



Systems, strategies, and interventions for sustainable long-term care and protection of children with a history of living outside of family care[☆]

John D. Fluke^{a,*}, Philip S. Goldman^b, Janet Shriberg^c, Susan D. Hillis^d, Katherine Yun^e,
Susannah Allison^f, Enid Light^g

^a Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, Department of Pediatrics, University of Colorado School of Medicine, Aurora, CO, USA

^b Maestral International, Minneapolis, MN, USA

^c USAID, Office of HIV/AIDS, Washington, DC, USA

^d US Public Health Service, National Center for Injury Prevention and Control Centers for Disease Control and Prevention, Atlanta, GA, USA

^e Department of Pediatrics, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA, USA

^f Infant, Child, & Adolescent Research Program, Division of AIDS Research, NIMH, NIH, Bethesda, MD, USA

^g Division of International Training and Research, Fogarty International Center and NIH, NIMH, Bethesda, MD, USA

ARTICLE INFO

Article history:

Received 7 September 2012

Accepted 7 September 2012

Available online 24 October 2012

Keywords:

Child protection system

Trafficked children

Street children

Institutionalized children

Conflict

Disaster

Family care

Children outside of family care

ABSTRACT

Objectives: This article reviews the available evidence regarding the efficacy, effectiveness, ethics, and sustainability of approaches to strengthen systems to care for and protect children living outside family care in low- and middle-income countries.

Method: For trafficked children, children of and on the street, children of conflict/disaster, and institutionalized children, a systems framework approach was used to organize the topic of sustainable approaches in low- and middle-income countries and addresses the following: legislation, policies, and regulations; system structures and functions (formal and informal); and continuum of care and services. The article draws on the findings of a focal group convened by the U.S. Government Evidence Summit: Protecting Children Outside of Family Care (December 12–13, 2011, Washington, DC), tasked with reviewing the literature on systems, strategies, and interventions for sustainable long-term care and protection of children with a history of living outside of family care in low- and middle-income country contexts. The specific methodology for the review is described in the commentary paper (Higgs, Zlidar, & Balster, 2012) that accompanies these papers.

Results: For the most part, the evidence base in support of sustainable long-term care for the populations of interest is relatively weak, with some stronger but unreplicated studies. Some populations have been studied more thoroughly than others, and there are many gaps. Most of the existing studies identify population characteristics, needs, and consequences of a lack of systemic services to promote family-like care. There is some evidence of the effectiveness of laws and policies, as well as some evidence of service effectiveness, in improving outcomes for children outside of family care.

Conclusions: Despite the weaknesses and gaps of the existing research, there is a foundation of research for going forward, which should focus on developing and implementing systems for these most vulnerable children. The evidence reviewed indicates that child protection systems should aim for appropriate, permanent family care (including reunification,

[☆] The views expressed in this document do not necessarily reflect the views of the agencies of the U.S. Government or other institutions that employ the authors.

* Corresponding author address: Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, Department of Pediatrics, University of Colorado School of Medicine, The Gary Pavilion at Children's Hospital Colorado/Anschutz Medical Campus, 13123 East 16th Avenue, B390/Aurora, CO 80045, USA.

adoption, kinship care, or *kafalah*) for children in order to secure the best environment for a child's developmental prospects. Evidence also suggests that the quality and duration of care, including both permanent family care and alternative care, are important regardless of setting. The diversity of political, socioeconomic, historical, regional, community, and cultural contexts in which child protection systems operate need to be taken into account during programming and research design.

© 2012 Elsevier Ltd. All rights reserved.

Introduction

Many multilateral and bilateral development organizations, global nongovernmental organizations (NGOs), national governments, and private donors are shifting from issue-specific programming for children and youth in low- and middle-income countries (LMIC) to strengthening "child protection" systems (Forbes, Luu, Oswald, & Tutnjevic, 2011; Save the Children, 2009; UNICEF, 2008; Wulczyn et al., 2010). This systems approach is intended, in part, to address the array of issues concerning the estimated 153 million children who have lost a parent (UNICEF, 2012), 17.8 million children who have lost both parents (UNICEF, 2012), well over 2 million children who have been placed in institutional care (UNICEF, 2009b), up to 100 million children in and of the streets (UNICEF, 2005), and many others affected by conflict/natural disasters or subjected to labor and sex trafficking. This review assesses and synthesizes the evidence available from the policy and research literature on the efficacy, effectiveness, ethics, and sustainability of approaches to support children with a history of living outside of family care in low- to middle-income countries. For the purposes of the review, we operationalized sustainable long-term care and protection of children with a history of living outside of family care as post crisis resources intentionally and systemically designed in advance to promote and establish stable and ideally permanent family-like settings for such children.

Review methods

Child protection systems address a variety of vulnerabilities and risks, much as health systems prevent and respond to issues such as HIV, malaria, and tuberculosis. This review aims to inform the development and sustainability of systems that better prevent and respond to the risks faced by vulnerable populations of children and youth living outside of family care, including infants through youth aged 18 years and youth transitioning to adulthood (up to age 24 years), specifically children (a) residing in institutions; (b) in and of the streets; (c) affected by conflict/natural disasters; and (d) subjected to labor and sex trafficking. Children often experience more than one of these or other vulnerabilities, and the systems agenda explicitly aims to view children more holistically and less in accordance with single issues (UNICEF, 2008). We therefore examined cross-cutting evidence from studies and reports conducted in low- and middle-income countries; however, evidence often applies to only one of these groups.

The detailed methods for this review are described in this issue (Higgs et al., 2012) of the journal. Briefly, databases were searched for papers published from 1995 through 2011 in the peer reviewed (e.g., PubMed, ABI-Inform, ERIC, EconLit, Embase, PsycInfo, SocioAbstracts, and the Cochrane Library, etc.) and grey literature (e.g., UNICEF, 2009a; U.S. Agency for International Development, 2003, etc.). Multiple screening phases were used to limit the scope of the review; phase one eliminated studies not relevant to children living outside of family care, phase two restricted literature to the focal questions and vulnerable populations, and phase three restricted papers to focal questions and evidence. A total of 173 publications met the initial criteria for review in the peer (123) and grey (50) literature. During the expert review process additional papers were identified for possible inclusion. Of all documents reviewed, a total of 95 had sufficient quality to be retained in the final set of relevant documents for this review. The quality review was done by members of the core group and Evidence Review Team Members Invited to the Pre-Summit utilizing a common review instrument and a similar instrument was used for the review of qualitative or non-empirical studies particularly those addressing policy.

