Family for every child

Family for Every Child members' initiative fund project

PREVENTING UNNECESSARY LOSS OF PARENTAL OR FAMILY CARE IN BRAZIL, GUYANA, INDIA, SOUTH AFRICA AND RUSSIA

St Petersburg, April 2017

ACKNOWLEDGMENT

CONTENTS

EXECUTIVE SUMMARY

This report presents the findings from a study that aimed to explore the application in practice of the 'necessity principle' from the Guidelines on Alternative Care for Children (UN, 2009) by using three quantitative and three qualitative indicators that provide information about whether children and families have received support to the fullest extent possible before a child ends up outside of parental care arrangements in formal or informal care, or living alone.

The indicators assume that a child in the care of his or her own parents and family is more likely to be protected than outside of the family, but a child in parental care does not necessarily equate to a child receiving adequate care. These indicators are not trying to measure abuse, neglect or violence in the family. The wording 'parental care arrangements' was agreed with the project participants as a way of talking about the locus of a child's care arrangements and with no implicit or explicit judgement intended in terms of the quality of care being provided. The six indicators are:

Quantitative indicators ⚙️

1. Rate of children outside of parental care arrangements per 100,000 child population and rate of children outside of kinship care per 100,000 child population

2. The level of coverage by preventative support services for children at risk of losing parental care and their families before they come to the attention of the child protection authorities.

3. The level of use by the child protection authorities of preventative family support services.

Qualitative indicators ▲

4. The degree to which the child is aware of his or her family history and reasons for being outside of the care of his or her parents or family.

5. Effectiveness of support services for children at risk of ending up outside of parental care arrangements and their families

6. Effectiveness of support services for children with disabilities and their families

An international team of practitioners and researchers from six organisations and 5 countries interviewed 611 children and 189 parents to gather data for the qualitative indicators. The main purpose of the report is to highlight areas where more could be done to support children and families and to prevent unnecessary loss of parental care arrangements. The report also aims to share information and knowledge between countries and to inform practitioners and researchers.

Main findings — quantitative indicators ⚙️

Comparisons between countries are constrained by discrepancies in data, but indicator 1 nevertheless helps to illustrate the scale and scope of children outside of parental care arrangements in each country and to set the context for the other indicators (see Figure 3) [1]:

- The proportion of the child population living outside of parental care arrangements in South Africa is much higher than in the other countries. **7% of children in South Africa have experienced the death of their mother** and 24% live outside the care of their mother. In comparison, estimates for **Brazil and India indicate around 3% of the child population living outside of parental care arrangements, 1.7% for Russia and 1.2% for Guyana**.
- **Children in Brazil, India and South Africa**, although more likely to not be living with parents than children in other countries, **are much more**

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[1]   Data sources — Brazil: 2010 census; UNICEF/ABTH, 2014. Guyana: 2012 census; Childlink. India: Registrar General of India/Census Commissioner, Ministry of Home Affairs; Childline; Butterflies and UNICEF MICS, 2000. Russia: Ministry of Education and Science. South Africa: Children's Institute.

likely to be in kinship care than in other types of care than children in other countries **and this is more often than not an informal care arrangement**.

- In Russia, and even more so in Guyana, formal residential care is more likely to be provided for children outside of parental care arrangements compared to the other three countries.

The data for this indicator can, in spite of its limitations, also help to illustrate key features of each country system:

- The overall **proportion of children without parental care in formal care in Russia began to decrease slightly in 2015** having been increasing and then static for many years
- The rate of children outside of parental care arrangements in the province of KwaZulu-Natal (KZN) is higher than the national average for South Africa, but the **use of residential care is almost half the rate in KZN compared to the whole country**
- **Older children in Guyana are significantly more likely to be in residential care than younger children** with the likelihood rising even further for children aged 15-19 years

The data for indicators 2 and 3 have even more constraints than for indicator 1, but some interesting findings for each country that provided data could be identified that further elaborate on the broad-brush picture presented by indicator 1:

- Sources of referrals to the child protection system (indicator 2) in Russia present a static picture over the last three years suggesting that the system is not really changing, in contrast to indicator 1 where the data suggest more significant change with fewer children in need of alternative care in 2015 compared to previous years or compared to indicator 3 data that suggest **increased referrals to social services by child protection authorities in Russia compared to previous years**, both indicating a system that is going through changes.
- In Guyana for nearly 3000 reported child rights violations on average each year, most children largely receive preventive and supportive services and interventions and only around 10% of children referred require

alternative care each year. A high percentage of these children, however are likely to be placed into some form of residential care and **children in Guyana who are placed with relatives or in other family based care may not continue to be counted as being in care** unless it is formalized, court-ordered care (possibly resulting in the apparently low prevalence of family based care in indicator 1).

- **In South Africa, around 1/3 of** children registered by the Department of Justice in 2012/2013 as **"children found in need of care" are referred to residential facilities** in Child and Youth Care Centres.
- In India, data suggest low rates of encountering outreach services before referral into the child protection system (although this may not be reliable), and **high rates of referrals from the child protection system into the system of education-providing boarding schools** and facilities of various kinds.

Summary of quantitative indicators analysis

The **child protection systems in each country tend to identify children at risk quite late,** when they have already come to the attention of the police, the court system or the child protection system. The child protection systems in India and Guyana seem most proactive with a range of options to support children and families available in Guyana and only a small percentage, around 10% of those identified as facing challenges where children's rights have been violated, being referred for alternative care services. Of these, however, a relatively high proportion appear to be referred into residential care compared to other countries although 50-70% are referred into family-based care this is not fully reflected in Indicator 1 data and these anomalies require further research.

In India, the Childline system and the Integrated Child Protection System, seem to be providing pro-active outreach trying to identify and respond to the reasons for children being on the streets including accidental separation from parents as well as children experiencing extreme challenges of substance abuse, deep poverty, abuse, neglect and violence in their families and on the streets. The responses of the system are very focused on education compared to other countries and rely to a certain extent on providing temporary and long-term residential care services with the primary purpose of ensuring access to

education. Services that are more preventive and reach children when they are still in the care of their parents or main caregivers (e.g. grandparents) are more limited with a focus on crèche services for working mothers.

Some data suggest that once they come to the attention of the child protection authorities in four of the countries **children are more likely to enter alternative care (often residential care) than to be returned to the care of their parents (or primary caregiver)** and there appear to be few, if any, services, that are working with children and parents experiencing serious crises to try and prevent entry into formal care or informal kinship care.

The **main other response by the child protection systems in all five countries is to place children into formal or informal family-based care** — guardianship, foster care, kinship care. Informal or formal kinship care seems to be considered as equivalent to parental care and, if it is available, is used by the child protection authorities **to provide either temporary or long term alternative care without further significant investment in supporting parents** at the point when children come to their attention.

Main findings — qualitative indicators ▲

391 children outside of parental care arrangements were interviewed for indicator 4 (235 girls and boys in family based care, 96 in residential care and 60 living alone or on the streets) and 220 children and 189 parents were interviewed for indicator 5 focused on children who are still in parental care arrangements, but at risk of separation. Indicator 4 aims to understand what children know about their parents, the reasons for being outside of parental care arrangements and their understanding of support that was or could have been offered to the family to prevent unnecessary separation. Indicator 5 aims to understand the nature of the risks perceived by parents and children that could lead to separation, the types and effectiveness of support being accessed by the family and remaining unmet needs.

Indicator 4 — knowledge of children outside of parental care arrangements about their parents and the reasons for their current care situation

On average across all five countries and all care settings **54% of children interviewed have knowledge of both parents, 28% of one parent and 18% of children interviewed have no knowledge of either parent**. The proportion of children with no knowledge of both parents is quite high in South Africa (30%) and India (28%) and significantly lower in Brazil (5%) and Guyana (8%). This may reflect the high proportion (23%) of children who were interviewed from South Africa whose mothers were dead and the large numbers of Brazilian children interviewed who are living with grandparents in informal care and maintaining contact with their parents.

Children in Brazil, Guyana and India are more likely to have knowledge of their father than in Russia and South Africa where knowledge about fathers was low with only just over a half of the children interviewed in Russia and under half in South Africa knowing anything about their fathers.

Children in institutional care in India are significantly more likely to know much less about their parents, than their peers living in family care arrangements or living alone.

Most children know the reasons for being outside of parental care arrangements, regardless of whether they have knowledge of their parents or not. Only 15% of children interviewed said they did not know why they were not in parental care arrangements. **While 95% of children interviewed in Brazil have knowledge of at least one parent, 25% said they did not know why they were outside of parental care arrangements**. As a rule, the children who do not know why they are not in parental care arrangements in Brazil, Guyana, Russia tend to be children aged 12 years or younger, but this is not the case in India or South Africa where children of all ages up to 17 years old may not know reasons for being outside of parental care.

Children give a range of reasons for being outside of parental care arrangements and these were coded using standardized codes to facilitate

comparison across countries. There are clear differences in the main reasons across different countries, but **in all countries the overall set of reasons are similar**: death of parents, removal of parental rights (except South Africa and India), parents in prison, breakdown of grandparental care arrangements (or death of grandparents or informal carers), violence, neglect, poverty, alcohol or drug misuse, housing issues, relationship problems in the family.

