the child should be reintegrated back into their own family or placed into a permanent, safe and caring family as soon as possible (Family for Every Child 2013b; UN 2010a). Box 2 below provides more detail on why a family is so important.

Box 2: Why is a family so important?

"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."
(A child in Malawi, cited in Mann 2004, p.35)

"Everybody wants to go home to live with their parents so they can give you love and attention."
(10-year-old girl living in residential care in Guyana, cited in Family for Every Child 2013a, p.10)

A permanent, safe and caring family is widely acknowledged to be the best place for a child to grow up. This is enshrined in both international human rights law and in global practice standards (see Box 3). The reasons for this are manifold: a secure attachment with a continuous carer underpins children's cognitive, intellectual and emotional development (Oates, Lewis and Lamb 2005); an effective parent/carer is a vital bridge between a child and the services necessary for their survival and development; and growing up at home helps ensure continuity in children's educational, cultural and social lives, and fosters a sense of identity and belonging, both of which have been shown to impact on long-term well-being (Family for Every Child 2013b; Morantz and Heymann 2010). Children from around the world have consistently expressed a strong preference for being cared for in their own families (Family for Every Child 2013a; Mann 2004).

Whilst families are not always safe havens as many children do experience inadequate care at home, with proper support, and with effective child protection monitoring and response, children are far more likely to thrive in a permanent, safe and caring family than in any other care arrangement.

There are children without adequate care in every country in the world – low, high and middle income, stable and fragile. It is notoriously difficult to know the precise number of children without adequate care, due to a chronic lack of data and the hidden nature of neglect and abuse (Higgs et al. 2012). However, existing data suggests a global crisis. There are an estimated 151 million children worldwide with either one or both parents dead, with at least 13 million of these children having lost both parents (UNICEF 2013).[8] Orphaned children, especially those who cannot live with close extended family, are at enhanced risk of inadequate care (Family for Every Child 2013b). Every day, around 3,500 girls under the age of 15 get married, with many such marriages forced, and leading to risky early pregnancies (Bruce 2007).[9] An estimated 150 million girls and 73 million boys experience sexual violence each year (WHO 2006), often at the hands of a family member or whilst living outside of family care. And there are many unaccompanied and separated children in conflicts and natural disasters. In Syria alone more than 1.1 million children had registered as refugees by 2013, and out of those registered as refugees in Jordan and Lebanon alone, 3,700 are living without one or both parents or are without any caregiver at all (UNHCR 2013).

Furthermore, the number of children without adequate care is rising and very likely to escalate further due to major global trends.

- Over the next decade it is estimated that 175 million children worldwide will be affected by natural disasters brought about by climate change (Save the Children 2009), many of whom may become separated from families in the immediate chaos and/or experience abuse and neglect as a consequence of the impact of emergencies on household poverty (BCN et al. 2013a).

- A substantial proportion of the world's poor live in fragile and conflict-affected states, with more vulnerable livelihoods. For children, this increases the likelihood of early, forced marriage, sexual abuse and separation from families into armed forces and armed groups (International Bureau for Child Rights 2010; Gertz and Chandy 2011; World Vision 2012).

- There are almost one billion migrants worldwide, 30 million of whom are under the age of 20. Whilst migration can bring with it some opportunities, many migrant children travel alone, facing risky journeys and exploitative labour without adult support; many children are left behind by migrating parents and many are cut off from basic services at the point of destination – all of which

8. See for an estimate of the number of 'double' orphans who have lost both parents: www.unicef.org/media/media_45279.html
9. Pregnancy-related deaths are the leading cause of mortality for girls aged 15-19, and girls under 15 are five times more likely to die as a result of childbirth than women in their twenties (World Vision 2008).

leaves them more vulnerable to inadequate care (BCN et al. 2013b; UNICEF 2012).

- By 2025, 60 per cent of children from developing countries will live in cities. This urbanisation is associated with the dislocation of extended family and community networks, and higher rates of divorce and single parenthood, leaving many parents struggling to bring children up alone (Roby 2011; UNICEF 2010).

- Despite recent improvements in treatment and prevention, the HIV pandemic continues to have a lasting impact on the care of children. Millions of children have been orphaned, and where extended family are unable to offer adequate care, this increases vulnerability to abuse and exploitation. In some contexts, many enter poor quality alternative care, partly as a result of discrimination against children living with HIV (Mann et al. 2012).

- Whilst reform is leading to a decline in the use of institutional care in some contexts, the number of children in institutional care is growing or failing to fall in many regions of the world (EveryChild 2011).

Although the figures above present a bleak picture, there remains hope for children vulnerable to inadequate care. Around the world, traditions of extended family care remain strong, and communities have stepped up to the challenges posed by HIV and emergencies to offer care and support to children separated from families. However, all too often extended families and communities are left to struggle with growing numbers of separated children alone, with no or limited support (EveryChild and HelpAge International 2012; JLICA 2009). This is especially alarming as many of the most committed extended family carers are elderly, and vulnerable themselves (EveryChild and HelpAge International 2012).