While there is a large volume of information in this area, ranging from reports to peer-reviewed articles, much of it was insufficient and rated by the authors as weak. When evidence was rated as high quality, it often was focused on a specific population, region, or work sector or had not yet been widely replicated. As a result, there was not enough high-quality evidence to draw general conclusions with a high degree of confidence. The amount of research varies with respect to system components. Likewise, the amount of evidence related to the key vulnerable populations varies; the most evidence is available for children in institutions, whereas for children on the street, the evidence base is sparser. While the process of evidence selection was systematic, the statements are not intended to represent an overview of the entire bibliography of research evidence in the pertinent areas.

The review is structured as an examination of the evidence related to child protection systems and children outside of parental care more broadly, followed by findings concerning each of the four vulnerability categories. Evidence concerning prevention, the most cost-effective element of any child protection system, is reviewed in Boothby, Wessells, Williamson, Huebner, Canter, Garcia-Rolland, Kutlesic, Bader, Diaw, Levine, Malley, Michels, Patel, Rasa, Ssewamala, Walkerp, 2012 in this issue. The authors acknowledge that many preventive services that serve to strengthen families also play a role in

responding to situations where children find themselves outside of family care, and as a result, there is some inevitable overlap in findings with Boothby et al. (2012 in this issue).

Results

Child protection systems and children outside of family care

Throughout the review, our goal was to associate evidence with the formation and promotion of systems of care and protection of children. Thus, the evidence was reviewed in light of three broad child protection system components:

- *Legislation, policies, and regulations* – those documents and agreements that set governance and stewardship regarding authority for action, system boundaries, establishing and sustaining agencies, formal processes, and interfaces with less formal systems at the family and community levels.
- *System structures and functions (formal and informal)* – the range of system activities, the interactions that create structure among the activities, and the resources available to support these activities and promote the achievement of care and protection of children system goals including data and information for decision making (including monitoring, evaluation, and research).
- *Continuum of care and services* – the actual strategies, techniques, processes, and treatments used with individual children, their families, and communities. In informal contexts, this broadly includes community knowledge, attitudes, and practices based on social norms.

Legislation, policies and regulations. Experts and practitioners observed general consensus amongst leading agencies engaged in child protection and welfare that legislation, policies, and regulations should be systemic; consistent with the Convention on the Rights of the Child, the Millennium Development Goals, and the Global Health Initiative Principles; and relevant to international and regional conventions and instruments (e.g., the African Charter on the Rights and Welfare of the Child and the Hague Convention for Inter-Country Adoption) as well as existing laws and bilateral agreements to facilitate cooperation and ensure the provision of services to children (Save the Children, 2009; UNICEF, 2008; World Vision, 2011). Further, national legislation needs to reflect local and community practices and build on positive community mechanisms (Behnam, 2008; Donahue & Mwewa, 2008). Policy should articulate clearly how to (a) establish the best interests of a child; (b) establish prevention, promotion, and response mechanisms that strengthen families and the resources they need; and (c) provide appropriate care for children who are separated and abandoned. Reunification is generally considered to be most desirable; however, when reunification efforts are unsuccessful or not in a child's best interests, policies ideally will include financial and other incentives for a continuum of care or services that are alternatives to institutional care (Browne, 2009), including adoption, *kafalah*, and kinship care.

There is some limited evidence which suggests that establishing and enforcing national and local laws and regulations has a positive impact on these children and strengthens prevention. In addition, strong institutional and coordination mechanisms appear to bolster enforcement and child support systems. Establishing (and funding) policies in support of such children also appears to be paramount (U.S. Department of Labor, 2010b).

System structures and functions (formal and informal). This synthesis found general and perhaps aspirational expert consensus, despite very limited evidence, that children's health, welfare, and protection can draw from an array of formal and informal structures, and welfare and protection are enhanced when those structures (a) align with global rights but are also sensitive to local contexts; (b) are relatively well organized, coordinated, and resourced on the formal side; (c) draw on effective human resources; (d) build on community mechanisms, informal or formal, that promote the best interests of the child; (e) provide an appropriate spectrum or array of services across sectors, formal or informal, that promote strong families, child well-being, and protection; (f) address knowledge, attitudes, and practices through dialogue and other means to support the child's best interests; (g) are oriented toward alternatives to institutional care, foremost among which is appropriate family care; (h) clearly support appropriate standards for service delivery; and (i) are well monitored and evaluated.

The application of workforce-strengthening approaches is a key function of sustainable systems to protect all vulnerable children, a theme that was discussed extensively by experts at a conference in Cape Town on the Social Welfare Workforce on November 15–18, 2011. In particular, in more formal systems, care and support for children and youth interventions rely on skilled paraprofessional and social workers. However, there is often limited human capacity in the form of trained staff able to provide services (Davis, 2009; Linsk et al., 2010; UNICEF, 2009a).

Evidence was found for system structures and functions among different child risk populations, though much of the information in the literature is focused on the identification of needs that these populations may have for longer term support, rather than the evaluation of the effectiveness of system structures. At the same time, research suggests that strong referral systems ensure and facilitate receipt of services by children, supporting long-term care (International Labour Organization [ILO], 2004, 2005a, 2009; U.S. Department of Labor, 2010b).

Evidence to support these activities remain limited, however. There is a pressing need for long-term outcomes research such as longitudinal or tracer studies, as well as ongoing monitoring and evaluation for programs serving children with a history of living outside of family care (International Labour Organization, 2004, 2005b; U.S. Department of Labor, 2001, 2010b).

As described in Pullum, Cappa, Orlando, Dank, Gunn, Mendenhall, Riordan (2012 in this issue), children are often hidden and hard to reach, and barriers to identification and follow up may persist even after children have entered relatively stable family or family-like living situations (Annan, Blattman, Carlson, & Mazurana, 2008; Gozdziaik & Bump, 2008; International Labour Organization, 2007; Rabinovich, Harrell, Ratner, & Gozdziaik, 2011; U.S. Department of Labor, 2010b). Children may be dispersed over large geographic areas; decline to participate in ongoing evaluation efforts because of stigma, disinterest, or discomfort; or simply be lost to follow up. Even when children are relatively easy to identify, as in the case of some children in ongoing institutional care, clear quality standards and valid outcome measures may not be established for all subgroups (Stark, Ager, Wessells, & Boothby, 2009). Furthermore, mechanisms for data-sharing between different child-serving sectors may not exist, and programs may be funded for relatively short intervals, precluding ongoing monitoring and evaluation. This is not to say that long-term evaluation is impossible. A number of authors have conducted successful longitudinal or community-based cross-sectional studies with vulnerable groups (Annan et al., 2008; Boothby, 2006; Whetten et al., 2009). However, there remains a critical need for data systems suitable for the continuous monitoring and improvement of existing programs, as well as generalizable data on interventions that may be appropriate for larger scale dissemination and implementation.