Death of one or both parents is the most common reason children give for being outside of the care of parents, but death of both parents is mentioned only in about 40% of these cases. The reasons for the other parent not providing care then needs further clarification. **One parent dead and the other parent absent is the situation for many of the children interviewed in South Africa** who mentioned that a parent had died. In India, the death of a parent may also be accompanied by violence from step-parents, or being sent to a residential facility for education purposes.

Violence and abuse or neglect are the second most mentioned reasons overall, particularly in South Africa and Guyana.

Children living on their own in India often present their reason for living on the street as being to earn money, but their narratives reveal a more **complex picture of problematic family relationships, poverty, alcohol or drug use by parents and children** as well as the child's individual perceptions about life and independence or response to different types of abuse.

Children in Russia and South Africa mention **alcohol use** by parents or carers as a significant factor, as is **drug use** in India and Brazil. Mentions of **absent parents**, especially mothers, are notable in Brazil compared to other countries, as is the fact that in many cases mothers continue to live nearby and continue to have contact with their children who are living with grandparents or other relatives.

Death of grandparents or breakdown of grandparental foster care arrangements can be noted particularly in South Africa where these reasons are mentioned by children mainly in residential care or cluster foster care and in Russia by some children in residential care or foster care.

Children mainly mention **informal support systems** as the first and main source of potential or actual support especially absent fathers or mothers and grandparents. In all countries, but especially Brazil, children mention the **formal child protection structures and welfare agencies** including NGOs. In Russia, many children mention having received support from psychologists, but it is not clear whether this reflects a more active system of support as suggested by the quantitative indicators or if this is just the experience of this particular group of children interviewed.

Indicator 5 — factors contributing to risk of separation and effectiveness of services in addressing these factors (child and parent perspectives)

In all five countries it is **difficult to define children 'at risk of separation' in a comparable way**. In Brazil and India, for example, children living with their grandparents are not considered as separated from their families. All five countries have a formal system of child protection and family support that are described and summarised in this report and which are reflected in the data gathered for both quantitative and qualitative indicators.

Many parents suggest that the **reasons contributing to problems or risk of separation are related to the financial situation in the family**, especially in India and South Africa, but **often this is combined with other reasons**. Another common reason given is related to family structure (**single parenthood, death of one parent, lack of support from grandparents and extended family**). In different countries, parents mention slightly different problems more than others, but they largely have in common the following factors across all countries: r**elationship problems** in the family between parents or between parents and children, **alcohol us**e by parents and **lack of knowledge and understanding among parents of children's needs** and how to deal with their behavior. In India and Brazil particularly, **parents mention concerns about the general environment in which they are living with their children**, their children getting in with bad people and their fear of violence towards their children.

Many children did not give answers to questions about reasons or risk factors, but those that did mention: interventions by the child protection authorities,

neglect by parents or violence against them, their own behavior and truancy; family structure (single parenthood or death of one parent) and lack of support from relatives, compounded by **unemployment, financial and housing problems**. Alcohol or drug use by parents are also mentioned, but to a lesser extent than other issues. One or two mentions are made of a mother being in **prison, parent illness or parents' lack of skills and knowledge** in providing care and upbringing.

In all five countries, children and families have been offered, and received, services of various kinds, and to some extent, but not always, these correspond to the needs or risk factors identified by the children and parents. Consistently in all countries, around a quarter of parents, and to a similar extent children, report that that **have benefited from social worker accompaniment services** delivered either through child protection agencies or social services providing organisations (NGO or government run).

In Brazil in particular there appears to be an established and extensive network of social services that works together with the tutelary councils to provide services to families in need. Parents and children also mention support from the Bolsa Familia cash benefit programme, the police and justice system and support with education, legal issues, health services, as well as support and services from NGOs and the church. When asked about other services that are still needed, nevertheless, many parents who are receiving a range of support from the tutelary council, the Bolsa Familia, school and health services respond that they want to get out of the neighbourhood where they live which tends to confirm the thesis that the **structural poverty and overall deprivation of some of the neighbourhoods where families were interviewed in Brazil is a key issue affecting the ability of parents to bring up their children and compounding other factors** such as family relationships or poverty to increase the risk of separation and the perception of parents about the risks to their children of continuing to live in these communities.

Children from Brazil also mention employment for their parents, going back to school or attending professional courses and housing as services still needed. One or two children mention they want their father to take care of them, or their aunt.

In South Africa, parents and children mention receiving a range of support from child protection authorities, social workers, school, NGOs and other family members. The services that parents and children identify as still being needed are focused on practical issues such as improving housing, financial support, help with health services or medicines (including treatment of a child's addiction) and employment but also on education and improving relationships between parents and children.

Overall in South Africa, **parents and caregivers seem to need more in-depth support in communicating with children and managing relationships**, especially as children enter adolescence and may be exposed to or become engaged in risk-taking behaviours. Residential care services (sometimes called 'respite care' by the interviewers) seem to be a common response to these kinds of problems in families.

In Russia, parents and children both indicate they have mainly received 'psychological' support and parents also mention legal support. These responses may reflect the type of services offered in the government child and family support centres where this relatively small sample of 17 children and 25 parents were interviewed rather than a typical range of services. On the other hand, these responses could support the idea that emerges from analysis of the quantitative indicators, that the system is moving towards a more preventive, supportive, psycho-social set of services compared to previous years when placement into residential care or clubs and leisure activities for children were the most common services offered in many regions. [2]

Discussion and conclusions

When taken together and not in isolation from each other, the indicators can help to build up a nuanced picture of the system of family support and child protection in each country and help to highlight key features that may either need addressing or may indicate areas of good practice or learning.

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2   See P4EC Russia report on indicator testing in 2012 http://www.p4ec.ru/docs/Loss_of%20parental_care_index_2012.pdf

Key finding: Only limited reliable and systematically collected data is available about children outside of parental or family care arrangements and the support they received before and after coming to the attention of the child protection authorities when the issue of separation from parents or main caregivers may be imminent

Globally, care settings for children are not commonly or systematically monitored, although some data monitoring living arrangements of children can be found in UNICEF multiple indicator cluster surveys (MICS) and in USAID demographic and health surveys (DHS), but from which only limited conclusions can be drawn (Martin, F., Zulaika, G., 2016 [3]).

A UNICEF study 'Measuring the Determinants of Childhood Vulnerability' (UNICEF, 2014 [4]) found that the living arrangements of children are important for determining key childhood outcomes and that being outside of parental care arrangements matters:

> *Household wealth, a child's living arrangements, and household adult education emerged as the most powerful and consistent factors associated with key health and social outcomes of child vulnerability* (UNICEF, 2014 p.3)

> *... vulnerable children are those who: live in a household ranked in the bottom two wealth quintiles and who are: (1) not living with either parent; or (2) have lost one or both parents; or (3) living in a household with adults with no education* (UNICEF, 2014 p.4)

Key finding: Data gathered for indicators 1, 2 and 3, in spite of limitations, provides some interesting insights into the extent to which children are outside of parental or family care arrangements in each country and to which they and their parents and families are accessing supportive interventions that mitigate unnecessary separation

Using the data gathered for this study and with further validation from MICS/DHS data, the situation of children in each country can be characterized as follows:

In South Africa, India and Brazil, the vast majority of children living outside of parental care arrangements are living with relatives in either formal or informal kinship care with only a small proportion living in residential care. In Guyana and Russia an overall smaller proportion of children appears to be living outside of parental care arrangements, but a greater proportion of these children live in residential alternative care settings, especially older children in Guyana.

In Russia, the overall proportion of children living outside of parental care arrangements appears to be decreasing and the proportion of these children living in residential care settings has been reducing even more rapidly in favour of family based alternative care, but data is not complete. Data gathered for indicators 2 and 3 suggest that in Russia, the child protection system may have begun in 2015 to make greater use of social services compared to placing children in residential institutions under education or health systems. Referrals to child protection authorities from police, however, remain high and from social services remain static.

The child protection systems in each country tend to identify children at risk quite late, when they have already come to the attention of the police, the court system or the child protection system. Once identified, around half of these children in India and Guyana, a third in South Africa and a fifth in Russia are likely to be referred to residential care services either temporarily or long-term.

Key finding: There is a considerable degree of unnecessary or preventable separation taking place in all countries and that services could become more effective not only at preventing separation but also at preventing violence and neglect that is a factor leading to separation and at supporting surviving parents to continue to provide care for their children while also accessing employment, housing and other support they need.

3   Martin, F.S. & Zulaika, G. Glob Soc Welf (2016) 3: 51. doi:10.1007/s40609-016-0060-6 accessed on 13.04.2017 from https://link.springer.com/article/10.1007/s40609-016-0060-6

4   https://data.unicef.org/wp-content/uploads/2015/12/Measuring-the-Determinants-of-Childhood-Vulnerability_Final-Report-5_8-LR-_172.pdf

In all five countries children are outside the care of their parents for similar reasons, but the frequency that one or other reason is mentioned by children varies from country to country reflecting the different cultural contexts, economic and social challenges facing children and families.

Death of one or both parents is much more common in South Africa than elsewhere. And although death of parents is the overall most commonly mentioned reason across all countries for being out of parental care arrangements, often only one parent has died and the other parent, who could be providing care, is absent.

Neglect, abandonment or violence is mentioned in all countries to at least some degree, but especially by children in South Africa as the reason for being outside of parental care arrangements and a number of girls interviewed in South Africa and Guyana explicitly mention sexual violence and abuse, mainly by relatives.