Whilst children in any circumstance can be at risk of inadequate care, some are especially vulnerable. Inadequate care is not limited to children living in poverty, but it is certainly a major contributing factor. Many children are separated from their families because they cannot afford to care for them. The majority of children in residential care worldwide have parents, most of whom relinquish their children into alternative care because they cannot afford to provide for them or cannot ensure they have access to basic education and health services (Csaky 2009). Many children from poor communities are forced to leave their families in order to access education and health services that are either unavailable or unaffordable at home. For example, more than half a million children live in children's homes across Indonesia, largely to access education services not available in their home communities (DEPOS and Save the Children 2006). Children with disabilities are also particularly at risk due to a lack of community-based support and a misguided belief that they are better cared for in institutions rather than at home by their own families, which in turn leaves them more vulnerable to abuse (EveryChild and BCN 2012). In some parts of the world extended families may be less willing to care for children living with HIV (Mann et al. 2012). And gender and age also have a major impact on children's vulnerability to separation. In some regions girls are more welcome than boys amongst extended family, 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 (Cantwell and Jacomy-Vite 2011). Boys are also more likely to migrate for work in many regions of the world (Dotteridge 2004).

The lack of care experienced by these children is of enormous concern to children and communities (see below) and a gross violation of child rights. There are several international and regional human and child rights instruments that oblige States Parties to ensure children are adequately cared for (see Box 3). These rights have been translated into global guidance, which have received international endorsement, including the *Guidelines for the Alternative Care of Children* (UN 2010a), which were formally welcomed by the UN in 2009, and in the global *Minimum Standards for Child Protection in Humanitarian Action* (CPWG 2012). This led to call for an end to the use of institutional care for children under three years of age in Europe and Central Asia by UNICEF and the Office of the High Commissioner for Human Rights (OHCHR) in 2011. In 2013 a similar call to action was issued in Latin America.[10]

Box 3: Children have a right to adequate care

There are several international human and child rights instruments that safeguard a child's right to adequate care including the following.

• The UN Convention on the Rights of the Child (UNCRC) acknowledges 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 same Convention also recognises "*the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development … [and commits States Parties to] … take appropriate measures to assist parents* and others responsible for the child to implement this right…" (UN 1989, Article 27).

• The Convention on the Rights of Persons with Disabilities also obliges States Parties to provide information, support and services to families to prevent the neglect and abandonment of children with disabilities (UN 2006).

• Similarly, Article 16 of the African Charter on the Rights and Welfare of the Child demands that governments "*take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment, including sexual abuse, while in the care of the child.*"

© Juconi, Mexico

3. What impact does inadequate care have on children?

"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 Investigator, Serbia, cited in MDRI 2007 p.v)

"When your parents are with you, you feel happy. You know that they love you."
(Girl aged 8-12 in residential care in Russia, cited in Family for Every Child 2013a p.10)

Children without adequate care are amongst the most vulnerable people in the world. Many, especially the very young, experience physical, language and intelligence delays as a result of poor care. For example, children in institutional care, particularly those under three years of age, are more likely to suffer from stunted growth and behavioural problems and have a lower IQ than those who are raised in a family (Bilson 2009; Browne 2009; Williamson and Greenberg 2010). This is compounded by the lack of access to education facing many children without adequate care, who are less likely to go to or to do well in school. Children who have lost both parents are 12 per cent less likely to be in school than other children (UN2010b), and children living on the streets, in detention or with employers are commonly denied access to school (BCN et al. 2012b). Children without adequate care are at greater risk of malnutrition, mental illness and disease including that associated with HIV and substance abuse (Krug et al. 2002; WHO 2006). They are also far more vulnerable to other child protection issues, and indeed a loss of parental care has been acknowledged as a key causal factor of abuse and neglect (Family for Every Child 2013b). For example, the girls and boys who are most affected by violence, exploitation and abuse during emergencies typically include children without parental care (Morgan and Beherendt 2008); and being outside of families, or not properly protected by families, also leaves children more vulnerable to sexual abuse and unsafe lone migration (Delap 2010).

In many cases, the effects of inadequate care are life threatening. The increased risk of early pregnancy amongst girls without adequate care impacts on maternal and infant mortality (World Vision 2008); unaccompanied and separated children in conflict settings are more vulnerable to recruitment and use by armed forces and armed groups (Global Protection Working Group 2010, p.204); and the mortality rate for infants cared for in large-scale institutions is often higher than in the general population. For example, in Russia the mortality rate for children under four years old growing up in large-scale institutions is ten times higher than that of the general population (Ministry of Health and Social Development 2007).

Children without adequate care often experience inequity in other aspects of their lives. This includes discrimination and exclusion from basic services and other institutions that exist to help children and young people. Married adolescent girls and children living on the streets without their families face stigma and discrimination from health care workers, denying them much needed sexual and reproductive health services (ODI and Save the Children 2013; BCN et al. 2012b). Whilst migration can provide children with new learning experiences and opportunities, children who migrate alone, especially young children, or children who have been trafficked across borders, are frequently treated like criminals, and are unable to access services open to other children (BCN et al. 2013b; Dotteridge 2004; Punch 2002). Furthermore, social protection schemes often fail to reach children outside of parental care (Kaplan and Jones 2013). And children who have lost parental care, who are connected to the streets or who have experienced sexual abuse and exploitation are widely stigmatised by communities. This discrimination may be exacerbated by factors such as gender, disability and HIV status (BCN et al. 2012a).

