



What are the most effective early response strategies and interventions to assess and address the immediate needs of children outside of family care?☆

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ABSTRACT

Objectives: Children outside of family care face increased risk of threats to their well-being, have lower educational achievement, and experience adverse developmental outcomes. While it is generally accepted that early response and intervention is critical to reducing the risk of harm for children who have been separated from their families, it is not always clear what the most effective early response strategies are for assessing and addressing their immediate needs. The purpose of this review was to identify evidence-based early response strategies and interventions for improving the outcomes of children outside of family care, including children of and on the street, institutionalized children, trafficked children, children affected by conflict and disaster, and who are exploited for their labor.

Methods: A multi-phased, systematic evidence review was conducted on peer-reviewed and gray literature, which yielded a total of 101 documents that met the inclusion criteria and were reviewed.

Results: Overall there is a weak evidence base regarding assessment and early response interventions for children living outside of family care. Few studies included careful outcome measures or comparison groups. Although few proven interventions emerged, the review identified several promising early interventions and approaches. In emergency settings, family tracing and reunification is a highly effective response in regard to separated children, whereas placing children in institutional care is problematic, with the possible

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exception of time-limited placements of formerly recruited children in interim care centers. Livelihood supports are promising in regard to preventing and responding to children living outside family care. Other promising interventions include psychosocial support, including the use of traditional cleansing rituals as appropriate, educational supports such as Child Friendly Spaces, the maintenance of family connectedness for children of or on the streets, the use of community-based approaches that aid social integration, and approaches that enable meaningful child participation. A recurrent theme was that to be effective, all assessments and interventions must fit the context. A strong need exists for strengthening the evidence base regarding the effectiveness of early assessments and responses to children living outside family care and for using the evidence to guide operational policy and practice. Recommendations regarding policy, practices, and research emerged from the review process.

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Introduction

Children in the most dire straits are those outside of protective family care, whether living on the streets or in institutions, trafficked, participating in armed groups, or exploited for their labor. In these situations, early response and intervention is a priority because, without it, children who are already vulnerable because of family separation are at increased risk of significant threats to their well-being and negative, long-term developmental impacts.

For this reason, one of the focal questions presented at the December 2011 U.S. Government Evidence Summit on Protecting Children Outside of Family Care was: *What are the most effective early response strategies and interventions in assessing and addressing the immediate needs of children living outside of family care?* To address this question, this paper reviews the evidence regarding the effectiveness of early response strategies and interventions for children in low and middle income countries (LMIC) who have experienced family separation due to armed conflict, natural disaster, institutionalization, or situations of child labor. This initial, early response phase is generally understood to take place from the point of initial contact with a child outside of family care and last through the first six months. In the context of emergencies, which reduced this timeframe, early response occurs within the first few days and lasts approximately eight weeks. However, the temporal boundaries of the 'early response' period vary according to context and circumstance. This paper discusses the evidence pertaining to the early response strategies and interventions that take place when a child has been identified as being outside of family care, and before longer-term stability and sustainable interventions, such as de-institutionalization programs, have been implemented. Also considered in this evidence review is the prevention work that contributes to strengthening national child protection systems and that is essential in all emergency and early recovery contexts.

Research on children living outside family care in LMIC settings is limited. Much more needs to be understood about these children and the nature and extent of their experiences while living outside of family care. In addition, the conditions under which intervention strategies are most effective in ameliorating the impact of living outside of family care must be more fully explored. Empirical studies elucidating these concerns are limited due to logistical, technical and ethical issues. For example, in situations of trafficked children or children affected by conflict and disaster, there may be serious limits on accessing affected children, maintaining the security of researchers, and collecting data without endangering the participants. Efforts to use robust designs such as randomized controlled trials (RCTs) may be thwarted by the lack of basic information about the number, location and diversity of children living outside family care. In addition, the use of robust research designs and methodologies may be ethically unjustifiable in particular contexts. Often, descriptive work is needed on issues such as the differing levels and kinds of exposures to harmful events or the kinds of support that are available to children living outside family care. We hope this evidence review will help to stimulate more systematic work in the future.