If death of parents, neglect and violence may be considered valid reasons leading to separation, they are mentioned around 60% of the time by children outside of parental care arrangements and other reasons are mentioned around 40% of the time that might be considered as having led to 'unnecessary' loss of parental care such as relationship problems, child's behavior, poverty, parent illness, housing problems, lack of support from relatives or single parenthood.

Key finding: The immediate response of the system in most countries when families are struggling to care for their children adequately is to remove children from the family and to place them with relatives or into residential facilities. Needs identified by parents and children require, however, a response that can strengthen parent competencies to care, set boundaries and communicate with children while also accessing practical support to address poverty, unemployment and housing issues as well as relationship issues and health problems. Some professionals working with children and families may require more skills and knowledge to be able to deliver more effective services that address assessed needs especially in very challenging environments where basic needs for income, housing and employment are not being met.

Often the immediate response of the system, revealed through quantitative indicators and confirmed in some interviews in South Africa, India and Guyana especially, is to remove the child to a residential facility (shelter, children's home, drop-in centre) or to the care of a relative. This may be due to a perception that it is 'safer' and probably easier than trying to better understand the risks to the child and creating programmes that can directly address risks and change behaviours and situations in families. In India, there seems also to be a perception that residential care placements are a good mechanism for helping to ensure access to education.

In South Africa, there are many social workers trying to support families and providing accompaniment to support parents and other caregivers, but who appear to have a limited capacity to be able to really make a difference to the behavior of either parents or children who are struggling with trauma, deep structural poverty and exclusion.

In Brazil, there also seems to be an extensive network of services, tutelary counselors, social work professionals and cash assistance, but where these are being delivered in neighbourhoods struggling with widespread and deep-rooted poverty and violence, they are less effective and professionals may need to be equipped with greater competencies if they are to support families living in these environments.

Conclusions

The indicators used in this study have the potential to provide useful information across a range of settings about the extent to which children who are vulnerable to losing parental care, or who have lost parental care and are living in informal kinship care arrangements, are accessing support and services before they end up being referred to the child protection authorities and **when there may still be a chance to improve the situation in the family, to strengthen the family**.

Many of the factors contributing to risk of separation are often inter-related, but the responses to interviews with children for indicators 4 and 5 and with parents for indicator 5 do suggest that **there is a considerable degree of**

unnecessary or preventable separation taking place in all countries and that **services could become more effective not only at preventing separation but also at preventing violence and neglect**.

This opportunity can only be fully realized if **better quality, more systematically collected data can be accessed and this could be an important advocacy issue for the FFEC members** who took part in this project and for the wider membership at national and global level. Given the availability of data on children outside of parental care arrangements that can be extracted from DHS and MICS it might be worth exploring these sources of data to monitor Indicator 1 in countries where these surveys are conducted. Sources of data for monitoring indicators 2 and 3, however, require further consideration as the way in which risk is defined and the way in which being outside of family care is defined are key to identifying whether children and their families are accessing necessary support.

In all countries, **the creation of a system to flag the need for support at an earlier stage appears to be needed**. For example, a parent in prison seems to be an immediate factor that should trigger support and services for the remaining parent or carer. Similarly, support and services need to be considered where parents, or the sole surviving parent, whether mother or father, have migrated for work to enable them to bring their children with them and not leave them to the care of the state or of grandparents or relatives who may struggle to provide adequate care.

Parents and children interviewed for this study describe **community based family support services that provide family strengthening and child protection services**, especially in Brazil and South Africa, this support appears in many cases to meet the needs identified by children and parents only partially. **There is a need to consider ways of more effectively assessing needs and tailoring support to meet specific needs**, for example to support parents or caregivers in building skills to communicate with, set boundaries for and positively reinforce behaviour of children while also ensuring that parents and other caregivers have access to wider poverty alleviation, health, employment and housing services.

1. INTRODUCTION

1.1 Background to this report

This report presents the findings from a study conducted with 611 children and 189 parents or other caregivers in five countries. The study aimed to examine in some detail the application of the 'necessity principle' of the Guidelines on Alternative Care for Children (UN, 2009) through the lens of six qualitative and quantitative indicators that offer a way of understanding the extent to which all types and efforts to support families have been exhausted before a child ends up outside of parental care arrangements and in formal alternative care or in informal care.

One of the important discussions that framed this study took place at a planning workshop when researchers from all five project partners gathered to agree on the parameters for the study — the research purpose, scope, methods and analysis framework.

"Why are we talking about loss of parental care? This assumes that parents are inherently better than being outside of parental care and we all know from our practice and experience working with children that this is far from being the case," Researcher 1 asked.

"This project is about trying to understand what is being done to support families to look after their children. It is not trying to explore abuse, neglect or violence against children in the family, there are other indicators and methods for exploring these issues. This study assumes, in part based on an understanding of what children themselves say they want[5], that being in the care of parents is a desirable thing for children and can help to contribute to their full and harmonious development. It assumes, that for the most part, parents have their children's best interests at heart," replied Researcher 2, *"if, for some reason, children are not in the care of their parents, this probably means that something*

quite important has happened in the family so that children have ended up in the care of grandparents, other relatives, foster carers or other kinds of care arrangements", she continued.

"But in our country, it is traditional and normal for children to be cared for by grandparents while parents travel to other parts of the country to work," added Researcher 3.

"And in our country many children don't have parents because of the HIV/AIDS epidemic," interjected Researcher 4, *"what could the 'system' of family support have done to prevent loss of parental care for those children?"* she continued.

"In all of these cases, something important has happened to the family so that children have ended up outside of the care of their parents. Economic pressure causing migration for work, death of one or both parents. This project wants to understand more about what has happened and if more could be done to offer support to families to prevent unnecessary loss of parental care," suggested Researcher 2.

"Being in the care of close kin, especially grandparents, is good for children and their outcomes are not any worse than for children in the care of parents, sometimes better. I don't like this assumption that somehow parents are better," countered Researcher 1.

"Of course, but as well as being interested in children being in good family care arrangements, we are also interested in understanding the causes of children being outside of parental care arrangements in the first place. Perhaps there is more that we can or should be doing to support parents and families including grandparents. We found, for example, in our country that children in grandparental care seem more at risk of entering the state care system when they are older. We understood that we need to make arrangements in the system of alternative care for children who lose family care when they are already beginning to prepare for independent life at the age of 16 or 17 years. These children have different needs to be met by the system than those who are relinquished at birth for example. So the initial loss of parental care led to grandparental care that led to losing family care completely in early

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5   See for example: Family for Every Child (2013) *My world, my vision. Consultations with children on their priorities for the post-2015 development framework.* London: Family for Every Child, p.10

adolescence. There is a difference between parental care and grandparental care, even if it is a traditional and normal way of bringing up children in any given culture," proposed Researcher 2.

The main purpose of this report is to highlight evidence that can support arguments for greater investment in family support and prevention of unnecessary loss of parental and family care. The report also aims to inform professionals and academics and to provide a resource to support training social workers or other social services and community work professionals who are working with children and families. The report offers a snapshot of the state of the family support system in each of the countries, and an opportunity to examine what they have in common and how the situation and experiences differ for children and families.

This project and this report also represent an opportunity to learn from each other about the support that children and families can access before children end up outside of parental care arrangements or when they are in the care of their grandparents.

The project was funded by Family for Every Child and the partners who took part in the research and the workshops to shape the research design and analysis are:

Associação Brasileira Terra dos Homens, Brazil www.abth.br

Butterflies, India www.butterflies.in

Childlink, Guyana www.childlink.gy

CINDI, South Africa www.cindi.sa

Partnership for Every Child, Russia www.p4ec.ru

Projeto Legal, Brazil www.projetolegal.br

1.2 Overview of the six indicators

The six indicators in the 'Loss of Parental Care Index'[6] are aimed at monitoring the effectiveness of the child care system as a whole, state and non-state combined, in prevention of unnecessary loss of parental or family care. The six indicators aim to highlight how child care systems can do more to support families and prevent unnecessary loss of parental or family care and monitors progress in child welfare reforms at national, sub-national and municipal levels. This instrument facilitates participation of children without parental care or who are at risk of losing parental care, as well as participation of their parents in the process of public oversight. The index of indicators is focused on the components of the social care system targeting children and families and tries to give an objective assessment of how the child-care and family support system in the country, region or municipality in question is fulfilling its functions to support families and protect children.

There is an assumption that a child in the care of his or her own parents and family is more likely to be protected than outside of the family, but it is important to note that a child being in parental care does not necessarily mean the child is receiving adequate care. These indicators are not trying to measure abuse, neglect or violence in the family. The wording 'parental care arrangements' was agreed with the project participants as a way of talking about the locus of a child's care arrangements and with no implicit or explicit judgement intended in terms of the quality of care being provided.

Quantitative indicators ⁛

1. Rate of children outside of parental care arrangements per 100,000 child population and rate of children outside of kinship care per 100,000 child population.

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6   P4EC Russia used this name to describe the six indicators in pilot studies conducted in 2011-2013, but it was agreed that the term 'index' suggests a ranking or rating approach which is not relevant to the exploratory nature of this project so the term is not used in this report.

2. The level of coverage by preventative support services for children at risk of losing parental care and their families before they come to the attention of the child protection authorities.