4. How does the inadequate care of children impact on wider society?

The inadequate care of children is creating lost generations. The problems experienced by these boys and girls in childhood severely limit their potential later in life. As we have seen in section 3, children without adequate care can be set back by physical, language and intelligence delays. Furthermore, children who have grown up outside of a community, such as those living in institutional care very often do not develop essential social networks or skills necessary in adulthood (EveryChild 2011). As adults, they are often less able to access employment and are more at risk of behavioural, physical and mental health problems, including depression, obesity, heart disease, cancer, high risk behaviours and sexually transmitted infections, alcohol and drug misuse, and violence (Gilbert et al. 2009). These challenges have been linked to anti-social and criminal behaviour in adulthood. One study in Russia showed that one in three children who leave residential care becomes homeless; one in five ends up with a criminal record; and one in 10 commits suicide (Tobis 2000).

"Being isolated from your parents means that your life will not be good. Children should not be isolated from their parents at all if they are alive."
(Girl aged 8-12 in extended family care in Kenya, cited in Family for Every Child 2013b p.10)

"The children don't know what is happening outside."
(Boy aged 14 in residential care in Malawi, cited in EveryChild 2011 p.13)

The disadvantages created by inadequate care are often passed onto the next generation. Adults who have experienced neglect or abuse in their own childhood are less likely to provide positive parenting to their own children (Csaky 2009).

Whilst it would be wrong to value child well-being purely in terms of its potential to boost economies (Woodhead 2006), it is nonetheless true that inadequate care has a significant economic impact on wider society. In particular, it depletes human capital and, thereby, hinders growth. A US study of adults who had experienced abuse and neglect as children found that they had a 14 per cent lower employment rate than the general population, were less likely to have a bank account, vehicle, or home, and reported far lower earnings over their lifetimes (Currie and Widom 2010). Adults who have experienced inadequate care as children are also more likely to require support from public services, at a significant cost to the state budget. In the US the combined costs of lost earnings and tax revenue as a consequence of child abuse and premature death, and of support services for abused children is estimated to be 1 per cent of GDP annually (Fromm 2001). Furthermore, the provision of institutional care homes for children – which are often inappropriate and of low quality – is far more costly than supporting them to live within a family (EveryChild 2011).

Inadequate care also severely limits the capacity of societies to achieve development targets. The lack of priority given to the care of children within the *Millennium Development Goals* (MDGs) has already been shown to be a key hindrance to their achievement (Delap 2010). Amongst child welfare charities there is widespread agreement that the care of children is a key issue underpinning the potential success of the post-2015 development framework that will replace the MDGs when they come to an end.[11] In particular, children without adequate care have been noted as a major target group for reducing inequity across all development and humanitarian issues (BCN et al. 2012a). And the care of children is a key entry point for tackling the full spectrum of child protection issues including unsafe migration, harmful child labour, and child sexual exploitation.

Children themselves have consistently highlighted improvements to their own care as a key priority. In 2012-13, Family for Every Child and its members consulted 600 vulnerable children across seven countries on their priorities for the post-2015 development framework. These children gave the importance of growing up in safe, caring families as one of their top priorities, often over and above material needs and access to services (Family for Every Child 2013a). Similarly, in 2005, a consultation with children in 18 countries on their priorities for the MDGs highlighted the value children place on having strong, caring and protective relationships (Grow up Free from Poverty 2005).

---

11. This is the consensus of a broad spectrum of development and humanitarian agencies that are working together to campaign for the care and protection of children to be central to the post-2015 framework. Further information is available from the Protect my future series of papers exploring the links between child protection and the achievement of central development objectives. See: http://www.familyforeverychild.org/knowledge-centre

"My security comes from having everyone I love at my side."

(Girl, aged 15, from Brazil, who took part in a consultation with highly vulnerable children on their post-2015 priorities, cited in Family for Every Child 2013a)

Thankfully, the longer-term impacts of inadequate care are not entirely inevitable and if caring homes can be found for children, many of the negative effects of poor care can be reversed (see Box 4 below for an example, and Woodhead 2006). It is also the case that whilst children lose much whilst they are inadequately cared for, they can also display enormous resilience in the face of adversity, and, in some instances, gain skills and friendships from time apart from family that can and should be built upon (Burr 2002; Dotteridge 2004; Punch 2002).

Box 4: An example of how adequate care improves children's lives

Akiki's story, Rwanda[12]

A case study by Corinna Csaky for Why Care Matters 28.2.14

"Life in an orphanage is not a life."

Akiki's story demonstrates the harmful effects of institutional care on a child's health, well-being and prospects. He is just one of the orphans that Rwandan NGO and Family for Every Child member, Uyisenga ni Imanzi, is helping to access quality care and realise their rights. These children and young people have been orphaned by genocide or HIV and many have suffered great trauma and personal loss. Uyisenga provides counselling, vocational training, and funds for their education as well as helping to build homes to enable these children to reconstruct families that were previously scattered across orphanages and foster homes. Alongside this work, Uyisenga also advocates for the rights of children without parental care.