The evidence review

The methodology for this evidence review has been described in the commentary by Higgs, Zlidar, and Balster (2012). The focus of this review was on early response strategies and interventions and included the prevention work that is the beginning of any successful child protection system (UNICEF, 2008a, 2008b). It is organized mainly around four vulnerability cohorts: children affected by conflict and disaster; institutionalized children; children of and on the street and child-headed households; and children affected by trafficking and child labor. Methods to assess the needs and strengths of children are discussed followed by an analysis of strategies for preventing child-family separations. For each vulnerability cohort, a review of evidence on early response strategies and interventions is presented as well as a discussion on policy and practice guidance. The review concludes with a discussion of research priorities and gaps for improving assessment and outcomes of children outside of family care.

Assessment methods

Assessment is the first step in identifying the needs and strengths of any particular sub-group and the gaps in early response and intervention that need to be addressed. There is consensus among practitioners engaged in child welfare and

protection that early response and intervention should be complemented by ongoing efforts to learn more about the unmet needs of children living outside family care, with the findings used to guide a comprehensive response. Practitioners also agree that assessment approaches should be efficient, avoid unnecessary and duplicative practices, ensure adherence to principles of confidentiality and informed consent, and include steps to manage the expectations of the affected population (Alden et al., 2009). Assessments should also be coupled with a desk review that is shaped by context and coordinated with other agencies. Toward this end, operational or technical guidance on assessment approaches and tools in settings of children outside of family care have been developed and are available through the Child Protection Working Group (see www.cpwg.net), the global, inter-agency forum for coordination on child protection in humanitarian settings.

The review identified several promising approaches to assessment, including child participation in designing and conducting the data collection (Dorning & O'Shaughnessy, 2001; Save the Children, 2006), and the use of a mixed methods approach that draws on the complementary strengths of qualitative and quantitative methods. Qualitative methods, such as participant observation (Donald, Wallis, & Cockburn, 1997), offer insights into risk and resilience among, for example, children living on the streets. Open-ended questions are useful in gathering information about local cultural understandings and practices that may be overlooked in asking pre-formulated questions. Additionally, as noted by Pullum et al. (2012, *this issue*), statistical information on child-headed households may be captured in population-based surveys and other participatory-based methods, including focus groups, snowball/respondent-driven sampling, and capture-recapture methods (Hosegood, 2008).

At present, it is unclear whether the current, inter-agency approaches to assessment have actually improved the comprehensiveness and quality of the humanitarian response. As described in Pullum et al. (2012) regarding household survey limitations, there is a critical need to develop accurate, population-based measures of children who may not be easy to find, identify, and/or reach. The lack of accurate measures may lead to excessive reliance on estimates of the number of children living outside of family care that may not be empirically-based. The literature revealed that rapid assessments have typically not included population-based measures of the number of children outside of family care. Such measures should be a standard aspect of emergency response since population-based information is needed to take stock of whether efforts to meet the needs of children have succeeded and could be valuable in influencing policy leaders (UNICEF, 2009a, 2009b, 2009c).

Prevention

Although efforts to prevent children from living outside of family care are widely regarded as important (UNICEF, 2008a, 2008b), much remains to be learned about the effectiveness and outcomes of such efforts in the context of extreme poverty, HIV/AIDS, conflict, and disaster. Within LMIC settings, poverty is a driving force behind children's exploitation, participation in armed conflict, institutionalization, or living on the streets. Indeed, poverty is a primary cause of child-family separation (Williamson & Greenberg, 2010), which often results from a lack of access to basic goods and services. Child-family separation may also occur due to urban migration for economic reasons. Entire families may migrate to cities only to find themselves once again without adequate sources of income (Nyonyintono, 1983).

The humanitarian response, including well intentioned child protection interventions, may also cause unintentional child-family separations. For example, children are often placed in residential care centers as a means of protecting them during a natural disaster or emergency. Yet these centers can serve as pull factors that lead to preventable child-family separation (Williamson & Greenberg, 2010). Impoverished families often use orphanages as a mechanism for coping with their economic situation and as a means of accessing services, such as food, or better material conditions for the children in their care (Greenwell, 2002). A survey conducted in Uganda in 1992, in the midst of civil war and increasing AIDS mortality, found that approximately 2,900 children were living in institutional care. The survey also found that approximately half of these children had both parents living, 20% had one parent alive and another 25% had living relatives. Poverty was the reason most of these children were in residential care (Williamson & Greenberg, 2010). Overall, residential institutions are an expensive, inefficient, and inappropriate means through which LMIC governments attempt to cope with poverty or other forms of household stress.