System services and interventions. Expert opinion tends to concur that the promotion of positive attitudes toward an open discussion of child care and protection issues, combined with services for families, communities, and countries to prevent abandonment/separation as well as protect and promote the well-being of children, constitute a protective environment for children. National or local child protection services and systems; protective social practices; and the knowledge and capacity of communities, families, and children supported by research, good oversight, and monitoring all contribute to building the protective environment.

Systemic interventions that are grounded in an understanding of social and cultural practices and take into account the constantly shifting context that can be the norm in countries that have experienced armed conflict and/or natural disasters are needed for interventions to be feasible, efficacious, and sustainable. The evidence base across multiple studies emphasizing cultural and other contextual features guiding the development of specific intervention approaches or adaptations of interventions ranges from poor to strong (Ahmad et al., 2005; Annan et al., 2008; International Labour Organization, 2007; Peters, 2007; Wessells, 2009). An understanding of the cultural context is needed when one is developing or sustaining interventions that address the needs of vulnerable populations of children and youth.

Specific strategies to facilitate reunification and kinship care or to prevent out-of-family care, such as family group decision making (FGDM) processes including Family Group Conferences (FGCs), have demonstrated some promise in safely promoting reintegration with family as part of a system of care and the protection of children. While the evidence is limited in low- and middle-income countries, these techniques have been used to enhance service planning in indigenous populations and are now being applied in low- and middle-income countries (Kannangara, 2011; Rotabi, Pennell, Roby, & Bunkers, 2012). While quasiexperimental designs have been used in high-income countries, studies using more rigorous methods were not identified.

Sustainable and long-term care by vulnerability

Much of the literature on child protection systems recommends moving toward a more “holistic” view of a child’s protection needs, as children can suffer from multiple vulnerabilities and “single-issue” interventions are often viewed as less sustainable or effective. However, the great preponderance of the evidence on children outside of family care is organized by vulnerability category and is thus reviewed in accordance with the four key issues addressed at the Evidence Summit.

Children living in institutions. The development of institutional care for children has been a common method to address the needs of children living at risk or living outside the home. Generally, existing institutions for infants and young children are not supportive of children’s neurological, physical, cognitive, and socioemotional development. Evidence indicates that this generally results in poorer developmental outcomes, even among those subsequently adopted or fostered in supportive families (Leiden, 2012). While the quality of evidence is weak due to the small number of randomized trials, there are numerous studies documenting the neurological, physical, cognitive (including language), and socioemotional development of infants and young children residing in institutions and those have been transitioned out of institutions to family care (Nelson et al., 2007; St. Petersburg –USA Orphanage Research Team, 2005; Zeanah et al., 2003). It is important to note that most, though not all, of this literature pertains to children who spend the first 1–2 years of life in institutions.

The review suggested that many experts concur that permanent family care is the ideal option when a child faces separation and abandonment. *Permanent family care* was defined by a diverse range of experts participating in the Africa: The Way Forward Project in 2011 as involving

an unconditional, loving and nurturing commitment to a child by an adult or adults with parental roles or responsibilities that provide(s) lifelong support to the child. These family relationships should have an emotional component with intimacy and a sense of belonging, and should also generally involve legal recognition of both parental and child rights and responsibilities (The Way Forward Project, 2011)

Several low- and middle-income country examples of the introduction of professional child welfare approaches suggest that reliance on institutionalization can be reduced and outcomes improved for vulnerable populations (Csaky, 2009; Zeanah et al., 2003). While the evidence base for this is sparse (Csaky, 2009), the potential exists for such a system to be effective to improve conditions not only for institutionalized children, but also for other groups of vulnerable children.

While there are numerous studies on the impact of domestic adoption on child development in higher income countries, the team did not review research evidence on formal domestic adoption in LMIC settings, which is rarely practiced. Limited evidence suggests that the majority of children placed through intercountry adoption experience considerable improvements on most developmental measures and form secure attachment relationships after adoption, with some variability depending on age at adoption and length of time in the institution as well as in the adoptive home (Judge, 2003; Van Londen, Juffer, & van Ijzendoorn, 2007). While these adopted children can “catch up” with peers on most measures (other than head circumference), evidence suggests that this recovery is often not complete on social, behavioral, cognitive, attachment, or other measures (Leiden, 2012). It is generally agreed that intercountry adoption is best regulated and implemented under the provisions of the 1993 Hague Convention on Intercountry Adoption to protect the best interests of the child (Leiden, 2012), though the review did not include any research evidence in this area.

Informal care is by far the predominant alternative to institutional care around the globe in lower to middle-income countries, and the characteristics of informal care likely have a bearing on institutionalization (Roby, 2011). However, no study was identified that quantified the relationship between changes in informal care and rates of institutional placement.

The evidence on formal foster care is often based on one relatively strong study in Bucharest, Romania (Zeanah et al., 2003). In this study, children were randomly assigned to a foster care system designed specifically for the intervention or remained in institutional care. Generally, children up to 8 years of age in foster care developed better on a variety of outcomes when compared to those who remained in institutional care (Ghera et al., 2009; Johnson et al., 2010), especially those children placed at younger ages (Nelson, Bos, Gunnar, & Sonuga-Barke, 2011; Smyke, Zeanah, Nelson, Fox, & Guthrie, 2010). Research also indicates that the development and functioning of children with disabilities, who are already disproportionately represented in institutional environments, can similarly be improved with appropriate early intervention and special education techniques and practices (Zeanah et al., 2003). There are numerous obstacles to developing effective domestic foster and adoption systems in LMIC, including lack of birth registration, lack of policy and legislation, ineffective or absent judicial and social service structures, social norms, and related issues (Leiden, 2012). The quality of care is important regardless of setting, and children experiencing abuse, severe neglect, violence, or severe malnutrition in family or kinship contexts will not necessarily experience better developmental outcomes compared to children in established and operated institutions providing high-quality services in the community.

The limited amount and poor quality of caregiver–child interactions and multiple caregivers are major contributors to long-term delayed physical and behavioral development in very young institutionalized children. To address this, interventions have been developed and delivered within institutions and found to have positive developmental impacts. Although the basis for this statement remains limited at this point, several studies, some with random assignment or quasiexperimental procedures, show that specific interventions providing additional stimulation produce improved developmental outcomes for institutionalized children (Ferris et al., 2007; Jump, Fargo, & Akers, 2006; Megahead & Cesario, 2008; Sparling, Dragomir, Ramey, & Florescu, 2005; Taneja et al., 2002; Whetten et al., 2009; Wolff & Fesseha, 2005). One quasi-experimental study implemented a comprehensive family-like behavioral intervention by training caregivers to improve caregiver–child interactions and restructuring the physical environment to be more family-like. This intervention produced substantial improvements in the physical, cognitive, and social–emotional development of infants and toddlers, both those with and those without disabilities (Sparling et al., 2005). However, no studies of long-term outcomes have used more rigorous designs.