Akiki's parents died when he was just two years old. He was sent to live in an orphanage until he was 14. The quality of care he received there was so poor that he suffered irreparable physical damage. The lack of hygiene led him to develop an infection that then went untreated.

"I was quarantined and the person in charge wouldn't bring me the hot water needed to clean my abscesses. My elder sister had to quit school to return to the orphanage to take care of me. But it was too late."

As a result Akiki is now frequently unwell and requires regular hospital treatment. Whilst in the orphanage he was given very little food, drinking water was often contaminated, his clothes were torn, sleeping conditions were cramped and unhygienic and the children were given few opportunities for recreation. Whilst he did attend school it was of poor quality and he did not receive any individual support.

"No one ever checked my note book to see if I was learning."

Akiki received no affection or emotional support from carers within the orphanage.

"The guardian that I used to call my mother in the orphanage had told me that she was not my mother and that she had no pity for me."

He was never able to express his feelings or asked his opinions. He had very low self-esteem and felt valueless in society. He argues that:

"A valued child lives with his family members (parents and siblings) and feels free to express ideas and opinions without discrimination or exclusion."

He was isolated from the community and had no idea about life outside. For example, he didn't know where the food and other items that were given to him came from. Upon leaving he was given a uniform, which identified him as an orphan, which in turn made him feel even more of an outsider.

Akiki is the youngest of six children, all of whom experienced their own challenges of inadequate care following the death of their parents. His eldest sister was sent to live with a wealthy man to be a domestic worker; she was raped and left pregnant by a member of the household and subsequently dismissed. One of his other sisters died in an accident; another was sent to live and work in a shop.

Akiki is now 16 and living in Kigali with five of his siblings. He moved back to his family two years ago with the help of Uyisenga ni Imanzi who provided economic support, help with schooling and counselling. His eldest brother, now 28, is the head of the household and supports his family by working as a driver. Akiki cherishes the love and support he receives at home. He describes how his brothers and sisters take care of him, take an interest in his education, support him with school materials and take him to the hospital for treatment.

"I get enough food at home and no one harasses me; I carry out the activities I am able to do and no

---

12. This case study is from an original interview conducted by Uyisenga ni Imanzi in Rwanda in 2014. Akiki is not the boy's real name, for purposes of anonymity. For more information visit www.familyforeverychild.org/es/node/233

one intimidates me; and I believe that I have sufficient time for rest and leisure: I feel very happy."

When he lived in the orphanage he felt his life would be a short one. Today, he hopes to live longer. He enjoys school, especially maths, physics and chemistry and wants to become a businessman once he is grown up.

Despite the support Akiki receives from his siblings he remains affected by the loss of his parents.

"Living without parents, without even remembering if you have ever seen them, it is a serious problem for me. I wonder what parental love feels like and I realise that I do not know it at all because I have never experienced it." However, he is happy to be reunited with his brothers and sisters in their own home. He wishes *"all children to be brought up in a family, with affection, peace, and being protected from any danger."*

© David Brunetti/EveryChild/FSCE, Ethiopia

5. What action is needed to improve the care of children?

Improving the care of children is both a technical and a political and social challenge. Whilst, research has generated knowledge on the harmful impacts of inadequate care and examples of effective care systems,[13] this knowledge does not span all cultural contexts, and significant gaps in understanding remain. In particular, there is limited appreciation and analysis of the critical role played by extended families and wider communities in ensuring that children are properly cared for, and of children's perceptions of what adequate care is and how it can be achieved. The interface between the informal care offered by families and communities, and more formal, government-led structures is poorly understood, and there is limited analysis on how examples of promising practice can be scaled up to achieve wider change (Oak et al. 2012). There remains a tendency to assume that one size will fit all, and to avoid in-depth analysis of differences in care practices. When such analysis has been completed, it illustrates greatly varying means of achieving adequate care in different contexts, suggesting the need for context-specific approaches that understand local care systems, and are able to build on strengths and address discriminatory or harmful practices (Mann 2001; Woodhead 2006; Inter-Agency Learning Initiative on Community Based Child Protection Mechanisms 2012).

What is also lacking, in many cases, is the political and social will to put learning into practice on a wider scale. Improving the care of children very often requires government investment in the most marginalised sections of society – people with little political voice who are often targets for social discrimination. The impact of investment may be less immediately visible and may take several years to come to fruition – neither of which is appealing to governments, businesses and donors keen to show results. It may also require governments and other actors to challenge beliefs and practices and existing legislation that perpetuate the inadequate care of children, which can be controversial and politically unpopular. Taking on these challenges requires strong political leadership supported by an active and committed civil society to change/review policies to influence attitudes to improve the care of

children. Civil society can play a particularly crucial role as they have the flexibility and on the ground expertise to develop effective, innovative practice, which can be usefully replicated by governments (for example: Family for Every Child and JUCONI 2014; EveryChild and Partnership for Every Child 2013). However, governments must not only be willing to learn from civil society, but also to listen to and assist families and communities. In most settings, these groups provide the bulk of support for children without adequate care and their role must be acknowledged and built upon (JLICA 2009).