A useful strategy for preventing child-family separation is to organize child-focused social protection systems that include economic support (e.g., grants, micro-credit and savings, vocational training) to at-risk families (JLICA, 2008; Ssewamala & Ismayilova, 2009; Ssewamala, Han, & Neilands, 2009; *The Way Forward Project*, 2011). Some evidence suggests the protective value of economic interventions for mothers that build on existing household livelihood strategies (MkNelly & Dunford, 1996; MkNelly & McCord, 2002). Available research cautions, however, that these programs have limited reach and may temporarily increase children's work or reduce the time available for school (CIDA, 2007). A significant challenge is that economic development practitioners and child protection practitioners have distinct technical expertise and remain largely separated from each other (James-Wilson & Torres, 2008). A high priority is to integrate preventive economic and child protection interventions (Chaffin, 2011).

Also needed is more outcome research on the preventive and responsive effects of interventions such as family and community education, positive parenting, maintenance of appropriate cultural practices and norms, and development of effective community-based child protection mechanisms. Countries such as Indonesia, Mexico, and Brazil have implemented substantial conditional cash transfer programs, and several countries in Sub-Saharan Africa are scaling up cash transfer programs. Although these programs may help to prevent children's separation from their families, they do not address the

needs of children outside of family care (Adato & Bassett, 2008). The three most prominent learning networks – the Better Care Network (www.crin.org/bcn), the Child Protection in Crisis Learning Network (www.cpcnetwork.org), and OVC Support (www.ovcsupport.net) – house extensive databases of resources and toolkits that may be valuable in addressing the needs of children living outside family care. Moving forward, it will be critical to obtain more comprehensive evidence on the protective and risk factors relevant to children outside of family care, the intervention outcomes for these children, and the effectiveness of child protection systems designed to support these children and their families.

Early response strategies for children affected by conflict and disaster

Evidence suggests that large numbers of children are affected by armed conflict in approximately 30 countries at any point in time (Stark, Boothby, & Ager, 2009). In major wars, natural disasters, and population displacements, separated and unaccompanied children have typically comprised 3–5% of the displaced population (Ressler, Boothby, & Steinbock, 1988). Such children face multiple, profound risks because they have lost the care and protection of their families and their community support structures have likely been disrupted. Ongoing poverty and weak social service systems further limit a child's care and protection options.

Separated and unaccompanied children face distinct needs and challenges (Hepburn, 2006). Practice in this area is guided by the UN Convention on the Rights of the Child (1990) and also the *Inter-agency Guiding Principles on Unaccompanied and Separated Children* (2004), which is the most frequently referenced good practice document by child protection practitioners (Ager, Stark, Akesson, & Boothby, 2010). The available research includes descriptive studies of children outside of family care as well as comparison studies between children within family care and children who have been separated from their families.

In conflict settings, vulnerable children include formerly recruited children, most of whom have been separated from their families (in countries such as Afghanistan, Angola, and Nepal, children often fought in armed opposition groups alongside family members). Following the establishment of a ceasefire, programs of disarmament, demobilization, and reintegration (DDR) are traditionally organized for children associated with armed forces or armed groups. The Paris Principles (UNICEF, 2007b), which suggest a holistic approach to reintegration, make it a high priority to reunite children with their families and emphasize the importance of relations with families and communities.

In some cases, well-designed residential care (in Interim Care Centers) may help to provide temporary physical and psychosocial care for school age children and adolescents for whom family placements are delayed or unsuccessful (Boothby, Crawford, & Halperin, 2006; Hepburn, Williamson, & Wolfram, 2004; UNICEF, 2007a, 2007b). For example, in Sierra Leone formerly recruited children who had been demobilized stayed in temporary residential care facilities while their families were traced, and once 98% of these young people had been reunited with family members or relatives, the centers were closed (Brooks, 2005). In settings such as northern Uganda, however, centers were found to reach a relatively small percentage of recruited children, particularly those who had been abducted for less than a month. This is significant since residential centers were the primary mechanism in which children and youth receive NGO services and assistance in northern Uganda (Blatmann & Annan, 2008).