3. The level of use by the child protection authorities of preventative family support services.

Qualitative indicators ▲

4. The degree to which the child is aware of his or her family history and reasons for being outside of the care of his or her parents or family.

5. Effectiveness of support services for children at risk of ending up outside of parental care arrangements and their families.

6. Effectiveness of support services for children with disabilities and their families.

The different aspects of preventing unnecessary loss of parental care arrangements or kinship care that are measured by the indicators are set out in <u>Figure 1</u>.

Figure 1
Six aspects of preventing unnecessary loss of parental care arrangements measured by the unnecessary loss of parental or family care indicators

Source: P4EC Russia

1 Rate of children outside of parental care arrangements & rate of children outside of kinship care (both per 100,000 child population)

4 The degree to which the child is aware of his or her family history and reasons for being outside of the care of his or her parents or family

2 The level of coverage by preventative support services for children at risk of losing parental care & their families before they come to the attention of the child protection authorities

3 The level of use by the child protection authorities of preventative family support services
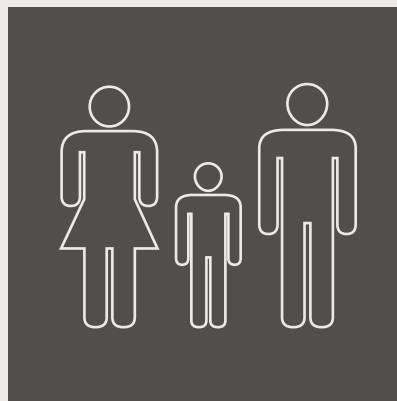
5 Effectiveness of support services for children at risk of ending up outside of parental care arrangements and their families

6 Effectiveness of support services for children with disabilities and their families

Quantitative indicators

Qualitative indicators

2. METHODOLOGY

A research workshop was held in November 2015 attended by ten researchers from the five participating NGOs. The workshop participants reviewed the experience of P4EC Russia in developing, piloting and using the indicators in 2010–2013 [7]; conducted a child protection and family support system review, and; finalized and agreed on the exact wording of the instruments and the sample definition for each country. The study used the same instruments to collect qualitative data from similar groups of respondents and used an open inquiry about available official data to gather quantitative data. The instruments are attached in Annex 1. Translations of the instruments into Portuguese, Russian and Zulu were piloted and adjusted for sense and appropriateness prior to being used in Brazil, Russia and South Africa respectively. Otherwise, English was used in Guyana and India. The sample of children and parents to be interviewed was defined following a country systems review that also informed the design of the study as a whole and confirmed the relevance of the indicators and instruments to be used in all five countries. Analysis of data was undertaken jointly in a follow up workshop held in August 2016 and subsequent exchanges between researchers and the authors of this report.

2.1 Five country child protection and family support system review

Understanding that children and families do not exist in a vacuum, but are part of a system of interconnected micro-, meso-, exo- and macro systems (after Bronfenbrenner's ecological systems theory, 1976 [8]) which can impact on each individual child and be impacted by each child, a system review of the five countries was undertaken during the project workshop held in November 2015. The system review was based around the following three questions:

1. Who are the groups of children outside of parental care arrangements/family care?

2. How do they end up outside of parental care arrangements/family care? Why?

3. Which formal/information organizations or structures do families encounter BEFORE children end up outside of parental care/family care? How do we know about these encounters?

The workshop participants considered these questions bearing in mind the interconnecting systems of child, family, community, education, health and social services as well as the principles of necessity and suitability that underpin the Guidelines on the Alternative Care of Children [9] with a particular focus on the necessity principle that asks whether ALL measures possible have been undertaken to address factors that contribute to the 'perceived need' for alternative care such as poverty alleviation and family support programmes; family strengthening services and effective advisory and practical resources for parents in difficulty; provision of day-care and respite care; promotion of customary coping strategies (including informal kinship care), prevention of unwarranted decision to remove a child from parental care [10].

The analysis undertaken by the ten researchers suggested that there are similar challenges facing families and family support systems in each country and described common elements and differences in the child protection and family support systems in each country:

1. Factors that contribute to loss of parental care arrangements or family care in all five countries

Common factors were identified across all five countries:

- death of one or both parents
- one or both parents serving prison sentences
- chronic illness or disability of parents
- abandonment or neglect of children by parents

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7   See http://www.p4ec.ru/docs/Loss_of%20parental_care_index_2012.pdf

8   Urie Bronfenbrenner, The Ecology of Human Development: Experiments by Nature and Design. Cambridge, MA: Harvard University Press. ISBN 0-674-22457-4

9   https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

10   From Theory to Practice, Implementing the UN Alternative Care Guidelines, Cantwell et al., 2013, figure iii

- domestic violence, abuse of women and children
- abuse or violence against children
- young families (parents giving birth to children at a young age)
- low parenting competencies (lack of skills, knowledge, low motivation and poor behaviours)
- poverty and unemployment
- parents migrating for work
- alcohol and drug dependency and other mental health problems among parents
- housing problems

Some countries report additional factors or situations that represent particular challenges in each country context:

Brazil — involvement of children in drug trafficking
India — early marriage, militancy, natural disasters
South Africa, India — child trafficking
South Africa — child headed households

2. Formal and informal systems that respond to these factors

All five countries have a similar range of formal and informal structures that respond to problems in families and support them to care for children:

- Extended family, whether formally or informally involved, is the first and most common way in all five countries for family support and alternative care to be provided in response to problems with parental care arrangements
- Police
- Schools and preschools
- Hospitals
- Social protection organizations — benefits/cash transfers, welfare organizations
- NGOs providing child or family services
- Local authority child or family services
- Religious institutions
- Community committees or groups

3. A structure that registers children who are in situations of risk or in the process of losing family care or ending up outside of parental care arrangements

All five countries have a formal structure legally mandated to register and monitor children at risk:

Guyana — Child protection committee
India — Childline, District Child Protection Units, Anti-trafficking units
South Africa — District Department of Social Development (and/or NGO) registered child protection organisations — NGOs with statutory child protection responsibilities
Brazil — Tutelary Councilors — elected official at local (neighbourhood) level with statutory child protection responsibilities and functions
Russia — Guardianship and Trusteeship body at municipal level with statutory child protection responsibilities and functions

Figure 2 presents a way of conceptualizing or mapping these child protection and family support systems and illustrating how family support can help to keep children in their families and in their communities and not drive them out of family care into formal care, onto the streets or into being trafficked or exploited in other ways without the protection offered by parents or other family members. The child protection structures straddle the thickest line on the right when children leave the care of their parents or main caregivers and enter alternative care. These structures are working with children who are most at risk and experiencing multiple challenges and violations of their rights and ideally children should not reach this point without having already received support and interventions in their families from the range of services to the left of the diagram.

Figure 2
Preventive and family support interventions are aimed at ensuring that only children who really need to be outside of parental or family care actually do end up on the right-hand side of the thickest line

Source: P4EC Russia

ALL CHILDREN	CHILDREN IN DIFFICULT LIFE CIRCUMSTANCES	CHILDREN AT RISK	CHILDREN OUTSIDE OF PARENTAL CARE ARRANGEMENTS
HOUSING	E X T E N D E D F A M I L Y	E X T E N D E D F A M I L Y	E X T E N D E D F A M I L Y
EMPLOYMENT	SOCIAL PROTECTION ORGANIZATIONS (BENEFITS/CASH TRANSFERS, WELFARE ORGANIZATIONS)	POLICE	TEMPORARY CARE
EDUCATION		SHELTERS	RESIDENTIAL CARE
PARENTAL CARE		SOCIAL SERVICES (NGO & LOCAL AUTHORITY)	FAMILY BASED ALTERNATIVE CARE
HEALTH	NGOS PROVIDING CHILD OR FAMILY SERVICES		
LEISURE	LOCAL AUTHORITY CHILD OR FAMILY SERVICES		
ETC.	RELIGIOUS INSTITUTIONS		
	COMMUNITY COMMITTEES OR GROUPS		

Brazil Tutelary Councilors
Guyana Child protection committee
India Childline, District Child Protection Units, Anti-trafficking units
Russia Guardianship & Trusteeship agency
South Africa District Departments of Social Development and/or registered child protection organisations

It should be emphasized again that the fact of being in parental care arrangements or kinship care does not necessarily mean that a child is being well cared for. Some children experience violence, neglect and abuse in the care of their parents, grandparents or other close relatives and child protection systems should aim to intervene in these cases to change the situation in the family to ensure adequate care or ensure that suitable alternative care is provided as set out in the Guidelines on Alternative Care for Children. The child protection system, however, should not remove children from the care of their parents or relatives on the grounds of poverty and should provide social support, services, practical assistance, advice and make all other possible efforts to enable parents or customary carers to provide adequate care for their children. A child should be admitted to alternative care only when such efforts have been exhausted and acceptable and justified reasons for entry into care exist (Article 45, Guidelines on the Alternative Care of Children, UN, 2009) [11]

2.2 Sample of children and parents interviewed for qualitative indicators ▲

The sample of children and parents interviewed (see Table 1) and the final wording of the instruments to be used to gather quantitative and qualitative data to measure the six indicators were based on the findings of system analysis. The number of interviews conducted differed slightly from the plan (set out in Annex 1) with indicator 6 interviews largely not being conducted at all (except five interviews in Russia) and 10 interviews with adults living in emergency accommodation conducted in Guyana.