Tackling the inappropriate use of institutional care is an especially urgent priority. The wealth of evidence on the harmful impacts of institutional care, particularly for children under three years of age, points to the need to end its use as a care option for children. This can only be achieved alongside support to families and the development of better forms of alternative care. Children already living in institutional care need to be either reintegrated and supported back into their own family or provided with quality alternative care where necessary. And more regulation and inspection services are required to tackle the proliferation of unregulated and poor quality care institutions.

Tackling the poverty and inequity that underpin the inadequate care of children is also vital. Families living in poverty need greater access to social protection to strengthen their capacity to care for children. Within this, cash transfers should be combined with broader social supports such as support groups, parenting advice and assistance, employment advice and addiction therapy.[14] Education, health and other basic services need to be made more accessible to vulnerable children to prevent them from having to leave home unnecessarily. Social norms and attitudes that perpetuate inadequate care also need to be addressed through, for example, public information campaigns and legal reform. This includes tackling discrimination associated with disability, gender and ethnicity as well as sexual violence and harmful traditional practices such as physical and humiliating punishment and child and early/forced

---

13. A wide range of resources on the care of children are available on www.familyforeverychild.org/knowledge-centre and www.bettercarenetwork.org/bcn/

14. See Roelene and Shelmerdine 2014 for further details regarding ways to improve the design of social protection programmes to ensure they promote better care for children.

marriage. Moreover, it means promoting the family as the best place for a child to thrive.

Ensuring that all children are adequately cared for is entirely achievable. There are already many positive examples from around the world, including that of Brazil, which is described in Box 5 below. Many countries have achieved important reforms of their care systems. The implementation handbook to the *Guidelines on the Alternative Care of Children* provides several examples and is a useful point of reference for anyone committed to taking action.

Box 5: An example of care reform from Brazil[15]

Brazil is an upper middle-income country with a population of just under 200 million people, 59 million of whom are children.[16] 37,861 children are registered as living in formal alternative care including small group homes, foster care, transit homes and children's villages. There are 23,973 children reported to be either living or working on the streets, although the actual figures may be far higher (Ministry of Social Development (Brazil) MDS/FIOCRUZ 2010). The majority of these children are from poor and marginalised communities and have one or both parents living. Poverty, violence in the home and substance abuse drive many children onto the streets. In addition, neglect, sexual abuse and abandonment are also key causes of children being placed into formal care by the authorities. Cultural norms and values associated with violence, gender and race underlie much of the neglect and abuse of children.

In recent years, Brazil has transformed its work with vulnerable children and families, moving away from a reliance on residential care towards a stronger focus on families. This is supported by a comprehensive legal and policy framework and action plan, all of which seek to strengthen the capacity of families to thrive and to care for their children effectively. Poverty, and its impact on care and protection, is taken very seriously and responded to through extensive social programmes. Often this involves vulnerable children and families being assigned a social worker who helps them to access a range of services including cash transfers, counselling, and support for housing, employment and substance abuse. Teams of social workers also help to build community awareness of care and protection risks and to identify vulnerable children.

Work is also being done to reintegrate children living or working on the streets or in residential care with their families, or to find them a temporary foster care placement while social programmes are provided to the family of origin or a new permanent home is found when necessary. In severe cases, short-term small-scale residential care for children in crisis is provided when more intensive support is needed. There is a growing practice of 'concentrated hearings' for children in residential care in which the child, the family, representatives from the judiciary and care professionals together assess whether the child can return to their own family or how best to provide them with quality alternative care.

There is also greater investment in family-based alternatives for children who are not able to be cared for at home. This includes the recruitment of foster families, which has led to an increase in foster care services. Efforts are being made to reduce the amount of time a child spends in 'transit', whilst a permanent care alternative is sought, with a maximum limit of two years. And there are numerous ways for civil society to participate in the design and delivery of policies on family support and alternative care. Alongside investment in alternative care, there is a growing campaign for national adoption.

Whilst the full impact of this work is yet to emerge there are already some very positive indications: the number of children placed in alternative care due to poverty has declined and the use of residential care has also decreased overall; individual cases of inadequate care are also being dealt with more swiftly, with children spending less time in residential transit centres. A wide range of social services and professionals from different academic backgrounds have spread across the country, increasing the level of child protection service provision; and there are now 12 million families receiving social protection, arguably benefiting 48 million people overall (Ministerio de Desenvolvimiento Social e Combate a Fome 2009).

Despite these achievements, several challenges remain. The level of need far outweighs resources. There are not enough social workers and those that exist require more training, and the bureaucratic burden placed on social workers prevents them

15. This case study was drawn from Family for Every Child (2013) Improving social work in Brazil. Results of an appreciative inquiry of social work with vulnerable children and families in Brazil. London: Family for Every Child.

16. www.worldpopulationstatistics.com/brazil-population-2013/

from providing essential support. There is a lack of back-up referral services, especially around substance abuse. Far more foster families are needed. Many organisations working in care are not registered or regulated by the State. Moreover, there is a chronic lack of data collection and sharing – both at a macro level and in the case of individual children. More fundamentally, the poverty and discrimination underlying the vulnerability of children and their families remains persistent (Family for Every Child 2013c).