There is evidence to suggest that broad legislative approaches, while desirable, may not be effective as standalone policies that target children living in institutions. For example, the adoption of a family-centered policy, while possibly a necessary condition, does not usually in and of itself result in children leaving institutions (Erol, Simsek, & Münir, 2010). The resources needed to implement policies are often unavailable, and even when such resources are available for programs, countries may lack support for monitoring to document impact (UNICEF, 2009a). Furthermore, competing priorities for national governments and other entities may stall implementation (U.S. Department of Labor, 2010a). Even though the evidence regarding the contributions of policy and legislation to strengthening care for children living outside of family care is considered insufficient, publications suggest that policies for vulnerable children and youth must have companion system components, including structures, functions, services, and training, in place to address implementation and sustainability.

Evidence on system structures and functions that specifically target children living in institutions is weak, but work has been undertaken in this area. The Changing Minds, Policies, and Lives project in 2003 articulated three formal systemic areas that tend to be incorporated in country strategies: (a) “gatekeeping,” which concerns the process of decision making regarding institutional placement; (b) resource allocation, which concerns the efficiency and effectiveness of public and private expenditure on child welfare and protection, with a particular emphasis on support for community-based services; and (c) standards of care, case management, and service delivery (World Bank & UNICEF, 2003). The Children in Families Initiative is evaluating preliminary evidence suggesting that comprehensive and cross-sectoral gatekeeping reforms in Kyiv, Ukraine, supported by EveryChild and in some communities in Guatemala supported by Holt International led to reduced placements of children in residential care (GHR Foundation, 2012). The Government of Cambodia recently completed a comprehensive

study that suggested that norms and attitudes have an important impact on the effectiveness of gatekeeping efforts, with some institutions much more in line with seeking a determination of a child's best interests than others (Cambodia Ministry of Social Affairs, Veterans, and Youth Rehabilitation, 2011). No study was reviewed that examined, in detail, specific issues related to formal actors such as the judiciary and social welfare workforce in gatekeeping.

Standards, where developed, are often not implemented, and oversight is typically limited. For example, in Burundi, only 3 of 98 residential institutions for children met 80% or more of established standards (UNICEF, International Rescue Committee, *Ministere de la Solidarite Nationale des Droits de la Personne Humaine et du Genre*, 2011). Efforts to strengthen standards of care and case management in Russian institutions have had only limited impact, despite the government's policy to reorient care from institutions to community-based alternatives (Telyukov & Paterson, 2009). In Tanzania, 21 of 42 children's homes studied in 2008 were unregistered, and court orders are utilized for placements in registered homes but not necessarily unregistered ones (Tanzania, 2008).

A variety of studies outline the cost effectiveness of community-based alternatives and alternative care in relation to institutional care, with alternative and community-based care shown to be less costly on an operational basis (Desmond & Gow, 2001; World Bank & UNICEF, 2003). While most analyses compare one existing program against another, a recent comprehensive study found that the Government of Armenia can realize fiscal savings in some areas through a shift to community-based and alternative care that would offset related investment costs (Andreeva, 2010).

Trafficked children. Currently, there is limited evidence on effective programs to support the long-term well-being of child victims of trafficking, and data are generally limited to program reports that may not include an external evaluative component (Arensen, Bunn, & Knight, 2004; Hyde, Bales, & Levin, 2006; Save the Children UK, 2006; U.S. Department of Labor, 2010a). Overall, however, recommended approaches are consistent with those that are supported by research with other vulnerable populations. Rehabilitation and reintegration of child trafficking victims are likely to require a comprehensive, victim-centered approach that includes educational and economic opportunities, as well as extended psychosocial care to prevent re-trafficking (Chemonics International, 2007; International Labour Organization, 2007). Furthermore, the child should be the focus of the first phase, which gradually evolves to include greater attention to the family and then the community in subsequent phases (Reimer, Langelier, Sophea, & Montha, 2007). Similarly, case studies of child victims of trafficking, as well as expert opinion by frontline social service staff in the UK, suggest that children benefit from a stable relationship with an adult caregiver in a secure environment (Arensen et al., 2004; ECPATUK, 2011; Hyde et al., 2006).

Although family and alternative care are generally believed to be more effective and sustainable than institutionalization for other populations of children living in adversity, peer-reviewed and grey literature studies (Arensen et al., 2004; Silverman et al., 2007; Zimmerman et al., 2008) of trafficked children and adolescents have found that some children have been physically or sexually abused by a family member and/or a family member had facilitated or been complicit in the trafficking. Therefore, alternatives to family care may be appropriate for this population under these circumstances.

Interventions intended to help children reintegrate with families and communities include increasing community awareness of trafficking, reducing stigma, providing peer support, and alternative livelihoods training (U.S. Department of Labor, 2010a). Other options include temporary foster homes, sheltered accommodation, community support, or integration into a job, although with the understanding that this applies only when children are above the minimum age of employment in a country (Reimer, Gourley, & Langelier, 2006). Ongoing case management and monitoring are often cited as ideal, but this approach is reported to be challenging in practice, in part because of limited workforce capacity outside urban areas. However, the need for ongoing support is suggested by a small number of studies demonstrating that child victims of trafficking experience significant levels of emotional and physical distress after entering protective care (Hyde et al., 2006; Zimmerman et al., 2008).

Program reports from service organizations suggest that child victims of trafficking who have escaped or been rescued, similar to children affected by conflict and disaster, may have difficulty reintegrating into communities due to limited employment, stigma, and limited access to protection and support services in rural areas (Arensen et al., 2004; Hyde et al., 2006; Save the Children UK, 2006). The reach of the child protection system is likely an important factor with respect to the reintegration and rehabilitation of other vulnerable children as well.

National consultation may be an appropriate mechanism to mobilize key stakeholders across sectors (governmental and nongovernmental organizations, international organizations, academic and commercial institutions) to develop and support a coordinated national response for the care and protection of trafficked children. Children who have been trafficked are likely to come in contact with multiple sectors (social services, law enforcement, immigration, health care, educators, labor inspectors, and voluntary) both while in and after exiting a trafficking situation (Arensen et al., 2004; Free the Slaves, 2007). Although the quality of research in this area is rated as insufficient, national consultation may be a promising approach to address the needs of a range of vulnerable children.

A national policy and regulatory framework is also needed to establish an effective and sustainable response for the care and protection of child victims of trafficking. While the evidence is rated as weak in quality with respect to this statement, it is a recurring theme in the literature (U.S. Department of Labor, 2002).

Street children. Effective programs for street children should reintegrate children into their families or have a family-like structure; be flexible and holistic (provide a range of services including shelter, food, clothing, skills training, social support, and psychological support); and collaborate with other agencies. This statement is based on moderate evidence (Neela &

Naina, 2011). A clear theme of reintegration or reinforcement of family or family-like roles and settings as a primary support for vulnerable on-the-street children is evident in the literature.