These interviews, while not falling into the main body of the comparative analysis undertaken in this report, provide interesting insights into the factors contributing to homelessness in Guyana including health issues, emergencies (housing burning down), unemployment, relationship breakdown, violence and the services that are provided in Georgetown to support homeless adults such as financial and medical assistance, counseling and emergency shelter.

Table 1
Number of children and parents interviewed for indicators 4 and 5

Country	Indicator 5		Indicator 4
	Children	Parents	Children
Brazil	83 [a]	84	77
Guyana	10	10 [b]	88
India	75	50	75
Russia	17	25	47
South Africa	25	30	104
Total	**220**	**189**	**391**

a 10 child questionnaires appear to have been completed with answers from parents so 93 child questionnaires were registered, but only 83 are counted here and 74 parent questionnaires were registered, but 84 are counted here

b parents in Guyana were all interviewed in an emergency night shelter and were not necessarily parents of children aged 0–17 years so their responses have not been included in the analysis

More boys than girls were interviewed, especially in India and Brazil as illustrated in Table 2 and more women than men were interviewed for Indicator 5, except in India.

Table 2

Number of girls/women, boys/men interviewed for Indicators 4, 5 in each country

Country	Indicator 5 Children		Indicator 5 Parents		Indicator 4 Children		Total children interviewed	
	m	f	m	f	m	f	m	f
Brazil *	57	36	20	54	39	38	**96**	**74**
Guyana **	6	4	6	4	41	47	**47**	**51**
India	53	22	25	25	60	15	**113**	**37**
Russia	9	8	4	21	26	21	**35**	**29**
South Africa	13	12	5	25	47	57	**60**	**69**
Total	**138**	**82**	**60**	**129**	**213**	**178**	**351**	**260**

*   gender according to the child information in the child questionnaire

**   parents in Guyana interviewed for indicator 5 were in an emergency night shelter and were not necessarily parents of children aged 0–17 years

As illustrated in <u>Table 3</u>, most children interviewed for both indicators 4 and 5 were aged 10–15 years of age across all countries. Many younger children aged 7–9 years, were also interviewed especially in Brazil and Guyana.

Table 3

Number of children in each age group interviewed for indicators 4 and 5

Indicator 4						
Age	Brazil	Guyana	India	Russia	South Africa	Total
0–6	0	6	0	1	0	**7**
7–9	18	14	0	4	1	**37**
10–12	51	18	37	10	38	**154**
13–15	7	33	28	15	37	**120**
16–17	1	17	10	17	19	**64**
No age given					9	**9**
Total	**77**	**88**	**75**	**47**	**104**	**391**

Indicator 5						
Age	Brazil	Guyana	India	Russia	South Africa	Total
7–9	14	0	8	0	1	**23**
10–12	23	3	41	2	14	**83**
13–15	42	6	23	9	4	**84**
16–17	14	1	3	5	1	**24**
18–19					2	**2**
No age given				1	3	**4**
Total	**93**	**10**	**75**	**17**	**25**	**220**

Ethics

The project participants agreed that the ethical code for the study would ensure that informed consent is secured from each child interviewed and from their usual caregiver, parent or guardian if there is one, as well as from parents or caregivers interviewed themselves. The participants also agreed to ensure anonymity of the participants when presenting the results of the interviews. Information was collected by a professional known to the child or parent in the course of an interview conducted with each child or parent individually. The following text was used and adapted by each organization to introduce the study to the informants and to secure informed consent:

> *"Information gathering is conducted with the informed consent of parents or official representatives of the children and of the child. The respondent should be informed that all responses will be used only in generalized form and completely anonymised for analysis into a report that will be used to compare the differences between countries in providing support to families and which can help to draw attention to the need to provide support to families."*

Only CINDI has a formal process for reviewing ethics in research with children and went through this process. All other participants implemented the agreed ethical code summarized here and in each data gathering instrument (Annex 1).

2.3 Data entry, coding and analysis

Qualitative data was entered into excel matrices and then into SPSS where factor analysis was conducted for some the qualitative data. Direct speech of children and parents provides additional qualitative insights into the experiences of respondents. Following initial data entry, the researchers gathered again in a workshop setting to analyse responses and to agree on a way of coding each of the key questions to enable comparison between different contexts and settings. The code books were harmonized and each researcher team then coded their data accordingly. Where exceptions or new codes were required, each researcher added the code with a description of why it is needed and how it differs from existing codes. The final report was drafted by one researcher, but with inputs from country reports and individual researchers both during workshops and in subsequent communications.

3. FINDINGS FROM QUANTITATIVE INDICATORS 1, 2 AND 3

Identifying ways of comparing statistics and quantitative information about children outside of parental care arrangements and the support and services that they receive before leaving the care of parents or family appears to be a major challenge. The indicators used in each country to monitor the child protection and family support system differ between countries and the available data is not always comparable between countries.

Children in informal kinship care in India, Brazil and South Africa, for example, represent a significant number of children outside of parental care arrangements that are simply not counted by the child protection and family support systems as they are considered to be in family care like other children who are being cared for by parents. In South Africa, the introduction of the grant for foster carers, often grandparents, formalized some of these arrangements and generates data that can help to identify children in grandparental care, the services and support they receive and the outcomes from that support. There are many millions more children nevertheless in South Africa who are in informal care of relatives and about whom little is known with only approximate estimates available to describe their situation and experiences.

Estimates of the numbers of children living on their own, and the differences between street contact or street living children, are also very difficult to define in any of the countries, but especially in India and Brazil. Box 1 summarises some of the challenges experienced by Butterflies in gathering quantitative data on children outside of parental care arrangements in India.

3.1 Indicator 1 — the proportion of the child population outside of parental care arrangements or outside family care

While each of the countries has a child protection agency responsible for registering children at risk, the way in which risk is defined differs and therefore data is not always comparable. Data gathered for Indicator 1 by the project partners, does provide some interesting and useful insights into the different situations in each country and comparisons between them.

Box 1
Challenges in gathering quantitative data about children outside of parental care arrangements in India
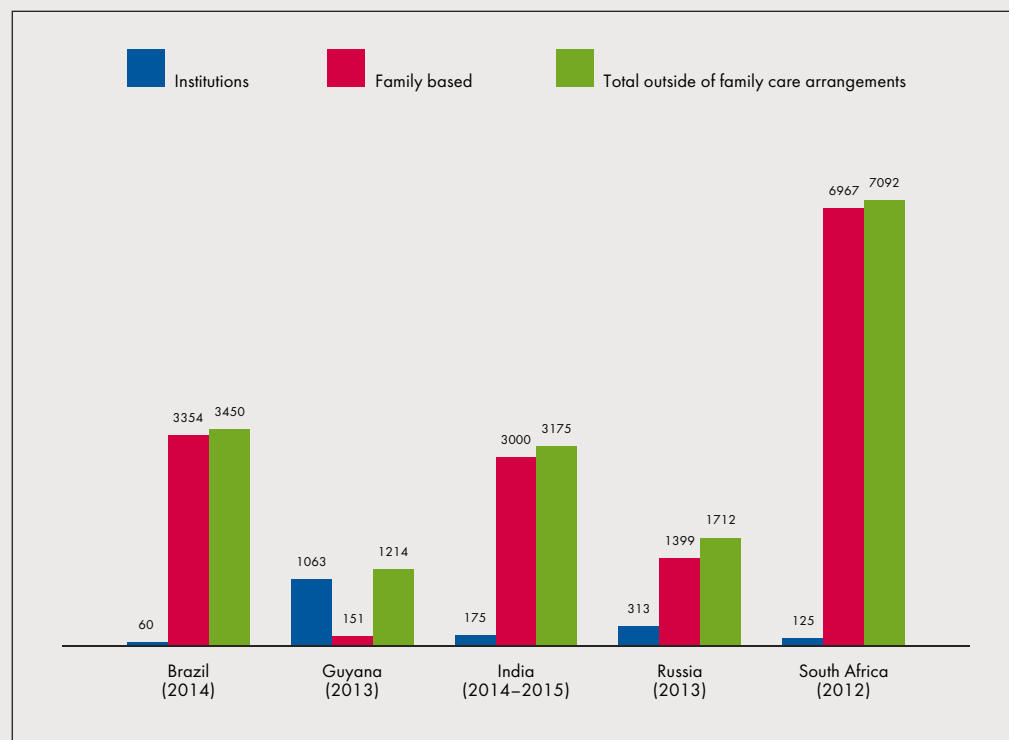
The major challenge in conducting this study was in the data gathering for measuring the quantitative indicators. India with a billion plus population and more than 422 million children lacks a proper tracking mechanism on various aspects of 'how its children live'. The hurdles that came cross during the study are mentioned below-

Defining 'Children outside of parental care or at risk of losing parental care' became a challenging task due to the difficulty in finding the exact number of children outside parental care as they included children living in residential care, with extended or foster families, in child only households, in juvenile detention, on the streets or with employers. Due to the absence of the yearly central tracking mechanism or the census has caused a large number of data to be missed out for most of these categories. For instance, residential care institutions which are funded by the government are accounted in the annual report of the respective Ministries, but several residential care institutions run by State governments, NGOs or private institutions, have no record in the central system. In addition, even though the census counts the number of orphanages at the district level, it has never given the data on number of orphans in the country. The same problem is applicable with the category of street children, children at boarding schools, children living in female headed households and with extended families.