However, the Government of Brazil remains committed to improving the care of children and continues to champion the *Guidelines on the Alternative Care of Children* both nationally and globally. All of this has been achieved through a fundamental reorientation of Brazil's social and judicial framework. This includes significant investment in legal and policy reform – both in the revision and creation of key documents and plans and the reorientation of staff affected by them; increased resources for social programmes and social work; and a redirection of resources away from building institutional care to broader support to families and to the prevention of inadequate care. Sustained political commitment, and the formation of a national working group, chaired by Family for Every Child member Associação Brasileira Terra dos Homens, to assist this process have been pivotal, as have the formal structures for enabling children and families to participate at every level.

6. Conclusion and recommendations

Improving the care of children requires action from all parts of society. This is not just a challenge for child protection specialists. Rather, it affects the full spectrum of sectors – from education to health, from economic planning to humanitarian work. It is a matter for governments, parliamentarians, businesses, trade unions, multilateral and bilateral agencies, the media, national and international NGOs, and, not least, children and families themselves. All of these actors have a role to play in designing and implementing change and holding others to account for improving the care of children.

The following recommendations seek to prevent and respond to the inadequate care of children. They are based on the collective experience of Family for Every Child's national member organisations working directly with vulnerable children in every region of the world.

1. **Build an in-depth understanding of care in each context, and develop locally appropriate responses.**

   - Gain insights into both formal, government-led care provision, and the care and support offered informally by families and communities

   - Build on existing strengths, including the vital support already offered by extended families.

   - Explore innovative, promising practice developed by national civil society organisations for potential replication on a larger scale

   - Understand children's perspectives on adequate and inadequate care.

2. **Make the care of children a political and financial priority.**

   - Allocate sufficient resources to ensure the adequate care of all children.

   - Incorporate the care of children into the post-2015 development framework through, for example, a specific goal and/or target on care.[17]

   - Make investments in the care of children more visible, with dedicated lines of accountability.

   - Regularly collect and monitor data on children without adequate care.

3. **Ensure broader development and humanitarian work reinforces the effective care of children.**

   - Make health, education and other basic and life-saving services accessible to poor and marginalised children in their home communities, and inclusive of children without adequate care.

   - Ensure that actors working on child welfare, health, education, justice, growth, migration, poverty reduction, and disaster preparedness and response work together to prevent children from being unnecessarily separated from families.

   - Support children without adequate care to participate in the design and implementation of relevant laws, policies, structures and services.

4. **Increase the coverage and quality of social protection in order to strengthen the capacity of families to care for children.**

   - Provide families/carers of vulnerable children with a combined package of cash transfers and broader forms of social support to help enable them to care for children properly.

   - Carefully design social protection for vulnerable families and children to ensure that it benefits and does not have a detrimental impact on the care of children.[18]

5. **Ensure that each country adheres to the *Guidelines for the Alternative Care of Children.* The following are particularly important.**

   - Build on strengths within informal care systems and work to address any discriminatory or harmful practices that may exist.

   - End the use of institutional care for all children, particularly those less than three years of age, and develop safer alternatives, such as more effective support for families to enable reintegration, small group homes and foster care.

   - Review and, where necessary, reform national laws and policies so that they prioritise the care of children in a safe, caring and permanent family environment.

---

17. An example goal: all children live a life free from all forms of violence, are protected in conflicts, and disasters, and thrive in a safe family environment. An example target: halve the number of children unnecessarily living outside family care and end the placement of all children in institutional care (from: BCN et al. 2013a).

18. See Roelen and Shelmerdine 2014 for further recommendations around the design of social protection programmes to ensure that they enhance the care of children.

- Increase and strengthen care structures as appropriate to each context (for example, kinship care, domestic adoption or *kafala* and/ or foster care) to ensure that children who cannot be cared for by their own parents have a range of quality options in a family environment.

- Improve local, national and international child protection systems to ensure that inadequate care is prevented, detected, and addressed. This includes enhancing the capacity and effectiveness of the child welfare workforce.

- Support children and their families to participate in decisions that affect them, including individual care arrangements.

Fulfilling these recommendations is a matter of great urgency. Children have the right to be adequately cared for. The quality of care a child receives sets them on a trajectory that will affect the rest of their lives and the societies we live in. With many millions of children without adequate care, the impact this has on development and humanitarian goals cannot be underestimated. Those boys and girls currently without adequate care are amongst the most vulnerable and excluded people in the world. They are casualties of inequity, discrimination and poverty. Realising their rights is arguably the litmus test of any person or organisation committed to progress and social justice and a reflection of the kind of world we wish to live in today and in the future.

© Robin Wyatt / EveryChild / P4EC Russia

References

Better Care Network, ChildFund Alliance, Consortium for Street Children, Family for Every Child, Keeping Children Safe, Maestral International, Plan International, Retrak, Save the Children, SOS Children's Villages, Terra des Hommes, Terra dos Homens and World Vision (2013a) *Protect my future. Why child protection matters in the post-2015 development agenda.* London: Family for Every Child.

Better Care Network, Consortium for Street Children, Family for Every Child, Save the Children, SOS Children's Villages, and World Vision (2013b) *Protect my future. The links between child protection and population dynamics*. London: Family for Every Child.