Less is known about the reintegration of girls, whom DDR programs have frequently excluded (McKay & Mazurana, 2004). A promising approach is to empower girls, with support from community advisors, to analyze their own reintegration needs and to decide upon and then initiate steps to facilitate their reintegration (McKay, Veale, Worthen, & Wessells, 2011). Also, traditional cleansing ceremonies, such as a three day ceremony of washing and prayer conducted by a traditional healer, have been shown to ameliorate in some contexts the stigma associated with serving in the army, as either a commander's "wife" or a combatant, and to facilitate the reintegration of these girls back into society (Blatmann & Annan, 2008; Honwana, 2006; Stark, 2006, 2009; Wessells, 2006).

Attention to mental health and psychosocial support is also important to consider (Wessells, 2009a). This may include endogenous supports such as traditional rituals, where appropriate (Honwana, 2006; Wessells & Monteiro, 2004). In supporting formerly recruited children and other war-affected children, it is useful to avoid a Western trauma model, which often includes the medicalization of suffering and may emphasize diagnosing and treating symptoms solely within the individual rather than between community and family members (Bracken, Giller, & Ssekiwanuka, 2001; Stark et al., 2009). Psychosocial interventions are grounded in the notion that reintegration is more likely to occur in the context of community and family supports, to the degree that they are available (Betancourt et al., 2008; Boothby et al., 2006).

Overall, early response strategies and interventions, including psychosocial interventions, to support all former child soldiers requires a much stronger evidence base (Betancourt et al., 2008). Particularly needed are studies that compare formal DDR supports with those available without NGOs through "spontaneous" reintegration and "fostering" (Shepler, 2005) and that compare outcomes for former child soldiers with those of other war-affected children. Interventions are particularly needed to address the ongoing, severe stigma that many formerly recruited children experience and that damages their well-being (Betancourt, Agnew-Blais, Gilman, Williams, & Ellis, 2010). Fortunately, steps such as academic-practitioner partnerships are being taken to promote operational research that is linked to practice and policy change (www.cpcnetwork.org), not only in regard to psychosocial support but other areas as well.

Among the most important interventions for unaccompanied and separated children in the context of natural disaster are the identification, documentation, family tracing and reunification (IDTR) programs that international agencies use

to reunite children and families. The effectiveness of IDTR was evident following the 2004 Asian tsunami, as over 80% of separated children were reunited with their family members within the first six months (UNICEF, 2009a, 2009b, 2009c). These interventions are consistent with the finding that, in general, children living with family members exposed to conflict or disaster fare better than their counterparts living with non-exposed foster families (Hobfoll et al., 2007). However, evidence also suggests that children who live outside the care of their biological parents may be treated differently than the caregiver's biological children. Within an HIV/AIDS context, a study of 19 countries in sub-Saharan Africa found that children living in a household headed by a relative were worse off than those living with a parent (Case, Paxson, & Ableidinger, 2004).

Available evidence also indicates the importance of general supports that apply to all children affected by conflict and disaster (Hobfoll et al., 2007; UNICEF, 2011). General supports include sustained access to resources such as food, water, shelter, access to health care, education and livelihoods during and after a humanitarian crisis, and also the provision of support or services that promote a sense of safety, normalcy, self- and community efficacy, connectedness and hope (Hobfoll et al., 2007). For children and youth, the restoration of education and the school community is recognized by international humanitarian actors as an essential step in the re-establishment of a sense of normalcy and self-worth (Hobfoll et al., 2007). Children and youth affected by conflict and disaster frequently comment that their lost education is among the most disturbing aspects of their situation (Betancourt et al., 2008; Boothby et al., 2006). Where schooling is disrupted, international agencies frequently fill this gap by developing Child-Friendly Spaces (CFSs). As indicated by the inter-agency *Guidelines for Child Friendly Spaces in Emergencies* (UNICEF, 2011), CFSs help to meet children's education, protection and psychosocial needs. Despite the widespread use of CFSs globally, little systematic research has assessed their impact. One study conducted in northern Uganda showed that displaced children (0–8 years of age) who participated in CFSs showed improved safety and psychosocial well-being compared to children who had not participated in CFSs (Kostelny & Wessells, 2008). The Interagency Network on Education in Emergencies (www.ineesite.org) provides an extensive resource database for the development of safe learning environments in the context of crisis or emergencies.