Research has identified five common components for each of the six street youth intervention programs whose efficacy has been evaluated: (a) framing the presenting problem; (b) providing information; (c) building coping skills; (d) building social support; and (e) addressing environmental barriers (Arnold & Rotheram-Borus, 2009). All programs reflect an assumption that the family lacks the ability to support a child; some rebuild family connections, while others de-emphasize family and build alternative connections. While the strength of the evidence is rated as moderate, this approach has been successfully transferred across low-, middle-, and high-income countries, including China, Uganda, South Africa, Thailand, India, and the USA.

Strengthening the capacity of the educational system and vocational training to serve children limited by extreme poverty might improve outcomes for street children. Multiple sources (Epstein, 1996; Kobayashi, 2004; Pruksachatkunakorn, Wongthanee, & Kasiwat, 2003) have provided inconclusive yet suggestive evidence of the value of these systems. However, there is weak evidence (Kendall & O'Gara, 2007) suggesting that passive educational programs such as fee elimination are not sufficient by themselves and do not result in the retention of street youth in school.

Relevant governmental ministries and NGOs can intervene to help reverse the impact of family dysfunction and poverty by implementing policies that strengthen independent living and community integration for street youth. Densley and Joss (2000) described needs for which interventions could be developed through legislation and policy that support transitions to adulthood and can be used to help youth overcome the conditions that led them to the street. While the evidence focuses on the specific needs of these children, many of these needs are likely to be consistent with those of other vulnerable populations.

Children affected by conflict and disaster. The reintegration of former child combatants and children affected by disaster is hindered by gaps in child protection systems. The availability of programming varies based on region and the gender of the child. Some studies show that girls and very young mothers are less likely to return to formal education and that forced wives are at higher risk of sexual violence (Annan et al., 2008; Peters, 2007; Shepler, 2005; Stark, Boothby, & Ager, 2009; United Nations Children's Fund, 2009). In addition, youth returning to rural areas may not have the same opportunities for employment in postconflict reintegration efforts because of the failure of disarmament, demobilization, and reintegration (DDR) programs to establish youth livelihood programming in rural regions (Annan et al., 2008; Peters, 2007; Shepler, 2005; Stark, Ager, et al., 2009; Stark, Boothby, et al., 2009; United Nations Children's Fund, 2009).

Similar to the rehabilitation and reintegration needs of child trafficking victims, children separated due to natural disasters or armed conflict require comprehensive child- and family-focused interventions (Boothby, 2006). One of the most carefully studied interventions was conducted by Neil Boothby and colleagues in Mozambique (2006) and focused on the reintegration of former Mozambican boy child soldiers. During children's 6-month stay at the Lhanguene Centre, interventions focused on rehabilitating the children both psychologically and physically. Reintegration services did not end there, as assistance was provided for 3 years to support their return to their families and communities. Specific interventions that were important to enabling recovery and reintegration were those that supported a "normative life cycle" as well as community acceptance and forgiveness, traditional cleansing and healing rituals, livelihoods, and apprenticeships. In another study by Betancourt and her colleagues, which did not implement an intervention, but examined war-affected youth in Sierra Leone, they found that community acceptance had a beneficial effect on all outcomes studied (Betancourt, Agnew-Blais, Gilman, & Ellis, 2010). Policy implications from their work also suggest that mental health and social services should not only be targeted to child soldiers but should include all war-affected youth. Targeting only child soldiers may lead to societal stigma and further divisions within a community (Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010). Lastly, there is some evidence from northern Uganda that interpersonal therapy can be effective in reducing depressive symptomatology among adolescent girls who have been displaced due to war; however, a similar approach did not have an impact on depressive symptoms among adolescent boys (Bolton, Murray, Kippen, & Bass, 2007). Additional research to understand possible gender differences in treatment outcomes may be warranted.

When one compares the divergence and potential for synergy between community-based and internationally formed clinical approaches to addressing children affected by conflict and disaster, evidence suggests that these approaches are complementary tactics to foster healing and result in more holistic care for those impacted. Empirical support for this finding is mixed (Boothby, 2006; International Labour Organization, 2007; Maclay & Ozerdem, 2010; Stark, Ager, et al., 2009; Stark, Boothby, et al., 2009; Wessells, 2009), ranging from weak to strong; however, given the persistence of this finding, it is worth considering from a law, policy, and regulatory standpoint. In a related vein, this approach comes with an attendant set of concerns related to ethics and unintended consequences, such as the potential stigmatization of children during reintegration efforts. As with other vulnerable populations, reintegration of children in this setting requires mobilizing informal community support, which ideally would be mediated by family or kinship support as well. Such reintegration builds on the interface between formal and informal systems for the care and protection of children.

Discussion

For the summit process a distinction was made between interventions that address immediate and long term needs of children in out of home care with the focus of this paper being the later; a distinction that is blurry at best. The intervention

approaches that are identified in this review for longer term care tend to involve broad attention to planning for permanent infrastructure, resources, and coordination which is consistent with the identification and strengthening of systems. The critical ingredient of long term care intervention is that they are directed at ensuring that family or family-like care for all categories of vulnerable children is the primary goal for most children. Thus the evidence was organized to address the basic systems elements that are involved. One implication of the systems approach is that the range of evidence needed is multi-level ranging from the effectiveness of the interventions, to implementation, to governmental and social integration. Unfortunately, the extant research base for low and middle income countries which supports the overall systems framework for long term approaches to intervention is sparse, and is perhaps the major research gap identified in this review.

Nevertheless, and while the evidence base remains modest for low and middle income country contexts, the concept that permanent family care, whether through reunification, adoption, *kafalah*, or kinship care, is a generally accepted goal for most children. In some cases, including foster care and inter-country adoption, the developmental benefits for children appear convincing despite limited evidence. Options that provide higher quality and duration of care for children are preferred. Weaknesses of current interventions include their focus on individuals over family and community, as well as their lack of attention to developing and maintaining systems of care and protection. Research and programming should be contextually appropriate for regional, national, and community contexts, and the Hague Convention on Inter-country Adoption appears an appropriate mechanism for protecting the best interests of children living in low and middle income country settings.

Approaches to legislation, policies, and regulation should be systemic, should be consistent with an array of conventions and instruments outlined above, should reflect local and community practices, and should build on positive community mechanisms. Policy should articulate clearly how to establish the best interests of a child; how to establish prevention, promotion, and response mechanisms that strengthen families and the resources they need; and how to provide appropriate and safe alternative care (formal or informal) for children who are separated and abandoned. Policies should include incentives for strategies that involve families in decision making where warranted and encourage a continuum of services that are alternatives to institutional care and that include standards of care and monitoring and evaluation mechanisms. Child welfare policies should recognize the cross-cutting risks that children face and attempt to serve all vulnerable children through holistic programming that minimizes the division of children by vulnerability.