Butterflies, Loss of parental care index — India (report — September 2016)

The proportion of children outside of parental care arrangements provides a broad-brush picture of the scale and breadth of the issue in each country as illustrated in Figure 3.

Figure 3
Number of children outside of parental care arrangements per 100,000 child population for various years in Brazil[a], Guyana[b], India[c], Russia[d] and South Africa[e]

Legend:
- ■ Institutions
- ■ Family based
- ■ Total outside of family care arrangements

Data values:
- Brazil (2014): 60, 3354, 3450
- Guyana (2013): 1063, 151, 1214
- India (2014–2015): 175, 3000, 3175
- Russia (2013): 313, 1399, 1712
- South Africa (2012): 125, 6967, 7092

a   Child population from 2010 census; includes an estimated 2m children living on the streets, 36,032 children in residential care, 1128 children in foster care (UNICEF/ABTH, 2014); does not include an estimate for children living in informal kinship care arrangements or children in adoption

b   Child population 0–19 years 2012 census

c   Mid-Year Estimated Children Population for 2014 (Registrar General of India/Census Commissioner, Ministry of Home Affairs); children in all types of residential care includes boarding schools 2014-2015; includes an estimated 3% of the child population living with neither parent although both parents are alive (based on UNICEF MICS, 2000) all counted as living in family based care although they could be living with employers or categorised in other ways; does not include children in adoption

d   Child population end of 2014, children in care end of 2013

e   Child population 2012, children outside of parental care arrangements 2012 (Children's Institute) includes 1,207,000 children living with relatives, mother deceased — both formal and informal arrangements and 87,000 children in child headed households. Does not include 3,094,000 children living with relatives, mother lives elsewhere

The data presented in Figure 3 illustrates the extent to which children in South Africa have no living mother compared to other countries. If the full number of children were to be included who are living with relatives but with a living mother, an estimate for which was included in the India data, then the columns would be off the chart as around 24% of the child population of South Africa lives with relatives, with a mother living elsewhere. The data highlights the extent to which children in Brazil, India and South Africa are much more likely to be in kinship care than in residential care. The Russian system relies more heavily on residential care than the systems in these three countries. In Guyana, children in need of care are more than three times as likely to end up in residential care than children in Russia and children are unlikely in Guyana to end up in family based care if they are outside of parental care arrangements. This data does not include estimates for street children as they were not provided, except in the case of Brazil where they have been included in the 'family based care' category as the 2m estimate may represent children who are in contact with the streets and living with relatives rather than children living on their own on the street. The data presented in Figure 3 does not include an estimated 100,000 to 125,000 children living on their own on the streets of India's large cities[12] nor an estimated 12,000 street children in South Africa.

Overall, the proportion of the child population living outside of parental care arrangements in South Africa is much higher than the 7% indicated here (if children living with relatives but with a living mother are included) and the vast majority live in kinship care arrangements whether formal or informal with only a tiny proportion living in residential care.

The proportion of children living outside of parental care in India is likely to be slightly higher if children living on their own in the streets are included. Overall, in India, as in South Africa, children living outside of parental care arrangements are most likely to be living in kinship care (whether formal or informal) and only a very small proportion of the child population 0.175% lives in formal alternative care, mainly residential care. This percentage would be even lower if children in rural boarding schools for gifted children were to be excluded, however if all the

12   Mondal, N.K., 2013 http://www.streetchildrenresources.org/resources/commercial-glue-sniffing-and-child-health-indian-street-children-are-at-a-risk/ (accessed 05.04.2017)

state level and NGO residential facilities were to be included, this percentage could be considerably higher.

The situation in Brazil seems to be fairly similar to that in India and South Africa with the majority of children outside of parental care arrangements living in informal kinship care, but in the absence of a reliable estimate for the number of children living in informal care in Brazil, the 2m street children estimate included here as children in 'family-based' care can stand only as a rough proxy for children outside of parental care arrangements.
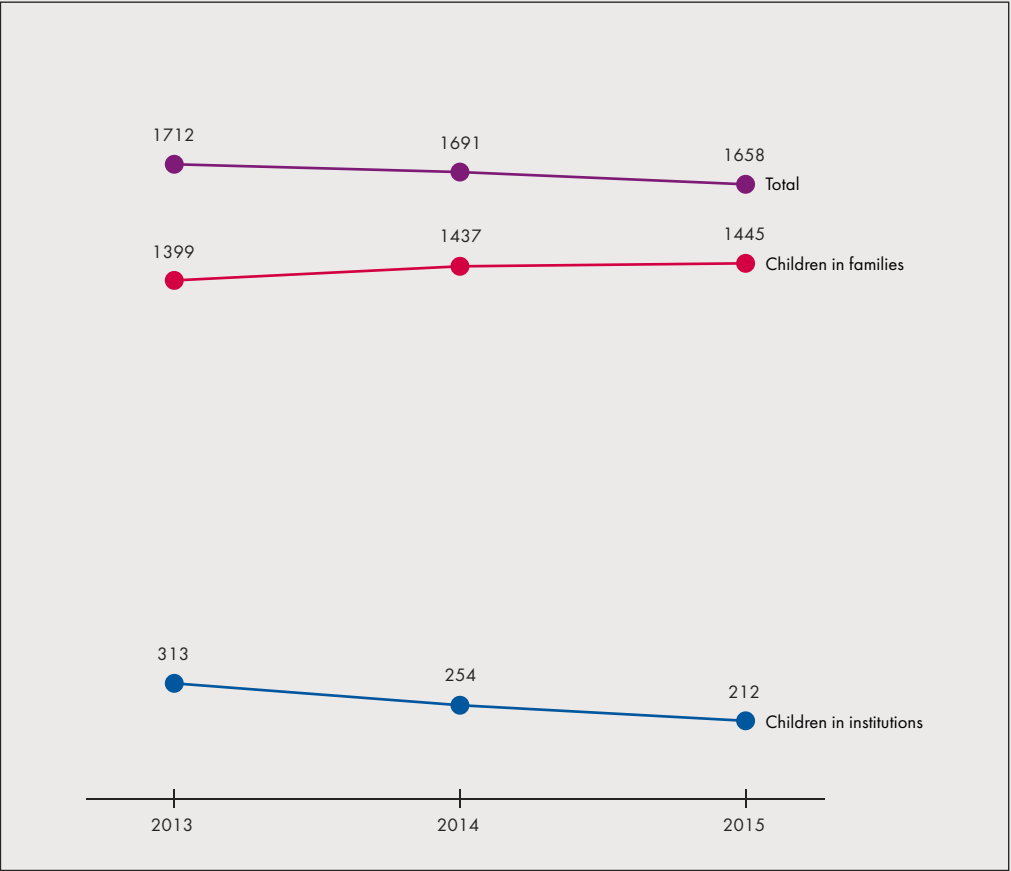
Formal residential care features significantly in Russia and even more so in Guyana as a way of providing care for children outside of parental care arrangements compared to the other three countries. But overall it seems likely that the proportion of children living outside of parental care arrangements is much lower in Guyana than in any of the other countries with only 1.2% of the child population outside of parental care arrangements and in Russia with 1.7%. The Russia data, however, is not complete as the children counted in this data are only those with the official legal status of being without parental care and there are many more children living outside of parental care arrangements temporarily or permanently (for example in specialised institutions for children with disabilities, in informal kinship care or in temporary residential care shelters for many months of the year) who are technically considered to be legally 'in the care of their parents'.

Given the discrepancies in data, the difference in the time periods for which data has been provided and the absence of reliable data for some children outside of parental care arrangements, it is difficult to draw any conclusions from these comparisons, although this indicator does help to illustrate the scale and scope of the issue in each country and to set the context for the other indicators. Knowing that death of a mother is such a significant factor in the lives of so many children in South Africa, that residential care facilities are proportionally more common than family based care in Guyana and that children who are in formal care of any kind is so low in Brazil with only 1128 children in foster care and 36,032 children in residential care in 2014 representing only 0.06% of the child population helps to frame understanding of the data gathered for the qualitative indicators and to give context to the other indicators. Looking at each country in

turn, Indicator 1 can shed light on different aspects of the population of children outside of parental care arrangements.

The most recent data for Russia for indicator 1 tends to suggest that the overall proportion of children in formal care has begun to decrease having been increasing and then static for many years as illustrated in <u>Figure 4</u>.

Figure 4
Number of children without parental care in formal residential or family-based care per 100,000 child population in Russia 2013–2015

The decrease is slight and is based on using the same child population data for all three years, so in fact might be slightly greater or smaller depending on actual child population. It is clear, however, that the proportion of children in residential care appears to be falling as the Russian child welfare reforms continue to place more children in family based alternative care than in residential care.

This indicator can also highlight some interesting characteristics of the children who are outside of parental care arrangements by, for example, comparing differences between sub-national administrative territories as illustrated in Figure 5 where the data for KwaZulu-Natal (KZN) province is presented compared to the national average for South Africa as a whole.