Early response strategies for institutionalized children

Approximately 2–8 million children are believed to reside in institutional care around the world (Save the Children UK, 2009; UNICEF, 2009a, 2009b, 2009c). Because many LMIC still rely on institutional care (e.g., orphanages or children's homes), there is often a strong tendency to institutionalize children outside family care. The literature reveals that developmental risks, such as poor nutrition, abuse, neglect, lack of stimulation, and extreme stress, which are often present in institutional care, can have a profoundly negative impact on a child's development and learning potential (Walker et al., 2007). Indeed, there is robust evidence showing that infants and young children risk significant harm from institutional care, particularly when it is poorly organized or long-term (Bos, Fox, Zeanah, & Nelson, 2009; Ghera, Marshall, & Fox, 2009; Johnson, Guthrie, & Smyke, 2010; Nelson et al., 2007; Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010; The St. Petersburg-USA Orphanage Research Team, 2005; Zeanah et al., 2003). The detrimental and life-long effects of institutionalization on young children is perhaps most poignantly revealed in the rigorous design and implementation of the Bucharest Early Intervention Project (BEIP) (Bos et al., 2009; Ghera et al., 2009; Johnson et al., 2010; Nelson et al., 2007; Smyke et al., 2010; Zeanah et al., 2003).

The consensus among international practitioners and humanitarian actors in the field of child protection is that for children in need of placement, family-based care, when well implemented, is preferable to institutional care for a child's long-term development and social integration (Williamson, 2004). The risks mentioned above, therefore, may be mitigated by access to family reunification/adoption/kafala as appropriate, by high quality alternative care, such as treatment foster care, prevention and intervention programs that begin within the first years of life, and by supportive community practices that involve the education and health sectors in child welfare and protection.

In the emergency context in LMIC, orphanages tend to proliferate yet are frequently understaffed, poorly organized, and unable to meet minimum standards (e.g., IRC, 2011) (Bilson & Cox, 2006; Ressler et al., 1988; UNICEF, 2009a, 2009b, 2009c). In emergency settings, families may give their children to institutions with the expectation that they will receive food, shelter, or access to education. In fact, however, the children may not receive consistent care or protection. A high priority for research is to explore household economic strengthening and casework support as ways to prevent separation and reunite families (Wilson, 2003). Operationally, a significant dilemma is how much time and financial resources should be devoted to reducing the negative effects of institutional care, as opposed to arranging family reunification and developing family-based care alternatives, which are significantly less expensive than the maintenance required for institutions (Ainsworth & Over, 1997; Desmond & Gow, 2001; EveryChild, 2005; Swales, 2006).

It is critical in the emergency and early response phase to ensure appropriate "gate keeping" that prevents family-child separation, inappropriate and preventable placements into institutional care, and preserves existing families. Such efforts will need to recognize that children in institutions may come from families having significant levels of toxic stress, abuse and neglect, parental psychopathology, or other life stressors. In such contexts, mental health and social service interventions may be necessary to enable children to return to their birth families, or to facilitate appropriate, protective, and preferably permanent, foster or adoptive family placements (Wilson, 2003).

Some of the negative effects of institutional care may be reduced by structuring institutional care to be more family-like (Hakimi-Manesh, Mojdehi, & Tashakkori, 1984; Sparling, Dragomir, Ramey, & Florescu, 2005; Taneja et al., 2002). One study

found that improved institutional care had positive outcomes for some children (Whetten et al., 2009). As discussed in Fluke et al. (2012, this issue), however, relatively little compelling evidence has been found to indicate that improved institutional care would produce better outcomes than well-implemented and permanent family care.