Better Care Network, Consortium for Street Children, Family for Every Child, Keeping Children Safe, Plan International, Save the Children, SOS Children's Villages, Terre des Hommes and World Vision (2012a) *Protect my future. The links between child protection and equity.* London: Family for Every Child.

Better Care Network, Consortium for Street Children, Family for Every Child, Save the Children, SOS Children's Villages, and World Vision (2012b) *Protect my future. The links between child protection and health and survival.* London: Family for Every Child.

Bilson, A (2009) Use of residential care in Europe for children under three: Some lessons from neurobiology. *British Journal of Social Work* (1-12).

Browne, K (2009) *The risk of harm to young children in institutional care*. London: Better Care Network and Save the Children.

Bruce, J (2007) *Child marriage in the context of the HIV Epidemic. Promoting healthy, safe and productive transitions into adulthood. Brief no.11.* New York: Population Council.

Burr, R. (2002) Global and local approaches to child rights in Vietnam. *Childhood* Vol. 9(1).

Cantwell, N. (2010) *A discussion paper on refining definitions of formal alternative child care settings.* (unpublished)

Cantwell, N. and Jacomy-Vite, S. (2011) *Assessment of the alternative care system in the Syrian Arab Republic.* Ministry of Social Affairs and Labour and UNICEF.

Child Protection Working Group (CPWG) (2012) *Minimum Standards for Child Protection in Humanitarian Action.* Geneva: Child Protection Working Group.

CRIN (2007) *CRINMAIL: Special edition on child marriage.* CRINMAIL 899 July 2007. London: Child Rights Information Network.

Csaky, C. (2009) *Keeping children out of harmful institutions.* London: Save the Children.

Currie, J. and Widom, C. S. (2010) Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment,* 15(2), p.111-120.

Delap, E. (2010) *Protect for the future. Placing children's protection and care at the heart of achieving the MDGs.* London: EveryChild.

DEPOS (Ministry of Social Affairs, Indonesia) and Save the Children (2006) *A rapid assessment of children's homes in post-tsunami Aceh.* Indonesia: Save the Children.

Devereux, S. and Sabates-Wheeler, R. (2004) *Transformative social protection. IDS working paper 232.* UK: Institute of Development Studies.

Dotteridge, M. (2004) *Kids as commodities?* Germany: Terre des Hommes.

EveryChild (2011) *Scaling down. Reducing, reshaping and improving residential care around the world. Positive care choices working paper 1.* London: EveryChild.

EveryChild and Better Care Network (2012) *Enabling reform. Why supporting children with disabilities must be at the heart of successful child care reform.* New York: Better Care Network.

EveryChild and HelpAge International (2012) *Family first: Prioritising support to kinship carers, especially older carers.* London: EveryChild and HelpAge International.

EveryChild and Partnership for Every Child (2013) *EveryChild Moldova's programme experience: Improving children's lives through deinstitutionalisation.* London: EveryChild.

Family for Every Child (2013a) *My world, my vision. Consultations with children on their priorities for the*

post-2015 development framework. London: Family for Every Child.

Family for Every Child (2013b) Towards a Family for Every Child. A conceptual framework. London: Family for Every Child.

Family for Every Child (2013c) Improving social work in Brazil: Results of an appreciative inquiry of social work with vulnerable children and families in Brazil. London: Family for Every Child.

Family for Every Child and JUCONI (2014) Strategies to ensure the sustainable reintegration of children without parental care. London: Family for Every Child and Mexico: JUCONI.

Fromm, S. (2001) Total estimated costs of child abuse and neglect in the United States. Statistical evidence. USA: Prevent Child Abuse America.

Gertz, G. and Chandy, L. (2011) Two trends in global poverty. Global economy and development. Brookings Institution, USA. At www.brookings.edu/research/opinions/2011/05/17-global-poverty-trends-chandy

Gilbert, R., Widom, C.S., Browne, K., Fergusson, D., Webb, E., and Janson, S. (2009) Burden and consequences of child maltreatment in high income countries. The Lancet, Vol. 373, Issue 9657, p.68-81.

Global Protection Working Group (2010) Handbook for the protection of internally displaced persons. Global Protection Cluster.

Grow up Free from Poverty (2005) Achieving our dreams for 2015. At http://grow-up-free-from-poverty.org.uk/ESW/Files/guffp_cap1.pdf

Higgs, E. S. et al. (2012) Evidence acquisition and evaluation for a U.S. Government evidence summit on protecting children outside family care. Child Abuse and Neglect, Volume 36, Issue 10, pp 689-700.

Inter-Agency Learning Initiative on Community Based Child Protection Mechanisms (2012) An ethnographic study on community based child protection mechanisms and their linkages to national child protection systems in Sierra Leone. UK and USA: Inter-Agency Learning Initiative on Community Based Child Protection Mechanisms.

International Bureau for Child Rights (2010) Children and armed conflict. Montreal: International Bureau for Child Rights.

International Social Service (ISS)/International Reference Centre for the Rights of Children Deprived of their Family (IRC) (2004) Rights of the child in internal and inter-country adoption: Ethics and principles guidelines for practice. Geneva: ISS.