Figure 5
Number of children outside of parental care arrangements in KZN and South Africa per 100,000 child population
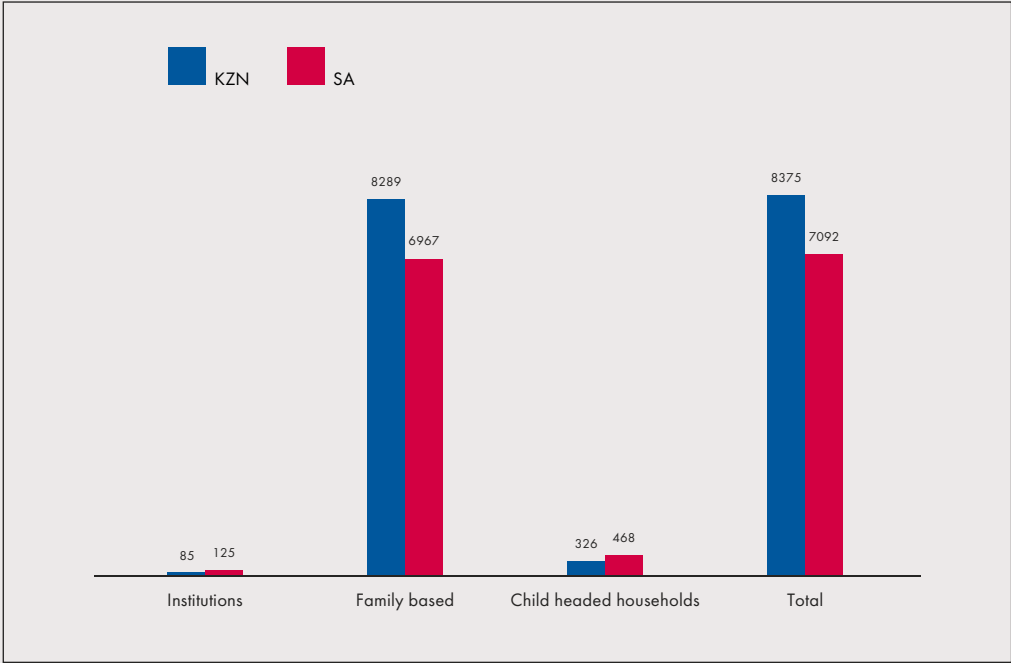
Source: CINDI, based on Children's Institute reports and surveys, 2012

Figure 6
Number of children in residential care in Guyana per child population of the same age in 2012
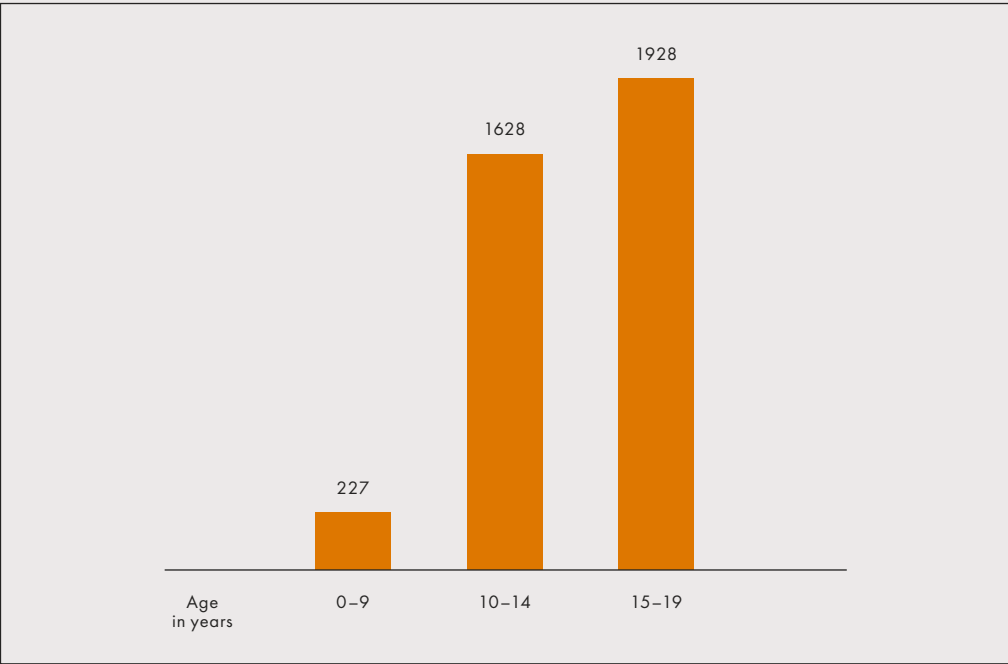
Source: Childlink, based on 2012 census data

The overall rate of children outside of parental care arrangements in KZN in 2012 was higher than for South Africa, but the use of residential care was almost half the rate in KZN compared to the whole country and the rate of children in child headed households was lower in KZN than the whole country [13]. This could be because there are fewer residential facilities available in KZN or it could be that they are not required as relatives are able to cope with the need for alternative care to a greater extent than in other provinces.

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13   The situation has changed since 2012 with the proportion of children in child-headed households in KZN now higher (0.4%) than the national average (0.3%) according to the most recent data. For more details, see http://www.childrencount.org.za/indicator.php?id=1&indicator=17

In Guyana, it is interesting to note that older children are significantly more likely to be in residential care than younger children with the likelihood rising even further into young adulthood for children aged 15–19 years. In contrast, younger children under three years of age in Russia are more likely to lose parental care than older children and to be cared for in guardianship and residential care or placed into adoption [14].

3.2 Indicator 2 — children receiving support before referral to the child protection authorities and Indicator 3 — use of social services or preventive family support interventions by the child protection authorities after referral

Data for indicators 2 and 3 were even harder to gather and compare as each child protection and family support system has a different way of defining children at risk generally and of organizing and gathering information about children at risk of losing parental or family care. For indicator 2 each country was asked to provide data on the number of reports to the child protection authorities concerning children left without parental care or concerning violations that would lead to removal from parental care arrangements (such as violence, abuse, neglect or other threats to life and health). This was an attempt to understand whether children who are really at risk of separation from parents or family are receiving preventive services before coming to the attention of the child protection authorities.

In South Africa and Russia for example, reports of child rights violations are counted in general and could represent a violation of the right to education or non-discrimination as well as the violation of rights that could lead to separation from family or parents such as neglect or violence. In Guyana, the Child Protection Committee not only intervenes in cases of violence or neglect, but also oversees the provision of services generally to children and families including counselling for children, capacity building and counselling for parents, support in registering births, court services, poverty assistance and housing support. It is difficult to disaggregate the cases where children are at risk of separation from those where there is no risk, but support has been provided anyway.

The data for indicators 2 and 3 that was gathered and could be used for at least some kind of analysis is presented separately for each country that reported relevant data.

Russia

Referrals to the child protection system in Russia are more likely to come from the police than any other single source (which means that it is very late in the situation and probably something serious has already happened to the child). The data for 2013–2015 as illustrated in <u>Figure 7</u> present a static picture suggesting that the system is not really changing unlike indicator 1 where the data suggest more significant change with overall fewer children per 100,000 child population in need of alternative care in 2015 compared to previous years.

Figure 7
Indicator 2 — percentage of referrals to the child protection authorities from education, health, social services or police about children left without parental care or in situations representing a threat to their life and health 2013–2015 [a]

a   Discrepancies in addition of the figures in the columns are due to rounding

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14   See for example https://www.unicef.org/ceecis/UNICEF_Report_Children_Under_3_FINAL.pdf

Data gathered for indicator 3 in Russia, however, offer a slightly different picture as illustrated in Figure 8 where greater use of social services rather than education and health services by child protection authorities can be observed in 2015 compared to the previous two years confirming possibly the more dynamic picture of change suggested by indicator 1 data.

The overall number of children being referred to these types of services by child protection authorities has fallen from 17,232 children in 2013 to 11,278 children in 2015 with a higher proportion of referrals to social services in 2015 than in previous years.

Figure 8
Indicator 3 — referrals to organisations providing social services by child protection authorities in Russia 2013–2015 compared to referrals to health or education services
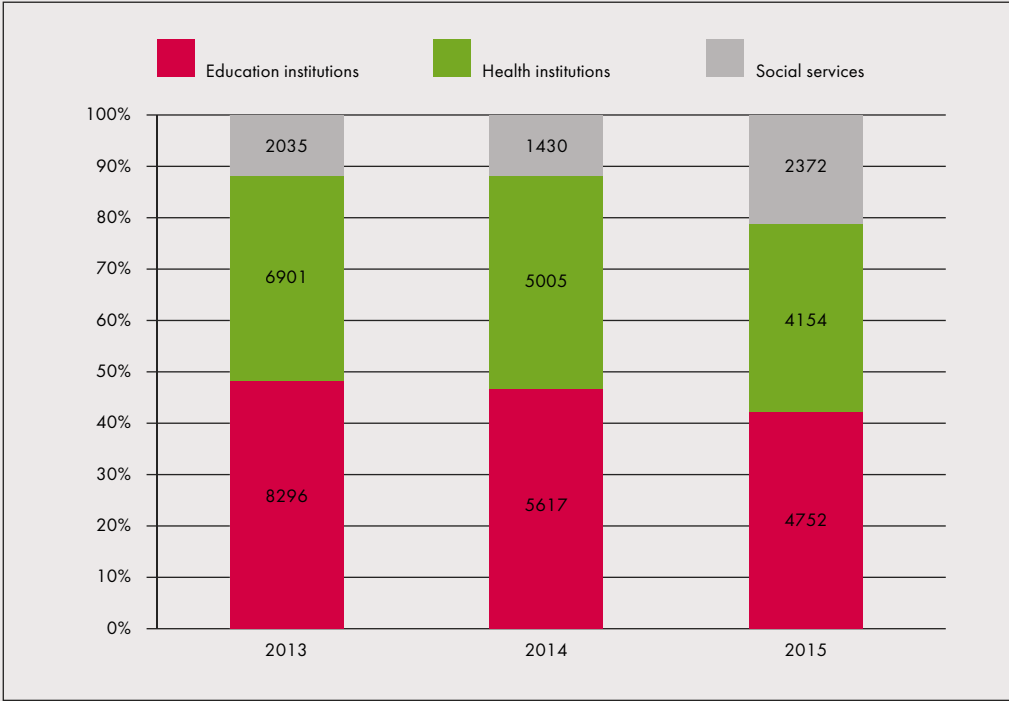
Source: P4EC Russia, based on Ministry of Education child protection data for 2013–2015

Guyana

Childlink provides the following definition of children at risk of losing parental care: *"children who fall into the category of experiencing any form of abuse which is meted out to the child by the parent or caregiver and in cases where the parent or caregiver is unable to take care of the basic needs of the child"*.