That said, placing a child in family-like arrangements does not guarantee good treatment by caregivers, regardless of category of care. In particular, trafficked children should be provided with individualized risk assessment and supportive services before decisions are made about family reunification, as some child victims of trafficking have been maltreated or trafficked by family members. Though evidence per se is weak, placement of children in foster care should not be considered the default option in countries with documented systematic patterns of abuse within the foster care system (formal or informal), including Haiti and parts of West Africa. Child welfare policies and practices should provide children with the best quality of care possible in every category of care.

Although family alternatives are to be favored, it is likely that it will take many years for a country to develop a comprehensive system for all children. Further, it is likely that older children and children with disabilities will become a disproportionate percentage of the population of children left in the institutions. To the extent that significant numbers of children must reside in institutions, those institutions could be made more family-like, and caregiver-child interactions could be improved. Evidence suggests that children's development will improve in proportion to these institutional improvements.

In lower income countries, particularly in emergency contexts, child separation and abandonment can occur for a wide variety of reasons that differ from those observed in higher income countries. Regardless of setting, an array of potential options and placements in addition to formal adoption can exist, including kinship care, informal/customary adoption, guardianship, and different types of foster care. As described above, some options may be more appropriate than others for specific at-risk populations. Regardless, the presence and availability of such options, designed to result in permanent family-like settings, are more feasible in the context of systems of interventions that exist or can be readily reconstituted despite of the presence of emergencies or other short term conditions. Unfortunately, the evidence on which to base the development and implementation of system approaches based on this review is quite limited, but represents fertile ground for research and evaluation.

References

- Ahmad, A., Qahar, J., Siddiq, A., Majeed, A., Rasheed, J., Jabar, F., & von Knorring, A. L. (2005). A 2-year follow-up of orphans' competence, socioemotional problems, and post-traumatic stress symptoms in traditional foster care and orphanages in Iraqi Kurdistan. *Child Care, Health, and Development*, 31, 203–215.
- Andreeva, E. (2010). *Towards alternative child care services in Armenia: Costing residential care institutions and community based services*. Yerevan, Armenia: UNICEF.
- Annan, J., Blattman, C., Carlson, K., & Mazurana, D. (2008, April). *The state of female youth in Northern Uganda: Findings from the survey of war-affected youth (SWAY), Phase II*.
- Arensen, L., Bunn, M., & Knight, K. (2004). *Caring for children from commercially sexually exploitative situations: Current practices in Cambodia and recommendations for a model of care*. Retrieved from <http://www.hagar.org.nz/pdfs/aftercare-research.pdf>
- Arnold, E., & Rotheram-Borus, M. (2009). Comparisons of prevention programs for homeless youth. *Prevention Science*, 10, 76–86.
- Behnam, N. (2008). *Agencies, communities and children: A report of the Interagency Learning Initiative: Engaging communities for children's well being*. Washington, DC: U.S. Agency for International Development.
- Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., & Ellis, B. H. (2010). Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone. *Social Science & Medicine*, 70(1), 17–26.