JLICA (2009) Home truths: Facing the facts on children, AIDS and poverty. London: Joint Learning Initiative on Children and HIV/AIDS.

Kaplan, J. and Jones, N. (2013) Protect my future. The links between child protection and education, employment and growth. London: Better Care Network, ChildFund Alliance, Consortium for Street Children, Family for Every Child, Overseas Development Institute, Plan International, Save the Children, Terre des Hommes and World Vision.

Krug, E.G, Dahlberg, L.L., Mercy, J.A, Zwi, A.B., Lozano, R. (2002) World report on violence and health. Geneva: World Health Organisation.

Mann, G. (2001) Networks of support. A literature review of care issues for separated children. Sweden: Save the Children.

Mann, G. (2004) Family matters: the care and protection of children affected by HIV/AIDS in Malawi. Sweden: Save the Children.

Mann, G., Long, S., Delap, E. and Connell, L. (2012) Children living with and affected by HIV in residential care: Desk-based research. New York: UNICEF, EveryChild and Maestral International.

MDRI (2007) Torment not treatment. Serbia's segregation and abuse of children and adults with disabilities. USA: Mental Disability Rights International.

META/IDEST/SDH (2011) First national census research on children and adolescents living on the streets. Brazil: META/IDEST/SDH

Ministry of Health and Social Development (Russian Federation) (2007) State of Russia's children 2007. Ministry of Health and Social Development of the Russian Federation.

Ministry of Social Development (Brazil) MDS/FIOCRUZ (2010) National survey on children and adolescents under alternative care.

Morantz, G. and Heymann, J. (2010) Life in institutional care: the voices of children in a residential facility in Botswana. AIDS Care, Vol. 22, no. 1, p.10-16.

Morgan, J. and Beherendt, A. (2008) *Silent suffering. The psychosocial impact of war, HIV and other high-risk situations on girls and boys in West Africa.* Senegal: Plan West Africa.

OAK Foundation, Plan, REPSSI, RIATT, Save the Children, Terre des Hommes, The African Child Policy Forum, UNICEF and World Vision (2012) *Strengthening child protection systems in Sub-Saharan Africa.* Training Resources Group and Play Therapy.

Oates, J., Lewis, C. and Lamb, M. (2005) Parenting and attachment in Ding, S. and Littlejohn, K. (eds.) *Children's personal and social development*. UK: Open University Press.

ODI and Save the Children (2012) *Creating the future. Empowering girls to prevent early pregnancy.* London: Overseas Development Institute and Save the Children.

Punch, S. (2002) Youth transitions and interdependent adult-child relations in rural Bolivia. *Journal of Rural Studies* (18).

Roby, J. (2011) *Children in informal alternative care. Discussion paper.* New York: UNICEF.

Roelen, K. and Shelmerdine, H. (2014) *Researching the links between social protection and care in Rwanda.* London: Family for Every Child, Centre for Social Protection at the Institute of Development Studies (IDS), and Uyisenga Ni Imanzi.

Save the Children (2009) *Children and climate change.* London: Save the Children.

Save the Children (2010) *Building rights-based national child protection systems: A concept paper to support Save the Children's work.* Sweden: Save the Children.

Save the Children (undated) *Save the Children's definition on child protection.* Sweden: Save the Children. At http://sca.savethechildren. se/PageFiles/3189/child%20protection%20 definition%20SC.pdf

Tobis, D. (2000) *Moving from residential institutions to community-based social services in Central and Eastern Europe and the Former Soviet Union*. Washington, D.C: World Bank.

UN (2010a) *Guidelines for the Alternative Care of Children.* New York: United Nations.

UN (2010b) *Keeping the promise: United to achieve the Millennium Development Goals*. New York: United Nations.

UN (2006) *Convention on the Rights of Persons with Disabilities.* New York: United Nations.

UN (1989) *UN Convention on the Rights of the Child*. New York: United Nations.

UNHCR (2013) *The future of Syria: Refugee children in crisis.* Geneva: UNHCR.

UNICEF (2013) *The State of the World's Children 2013: Children with disabilities.* New York: UNICEF.

UNICEF (2012) *Cities and children: The challenges of urbanisation in Tanzania*. Dar es Salaam: UNICEF.

UNICEF (2010) *Migration, development and children left-behind: A multi-dimensional perspective.* New York: UNICEF.

Williamson, J. and Greenberg, A. (2010) *Families, not orphanages*. New York: Better Care Network.

Woodhead, M. (2006) Changing perspectives on early childhood: Theory, research and policy. *International Journal of Equity and Innovation in Early Childhood,* 4 (2).
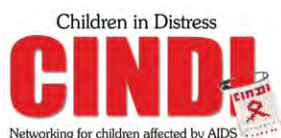
World Health Organisation (2006) *Global estimates of health consequences due o violence against children*. Background Paper to the UN Secretary-General's Study on Violence against Children. Geneva: WHO.

WHO (2006) *Preventing child maltreatment: a guide to taking action and generating evidence*. Geneva: WHO and ISPCAN.

World Vision (2012) *Fragile states and child protection systems: Implications for policy and practice.* USA: World Vision. World Vision (2008) *Before she's ready. 15 places girls marry under 15.* USA: World Vision.

Members of Family for Every Child