Early response strategies for children of and on the street and child headed households

Due to fluctuating socio-economic, political and cultural conditions, urbanization, and terminology, exact numbers are not available of how many children globally are residing on the streets (Gurung, 2004; UNHR, 2011). Research has identified, however, some of the numerous reasons why children may lose their family and community connections and turn to the street for their survival (Filho and Neder, 2001; Mann, 2003). These include: economic hardship; family violence or dysfunction; high failure rates in school; child/adolescent labor; persistent discrimination; early and forced marriages; HIV/AIDS; and natural disaster, war, and displacement (UNHR, 2011). The characteristics of street children are diverse across regions and settings. Boys typically predominate, but at least one study in Ghana found a majority were girls (Consortium for Street Children, 2010; UNHR, 2011). Many children on the street maintain a relationship to their families. Some return to their family every evening, whereas some do so periodically, others maintain no contact with their family (Consortium for Street Children, 2010). Evidence suggests that street youth who maintain family contact, even with weak families, fare better on the whole than those who do not have these connections (Milbum et al., 2005).

While considerable guidance on outreach to children of and on the street exists, there are limited inter-agency standards or agreed practice guidance for child protection practitioners who work with this population. Research on reducing high risk behaviors of children of and on the street has identified five key principles as critical for effective interventions: 1) provide information on safety and healthy relationships; 2) provide social support; 3) frame key messages; 4) reduce environmental barriers; and 5) build connections between thinking/feeling/behavioral choices (Rotheram-Borus, Swendeman, & Chovnick, 2009).

Adult mentorship interventions, including developing a stable and trusting relationship with children through regular home visits and providing emotional and social support, can be an effective way to increase healthy decision making while also addressing a child's psychosocial needs (Brown et al., 2005). The available literature suggests that interventions must focus on getting youth off the street within the first six months, after which time rehabilitation becomes much more difficult (Lee, Liang, Rotheram-Borus, & Milbum, 2001).

HIV/AIDS mortality and situations of natural disaster, war, and civil strife, can result in groups of minor siblings living together without an adult (child-headed households). This pattern may reflect a lack of other options and is often a transitional arrangement until an adult relative can join the household (Hosegood, 2008). It may also be a means whereby children preserve their inheritance of their parents' home or land. Those who intervene need first to understand the reasons for a particular child-headed household and ensure that they do not disrupt support being provided by the extended family or community (Germann, 2005; Luzze, 2002).

Children as young as eight years old may take on the responsibility of caring for adults and siblings with illnesses, sometimes for years. Little is known about the psychological impact on children who assume care and responsibility for ill and dying parents and siblings. Some evidence suggests that the child caretaker's school attainment is undermined, impacting negatively on development, well-being, and long term economic opportunities (Save the Children, 2006). Recognizing that child-headed households are frequently vulnerable to exploitation, trafficking, and abuse, it is critical that interventions link these children with permanent family care, while preserving their family units, as rapidly as possible.

Few of the reviewed interventions incorporated economic empowerment approaches for children of and on the street or child-headed households. Some evidence, however, indicated that these social reintegration interventions increased economic opportunities. They helped participants to maintain sustainable livelihoods through means such as life skills training, goal setting, reproductive health, and methods of budgeting one's own money, which help to address young people's developmental needs (Kobayashi, 2004).

To guide practice and policy for this population, there is a need for studies that use experimental or quasi-experimental designs with random assignments, and rigorous methods of the kind that have proven useful in studies focused on other difficult to measure issues (Betancourt et al., 2008; Ssewamala et al., 2009).

Early response strategies for trafficked children and child labor

Approximately 115 million children are engaged in hazardous work or the worst forms of child labor, with growing evidence that adolescents suffer higher rates of injury at work compared to adult workers (ILO-IPEC, 2011). Within the protected years of childhood, which are defined by international standards as under 18 years of age, ILO Convention No. 138 defines specific age requirements for particular kinds of work: age 18 for hazardous work, age 15 for ordinary work, and age 13 for light work. Hazardous work is understood by practitioners to be the worst form of child labor and is defined as work that exposes children to physical, emotional or sexual abuse; work with dangerous machinery or in an unhealthy environment; and work under difficult conditions, such as long hours (ILO-IPEC, 2011).