- Betancourt, T. S., Brennan, R., Rubin-Smith, J., Fitzmaurice, R., & Gilman, S. E. (2010). Sierra Leone's former child soldiers: a longitudinal study of risk, protective factors, and mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(6), 606–615.
- Bolton, P., Murray, L., Kippen, S., & Bass, J. (2007, November). *Assessment of urban street children and children living in government institutions in Georgia: Development and testing of a locally-adapted psychosocial assessment instrument*. Retrieved from the USAID Development Experience Clearinghouse website: <http://http://dec.usaid.gov/index.cfm>
- Boothby, N. (2006). What happens when child soldiers grow up? The Mozambique case study. *Intervention*, 4, 244–259.
- Browne, K. (2009). *The risk of harm to young children in institutional care*. London: Save the Children. <http://www.crin.org/docs/The.Risk.of.Harm.pdf>
- Cambodia Ministry of Social Affairs, Veterans, and Youth Rehabilitation. (2011). *With best intentions: A study of attitudes towards residential care in Cambodia*. Retrieved from <http://www.crin.org/docs/Study.Attitudes.towards.RC.pdf>
- Chemomics International. (2007). *Literature review: The rehabilitation of victims of trafficking in group residential facilities in foreign countries*. Washington, DC: U.S. Agency for International Development.
- Csaky, C. (2009, November). *Keeping children out of harmful institutions: Why we should be investing in family-based care*. Retrieved from http://www.savethechildren.org.uk/sites/default/files/docs/Keeping_Children_Out_of_Harmful_Institutions.Final.20.11.09.1.pdf
- Davis, R. (2009, December). *Human capacity within child welfare systems: The social work workforce in Africa*. Washington, DC: Global Health Technical Assistance Project.
- Densley, M. K., & Joss, D. M. (2000). Street children: Causes, consequences, and innovative treatment approaches. *Work*, 15, 217–225.
- Desmond, C., & Gow, J. (2001). *The cost effectiveness of six models of care for orphans and vulnerable children in South Africa*. Praetoria, South Africa: UNICEF.
- Donahue, J., & Mwewa, L. (2008). *Community action and the test of time: A summary of the retrospective study of community mobilization and community feedback*. Washington, DC: Academy for Educational Development.
- ECPATUK. (2011). *On the safe side: Principles for the safe accommodation of child victims of trafficking*. London, England: Author.
- Epstein, I. (1996). Educating street children: Some cross-cultural perspectives. *Comparative Education*, 32, 289–302.
- Erol, N., Simsek, Z., & Münir, K. (2010). Mental health of adolescents reared in institutional care in Turkey: Challenges and hope in the twenty-first century. *European Child and Adolescent Psychiatry*, 19, 113–124.
- Ferris, M., Burau, K., Constantin, A. M., Mihale, S., Murray, N., Preda, A., Ross, M., & Kline, M. W. (2007). Influence of institutionalization on time to HIV disease progression in a cohort of Romanian children and teens. *Pediatrics*, 120, 1476–1480.
- Forbes, B., Luu, D., Oswald, E., & Tutnjevic, T. (2011). *A systems approach to child protection: A World Vision discussion paper*. Retrieved from <http://resourcecentre.savethechildren.se/node/5113>
- Free, E. (2007). *Child trafficking in Birmingham, Coventry, and Solihull: A report on the evidence and agency responses to child trafficking*. Retrieved from the Save the Children Resource Center on Child Protection and Child Rights Governance website: <http://resourcecentre.savethechildren.se/content/library/documents/child-trafficking-birmingham-coventry-and-solihull-report-evidence-and-age>
- Ghera, M. M., Marshall, P. J., Fox, N. A., Zeanah, C. H., Nelson, C. A., Smyke, A. T., & Guthrie, D. (2009). The effects of foster care intervention on socially deprived institutionalized children's attention and positive affect: Results from the BEIP study. *Journal of Child Psychology and Psychiatry*, 50, 246–253.
- GHR Foundation. (2012). *Request for proposals for the Children and Families Initiative of the GHR Foundation*. Retrieved from <http://www.crin.org/BCN/details.asp?id=27572&themeID=1002&topicID=1017>
- Gozdzia, E. M., & Bump, M. N. (2008, October). *Data and research on human trafficking: Bibliography of research-based literature*. Retrieved from the Institute for the Study of International Migration website: <http://isim.georgetown.edu/112487.html>
- Higgs, E., Zlidar, V., & Balster, B. (2012). Evidence acquisition and evaluation for USG evidence summit on protecting children outside family care. *Child Abuse & Neglect*, 36, 689–700.
- Hyde, J., Bales, K., & Levin, M. (2006, May). *Physical and mental health aspects of rehabilitating children freed from slavery*. Washington, DC: Free the Slaves.
- International Labour Organization. (2004, December). *Child labour monitoring manual*. Retrieved from <http://www.ilo.org/ipec/Action/Childlabourmonitoring/Trainingmaterials/lang-en/index.htm>
- International Labour Organization. (2005a). *Guidelines for the construction of a holistic care model for children and adolescents in domestic labour*. Retrieved from <http://white.oit.org/pe/ipec/documentos/publication.pdf>
- International Labour Organization. (2005b). *Tools for prevention—Participatory monitoring guidelines for practitioners in the fight against human trafficking*. Retrieved from http://www.ilo.org/wcmsp5/groups/public/-asia/-ro-bangkok/documents/publication/wcms_bk_pb_57_en.pdf
- International Labour Organization. (2007). *Guidelines on the design of direct action strategies to combat child domestic labour*. Retrieved from <http://www.ilo.org/ipecinfo/product/viewProduct.do?productId=4045>
- International Labour Organization. (2009). *Manual to fight trafficking in children for labour, sexual and other forms of exploitation*. Retrieved from <http://www.ilo.org/ipec/areas/Traffickingofchildren/WCMS.111537/lang-en/index.htm>
- Johnson, D. E., Guthrie, D., Smyke, A. T., Koga, S. F., Fox, N. A., Zeanah, C. H., & Nelson, C. A. (2010). Growth and associations between auxology, caregiving environment, and cognition in socially deprived Romanian children randomized to foster vs. ongoing institutional care. *Archives of Pediatrics and Adolescent Medicine*, 164, 507–516.
- Judge, S. (2003). Developmental recovery and deficit in children adopted from East European orphanages. *Child Psychiatry and Human Development*, 34, 49–62.
- Jump, V. K., Fargo, J. D., & Akers, J. F. (2006). Impact of massage therapy on health outcomes among orphaned infants in Ecuador. *Family and Community Health*, 29, 314–319.
- Kannangara, N. (2011). *Family group conference in Sri Lanka: A manual for trainers and practitioners*. Colombo, Sri Lanka: Save the Children.
- Kendall, N., & O'Gara, C. (2007). Vulnerable children, communities, and schools: Lessons from three HIV/AIDS affected areas. *Compare*, 37, 5–21.
- Kobayashi, Y. (2004, March). *Economic livelihoods for street children: A review*. Bethesda, MD: Development Alternatives.
- Leiden Conference. (2012). The development and care of institutionally reared children: The Leiden Conference on the development and care of children without permanent parents. *Child Development Perspectives*, 6, 174–180.
- Linsk, N., Mabeyo, Z., Omari, L., Petras, D., Lubin, B., Abate, A. A., Steinitz, L., Kaijage, T., & Mason, S. (2010). Para-social work to address most vulnerable children in sub-Saharan Africa: A case example in Tanzania. *Children and Youth Services Review*, 32, 990–997.
- Maclay, C., & Ozerdem, A. (2010). "Use" them or "lose" them: Engaging Liberia's disconnected youth through socio-political integration. *International Peacekeeping*, 17, 343–360.
- Megahead, H. A., & Cesario, S. (2008). Family foster care, kinship networks, and residential care of abandoned infants in Egypt. *Journal of Family Social Work*, 11, 463–477.
- Neela, N., & Naina, A. (2011). *From Street to Hope: Faith-Based and Secular programs in Los Angeles, Mumbai and Nairobi for Street Living Children*. Los Angeles, CA: SAGE Publications.
- Nelson, C. A., Bos, K., Gunnar, M. R., & Sonuga-Barke, E. S. (2011). V. The neurobiological toll of early human deprivation. *Monographs of the Society for Research in Child Development*, 76(4), 127–146. <http://dx.doi.org/10.1111/j.1540-5834.2011.00630.x>
- Nelson, C. A., Zeanah, C. H., Fox, N. A., Marshall, P. J., Smyke, A. T., & Guthrie, D. (2007). Cognitive recovery in socially deprived young children: The Bucharest early intervention project. *Science*, 318, 1937–1940.
- Peters, K. (2007). Reintegration support for young ex-combatants: A right or a privilege? *International Migration*, 45, 35–59.
- Pruksachatkunakorn, C., Wongthanae, A., & Kasiwat, V. (2003). Scabies in Thai orphanages. *Pediatrics International*, 45, 724–727.
- Rabinovich, B. A., Harrell, J., Ratner, J., & Gozdzia, E. (2011). *Evaluation of the Office of Child Labor, Forced Labor and Human Trafficking International Child Labor Technical Cooperation Program*. Washington, DC: U.S. Department of Labor.
- Reimer, J., Gourley, S., & Langeler, E. (2006, May). *At what price, honour? Research into domestic trafficking in Vietnamese (girl) children for sexual exploitation, from urban slums in Phnom Penh, Cambodia*. Phnom Penh, Cambodia: Chab Dai Coalition.