Reviews of immediate and short-term interventions with children in the worst forms of child labor, suggest that it is essential to develop an understanding of a child's situation in context in order to develop effective intervention strategies, including strategies for removing immediate threats to safety and wellbeing. Also important is awareness raising and

participation on several levels, such as individual, community, and policy levels (Rabinovich, Harrell, Ratner, & Gozdzia, 2011; USDOL, 2010).

Operational guidance on eliminating hazardous child labor reviewed interventions related to the provision of legal education, poverty alleviation, market-based interventions, and rescue, rehabilitation, and reintegration (ILO, 2002). Overall, the relative success of each strategy depended on the context, the type of labor, the economic status of the society and family, and societal and familial attitudes (ILO, 2002). These findings suggest that short-term interventions need to be complemented by longer-term approaches that address the socioeconomic and societal root causes for engaging in child labor. Research on how to effectively combat hazardous child labor also emphasizes the importance of household and community engagement. ILO is at the forefront of developing child labor monitoring systems that aim to be community based (ILO-IPEC, 2004, 2005). Winrock's Community-Based Innovations to Reduce Child Labor through Education Practice is also grounded in participatory assumptions and practices (Winrock, 2008).

Useful guidance documents exist for assisting all forms of trafficked children, from the point of initial contact up to the time of reintegration into society (ILO-IPEC, 2005; The International Organization for Migration [IOM, 2007]). The IOM Global (Victim-Centered) Human Trafficking Database is a useful tool that serves as a case management system to determine eligibility of victims for IOM counter-trafficking programs. Moreover, donors overseeing counter-trafficking programs can extract data from this system to inform program development, build policy, and strengthen research capacity. While none of these guidance documents is geared specifically towards children, they do provide a base for what is, to date, considered good practice for a range of services from prevention to intervention. Country-level fact sheets should be developed to provide country-specific laws and regulations surrounding anti-trafficking activities, risks, and vulnerabilities that increase the likelihood of being trafficked, demographics of trafficked children, migration data patterns and trends, and key anti-trafficking actors. The UNIAPI SIREN Country Datasheet for the Mekong Region (2010) provides such a field guide but is only for South Asian countries. In the future, fact sheets should be crafted for all regions and incorporated into child protection plans.

The importance of community participation and child-centered approaches cut across almost all of the evidence and guidance documents noted immediately above. For example, the involvement of children residing along the Mekong River in raising awareness of trafficking and educating the society on its dangers contributed to a reduction in trafficking and demonstrated the power of the child survivors in advocacy and activities related to policy change (Save the Children, 2006). Effective participation also includes local officials and community leaders in the efforts to eliminate hazardous child labor, trafficking, and forced prostitution (USDOL, 2002; Winrock, 2008).

Numerous research gaps are visible in this area. There is a dearth of rigorous, sensitive quantitative studies with good comparison measures and suitable sample sizes to complement the information derived from guidance documents, agency reports and qualitative studies. Studies evaluating the efficacy, effectiveness, and sustainability of various programs provide basic descriptive statistics on the study population, but few tests of significance in relation to comparison groups (Davis, 2006; Delap, 2009; Wessells, 2009b). Also, outcomes research is needed across the board, particularly in regard to community participation approaches, children formally and informally placed in foster families, and the effectiveness of community center approaches. One recent study observed that a community center has the capacity to provide social support and care to orphans and vulnerable children (Wallis & Dukay, 2009). Additional research is needed to determine whether such a mechanism could play a useful role in LMIC efforts to decentralize care and protection programs for children outside family care.

A consultation among researchers specializing in hazardous child labor met in Turin in early 2011 to recommend a course of action for filling current information gaps. They confirmed that data on the impact of work on children's health were extremely inadequate and that better estimates were necessary (ILO-IPEC, 2011). Research with a multi-national orientation is also needed and tests should be made of globalized mechanisms and policies that have the buy-in and engagement of international actors and that provide for the immediate needs of trafficked and exploited children (Willis & Levy, 2002). In addition, systematic evaluations are needed in regard to enforcement and training programs for police and inspectors at borders and immigration offices to address trafficking and child migration (Save the Children UK, 2006; USDOL, 2010; Whetten, Messer, & Ostermann, 2011).