- Reimer, J., Langelier, E., Sophea, S., & Montha, S. (2007). *The road home: Toward a model of "reintegration" and considerations for alternative care for children trafficked for sexual exploitation in Cambodia*. Retrieved from <http://www.hagar.org.nz/pdfs/road-home.pdf>
- Roby, J. L. (2011). *Children in informal alternative care (Discussion Paper)*. New York, NY: UNICEF Child Protection Section. Retrieved from http://www.unicef.org/protection/Informal_care_discussion_paper_final.pdf
- Rotabi, K., Pennell, J., Roby, J., & Bunkers, K. (2012). Family group conferencing as a culturally adaptable intervention: Reforming intercountry adoption in Guatemala. *International Social Work*, 55, 402–416.
- Save the Children UK. (2006). *Project completion report: Community-based initiatives against trafficking in children in the Mekong sub-region (2003–2006)*. Retrieved from cfsc.trunky.net/download.asp?doc=Publications&id=463.
- Save the Children UK. (2009). *A rough guide to child protection systems*. Retrieved from <http://resourcecentre.savethechildren.se/node/5103>
- Shepler, S. (2005). *Transnational fosterage of war-affected children in West Africa: Immediate coping capacities across borders*. Retrieved from http://american.academia.edu/SusanShepler/Papers/185381/Transnational_Fostorage_of_War-affected_Children_in_West_Africa_Immediate_Coping_Capacities_across_Borders
- Silverman, J. G., Decker, M. R., Gupta, J., Maheshwari, A., Willis, B. M., & Raj, A. (2007). HIV prevalence and predictors of infection in sex-trafficked Nepalese girls and women. *Journal of the American Medical Association*, 298, 536–542.
- Smyke, A. T., Zeanah, C. H., Nelson, C. A., Fox, N. A., & Guthrie, D. (2010). Placement in foster care enhances quality of attachment among young institutionalized children. *Child Development*, 81, 212–223.
- Sparling, J., Dragomir, C., Ramey, S. L., & Florescu, L. (2005). An educational intervention improves developmental progress of young children in a Romanian orphanage. *Infant Mental Health Journal*, 26, 127–142.
- Stark, L., Ager, A., Wessells, M., & Boothby, N. (2009). Developing culturally relevant indicators of reintegration for girls, formerly associated with armed groups, in Sierra Leone using a participative ranking methodology. *Intervention*, 7, 4–16.
- Stark, L., Boothby, N., & Ager, A. (2009). Children and fighting forces: 10 years on from Cape Town. *Disasters*, 33, 522–547.
- St. Petersburg–USA Orphanage Research Team. (2005). Characteristics of children, caregivers, and orphanages for young children in St. Petersburg, Russian Federation. *Applied Developmental Psychology*, 26, 477–506.
- Taneja, V., Sriram, S., Beri, R., Sreenivas, V., Aggarwal, R., & Kaur, R. (2002). Not by bread alone: Impact of a structured 90-minute play session on development of children in an orphanage. *Child: Care, Health, and Development*, 28, 95–100.
- Tanzania Ministry of Gender Equality and Child Welfare. (2008). *Capacity to manage alternative care in Namibia: Assessment report for Namibia*. Windhoek, Namibia: Author.
- Telyukov, A., & Paterson, M. (2009). *Assessment of USAID's child welfare programs in Russia: Evaluation report*. Gaithersburg, MD: Terra P Group.
- The Way Forward Project. (2011). *The Way Forward Project report (Monograph)*. Retrieved from <http://ccainstitute.wordpress.com/2011/11/10/the-way-forward-project-report-now-available/>
- UNICEF. (2005). *Exploited and invisible. State of the world's children 2006*. New York, NY: Author.
- UNICEF. (2008). *The institutional care of children*. New York, NY: Author.
- UNICEF. (2009a). *Thematic report 2009: Child protection against violence, exploitation, and abuse*. New York, NY: Author.
- UNICEF. (2009b). *Children and the 2004 Indian Ocean tsunami: UNICEF's response in Indonesia (2005–2008)*. New York, NY: Author.
- UNICEF. (2012). *ChildInfo*. Retrieved from http://www.childinfo.org/hiv_aids_orphanestimates.php
- UNICEF, International Rescue Committee, Ministère de la Solidarité Nationale des Droits de la Personne Humaine et du Genre. (2011). *Analysis of the situation of children in residential centres in Georgia: Executive summary*. Retrieved from <http://www.crin.org/BCN/details.asp?id=26363&themeID=1003&topicID=1023>
- U.S. Agency for International Development. (2003, November). *Strengthening national responses: Southern Africa workshop on orphans and other vulnerable children, Maseru, Lesotho*. Retrieved from http://sara.aed.org/tech_areas/ovc/mas-les_report.pdf
- U.S. Department of Labor. (2001). *Advancing the global campaign against child labor: Progress made and future actions*. A report of the conference hosted by the United States Department of Labor, in collaboration with the International Labor Organization, on May 17, 2000 at the United States Department of Labor in Washington, D.C. Retrieved from <http://www.dol.gov/ilab/media/reports/iclp/globcamp/globcampconf.htm>
- U.S. Department of Labor. (2002). *Advancing the campaign against child labor. Volume II: Addressing the worst forms of child labor*. Washington, DC: Author.
- U.S. Department of Labor. (2010a). *Thematic report on income-generating activities for families: Strategies to combat child labor*. Washington, DC: Author.
- U.S. Department of Labor. (2010b). *Thematic report on vocational training for children and youth transitioning toward non-exploitive employment*. Washington, DC: Author.
- Van Londen, W., Juffer, F., & van IJzendoorn, M. (2007). Attachment, cognitive and motor development in adopted children: Short term outcomes after international adoption. *Journal of Pediatric Psychology*, 32, 1249–1258.
- Wessells, M. (2009). Supporting the mental health and psychosocial well-being of former child soldiers. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48, 587–590.
- Whetten, K., Ostermann, J., Whetten, R. A., Pence, B. W., O'Donnell, K., Messer, L. C., Thielman, N. M., & Positive Outcomes for Orphans Research Team. (2009). A comparison of the wellbeing of orphans and abandoned children ages 6–12 in institutional and community-based care settings in 5 less wealthy nations. *PLoS ONE*, 4, e8169.
- Wolff, P. H., & Fesseha, G. (2005). The orphans of Eritrea: What are the choices? *American Journal of Orthopsychiatry*, 75, 475–484.
- World Bank and UNICEF. (2003). *Changing minds, policies, and lives: Improving protection of children in Eastern Europe and Central Asia*. Florence, Italy: Author.
- World Vision. (2011). *A systems approach to child protection: A discussion paper*. Retrieved from <http://resourcecentre.savethechildren.se/node/5113>
- Wulczyn, F., Daro, D., Fluke, J., Feldman, S., Glodek, C., & Lifanda, K. (2010). *Adapting a systems approach to child protection: Key concepts and considerations*. New York, NY: UNICEF.
- Zeanah, C. H., Nelson, C. A., Fox, N. A., Smyke, A. T., Marshall, P., Parker, S. W., & Koga, S. (2003). Designing research to study the effects of institutionalization on brain and behavioral development: The Bucharest Early Intervention Project. *Development and Psychopathology*, 15, 885–907.
- Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., Ciarrocchi, R., Johansson, A., Kefurtova, A., Scodanibbio, S., Motus, M., Roche, B., Morison, L., & Watts, C. (2008). The health of trafficked women: A survey of women entering post-trafficking services in Europe. *American Journal of Public Health*, 98, 55–59.