Discussion

This review underscores the need for an enhanced evidence base to inform assessment and early interventions on behalf of children living outside of family care. Such research should be closely tied to operational and policy needs identified by relevant communities of practice. The research should be guided by a strong theoretical framework and grounded in ecological approaches to child development (Bronfenbrenner, 1979; Dawes and Donald, 2000) and risk-resilience models (Rutter, 1979, 1985). For all the groups discussed in this review, comparative research is needed to identify common and distinguishing features of the experiences of these groups of children within and across regions (Ferguson, 2002, 2004), as well as longitudinal studies that follow children over time, and that test interventions with a comparison group (Consortium for Street Children, 2010). Such research can illuminate changes in resilience and agency over time and could clarify how children learn to navigate tactically in difficult environments and circumvent or use formal protection mechanisms. Although this longitudinal approach extends beyond the early intervention period, it could serve to clarify the interconnection between the short-term and long-term impacts of structural inequalities, policies, and models of care on individual lives.

Numerous policy, program and research recommendations related to assessment and early interventions on behalf of children outside family care have emerged from this review and are outlined below.

Key policy implications for intervening with children outside of family care include emphasizing the critical importance of assessments, specifically the identification and enumeration of children outside of family care, in helping to illuminate the magnitude of the problem and shape an appropriate response. Recent advances in assessment approaches in emergency settings developed by the Child Protection Working Group, as well as increased child participation, mixed method approaches, and population-based surveys (Hosegood, 2008; Save the Children, 2006), are examples of innovative assessment methods available to researchers and practitioners toward this aim. A second policy implication stems from the observation that poverty is a major driver of child-family separation (Williamson & Greenberg, 2010). Consequently, it is recommended that policy and program space be created to develop initiatives that focus explicitly on strengthening families, preventing family separation and facilitating protective family reintegration and reunification. Furthermore, on the national level, it is recommended that the international development community support LMIC in shifting systems for alternative care away from institutional care toward family-based care, particularly for children under three years of age given the evidence of the detrimental effects (Bos et al., 2009; Ghera et al., 2009; Johnson et al., 2010; Nelson et al., 2007; Smyke et al., 2010; The St. Petersburg-USA Orphanage Research Team, 2005; Zeanah et al., 2003). More broadly, it is recommended that the international development community and governments across the globe endorse and adhere to internationally recognized guidance on children living outside family care, and establish mechanisms to facilitate a coordinated policy, program and research agenda to encourage learning across communities of practice. Finally, it is essential that the international development community ensure that children's voices are heard in developing policies, implementing programs, and designing and conducting research.

With regard to proposed practices for working with children outside of care, as noted in the policy discussion, it is recommended that all assessment and early response interventions actively prevent family-child separation and identify and address the needs of highly vulnerable families. A high priority is to integrate preventive economic and child protection interventions (Chaffin, 2011), though the effectiveness of this approach requires ongoing empirical evaluation. A coordinated, ethical child protection surveillance or information management system (similar to those used in the health and nutrition sectors) should also be developed to quickly identify children outside of family care, monitor child protection concerns, and facilitate timely and effective responses. This should include coordinated, comprehensive short-term and long-term assessments to effectively identify and address the holistic and developmental needs of children outside of family care, including family tracing and reunification, shelter, food and nutrition, health, psychosocial support, education and access to livelihood. Gender-sensitive assessments are recommended since females are at increased risk of gender-based violence (Hepburn, 2006). Assessments should include children with disabilities since these children are often invisible in emergency situations. It is also recommended that effective linkages between immediate and longer-term assistance be reinforced to avoid gaps in service provision. Toward this end, the capacity of the national and community level social welfare workforce and support workers should be strengthened to identify, assess and respond to the needs of vulnerable families and children, and reinforce national and community-based child protection systems.

Based on the current review of the literature, key research recommendations include prioritizing studies on the root causes of family separation and effective interventions to prevent family separation and secondary separation. In particular, contextualized child-centered studies should be conducted to examine the outcomes for children outside of family care who were placed in early alternative care interventions. Effectiveness research on national social protection programs is also urgently needed. Furthermore, the reasons for the proliferation of institutional care in the early intervention period and beyond should be carefully examined. More than an exercise in generating knowledge, this research is essential for guiding practices and policy that will help support some of the world's most vulnerable children.

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