For indicator 2 an average of 2884 child rights violations were identified each year for 2013–2015, but a breakdown of the sources of referrals is not provided that could give an indication of whether children have received services before being referred to the child protection agency. More insight into the system can be found in the way that the child protection agency refers children and families on to other services. The child protection agency provides several thousand services categorized as 'child counselling', 'prevention of separation' and 'parent counselling' each year, many more than the number of referrals for child rights violations. This could be a sign of a system that is providing interventions to support and strengthen families or it could be service providers counting services delivered rather than clients in order to emphasise greater levels of activity. Only a relatively small proportion of children, 265 in 2013 and 294 in 2015, are identified as being outside of parental care and in need of alternative care. In these cases, a quite high proportion, 51% in 2013 and 39% in 2015, were referred to residential care including drop-in centres, both through voluntary placement and through court ordered placements. The remaining children appear to be placed in various forms of formal or informal kinship care or other family-based care.

The data provided for indicators 2 and 3 therefore tends to further confirm that while there may be nearly 3000 reported child rights violations on average each year, these children largely receive preventive and supportive services and interventions organized by the Child Protection Authority under the Ministry for Social Protection. The small number of children who require alternative care each year (around 280 children on average or 10% of those identified as having had rights violations), however, are likely to be placed into some form of residential care and those who are placed with relatives or in other family based care may not continue to be counted as being in care unless it is formalized, court-ordered care. The proportion of children in family based care appears to be low under

indicator 1 therefore, although around 50–60% of children in need of alternative do seem to be referred into family based care in any given year.

South Africa

Data provided for South Africa by CINDI suggests that there are several different ways of registering child rights violations, but the most relevant to Indicators 2 and 3 and comparable to Guyana and Russia is 71,352 children registered by the Department of Justice in 2012/2013 as *"children found in need of care and who have been referred to a Children's Court after an investigation by a Social Worker has been conducted. This data includes cases for the removal of the child, but also cases where the court will order prevention and early intervention programmes for the parent and/or child."*

The data does not permit analysis of whether children received services and support *before* referral to the Court, but indicator 3 data suggests that around 1/3 of these children are subsequently referred to Child and Youth Care Centres that "*include residential facilities for the temporary safe care of children (formerly places of safety), reception, care and development of children (formerly children's homes), reception development and secure care of children (formerly schools of industry and reform schools) and reception and care of children living and working on the streets (formerly street children shelters). CYCC may also offer programmes for children with chronic illness, addiction to dependence producing substances, psychiatric conditions or children who need assistance with transitioning out of care."*

India

Butterflies reports that: *"Considering loss of parental care of children in India, Police, Child Welfare committees and CHILDLINE India Foundation constitute the major intervening bodies which primarily address and work in collaboration with different departments of the Ministry. Together with these systems or unconnectedly, NGOs; other voluntary organizations; or group of people from the community or from their families often initiate themselves to support children and families at risk of loss of parental care, mostly after the children lose their parents. However, the system for documenting any support before it comes to child protection bodies is subsequently not prominent in India. In this context, in order to understand the extent to which the support services addressed the issue- 'loss of parental care' among children before they lose care of their parents and being referred to the child protection organs, this report depended on the latest available data for 2014 from outreach work of CHILDLINE India Foundation which indicates 206,984 child rights violations in that year."*

Of these violations reported through Childline 27, 803 cases or 13% had been referred from outreach services and had therefore received a supportive intervention before referral. This compares to 20% of referrals to the child protection authorities in Russia coming from social services providing organisations. It seems likely, however, that some children coming through the Childline system may have received supportive, preventive services from other organisations other than Childline, but that this support has not been registered.

Given that indicator 2 can only be at best a proxy for having received support before coming to the attention of the child protection authorities, again, indicator 3 provides additional information about how the child protection authorities react and what further support children receive. Table 4 summarises Butterflies' report of numbers of children at risk of losing parental or family care and the interventions to which they are referred which highlights the focus on education services.

A range of services are available with a focus on education and including both residential and non-residential interventions. The social services reported include a school transport scheme as well as the creche for the children of working mothers. It is difficult to compare this information with that provided for Russia, Guyana and South Africa, or for indicator 1 in part because data was provided for the numbers of children in the services as a whole and not the numbers that entered during the year.

Table 4
Services to which children identified as being at risk of losing parental or family care are referred

INDICATOR 3 — India summary	2014–15
Children referred to children's homes or boarding schools in the education system[a] — includes some non-residential provision	700,355
Children referred to social services which provide mandatory support to family[b] — includes 588,000 children receiving services from Rajiv Gandhi National Creche Scheme for Children of Working Mothers	680,419
Children referred to other services: Scheme for Welfare of Working Children in Need of Care and Protection or interventions by CHILDLINE (restoration, shelter, protection from abuse and rehabilitated children who were in conflict in law)	60,416

a   Not including 1,477,000 children enrolled in 'Special Training for mainstreaming out of school children'

b   Not including 2,503,000 children with special needs enrolled for Inclusive Education

Source: Butterflies, Loss of parental care indicators report, 2016

3.3 Overview comparative analysis of quantitative indicators ✣

Indicator 1 provides an opportunity to broadly characterise the different child protection and family support systems and compare across five countries the scale of the issue of children outside of parental and family care arrangements. The proportion of children outside of parental or family care arrangements, cannot be taken alone as an indicator of the effectiveness of the family support and child protection system to prevent *unnecessary* separation given the high proportion of children who do not have parents at all, as they have died — so starkly illustrated by the data from South Africa, where at least one parent is dead for 7% of children. Without understanding the proportion of children in Russia, India, Guyana and Brazil for whom one or both parents are also dead, it is almost meaningless to

take this indicator alone as a measure of effectiveness in preventing unnecessary separation. Given, however, the data that emerges from the interviews with children and parents presented in the next two chapters, it becomes clear that a significant proportion of children in the other four countries also have at least one dead parent and that in South Africa, as in other countries, the absent parent who is still alive could, in theory at least, be playing a greater role in the care and support of his or her child. Indicator 1 therefore, with some adjustment to account for unavoidable loss of parental care arrangements (through death or imprisonment of parents), could help to provide a means of broadly monitoring effectiveness of family support and child protection services in preventing *unnecessary* loss of parental care arrangements such as migration for economic reasons (a common reason for separation from at least one parent in both South Africa and India, often the only living parent, according to the project researchers), in the absence of other poverty alleviation or employment support mechanisms.

Indicator 1 also suggests that Brazil[15], South Africa and India are characterised by apparently high levels of informal kinship care and overall quite high proportions of children outside of parental care arrangements compared to Guyana and Russia, but with relatively low use of residential care services to provide alternative care, relying instead on relatives to provide care.

Although data for indicators 2 and 3 was more difficult to gather than for indicator 1 and comparisons are more difficult to make, some characteristics do emerge. The child protection systems in each country tend to identify children at risk quite late, when they have already come to the attention of the police, the court system or the child protection system. The child protection systems in India and Guyana seem most proactive with a range of options to support children and families available in Guyana and only a small percentage, around 10% of those identified as facing challenges where children's rights have been violated, being referred for alternative care services. Of these, however, a relatively high proportion appear to be referred into residential care compared to other countries although 50–70% are referred into family-based care this is not fully reflected in Indicator 1 data and these anomalies require further research.

15   Although estimates of children in informal kinships care were not provided for Brazil, the numbers of children classified as street contact children have been taken as a proxy as they have had at least some contact with the system of child protection, in fact the numbers of children in informal kinship care might be even higher than the approximate data presented for Brazil in Indicator 1

In India, the Childline system and the Integrated Child Protection System, seem to be providing pro-active outreach trying to identify and respond to the reasons for children being on the streets including accidental separation from parents as well as children experiencing extreme challenges of substance abuse, deep poverty, abuse, neglect and violence in their families and on the streets. The responses of the system are very focused on education compared to other countries and rely to a certain extent on providing temporary and long-term residential care services with the primary purpose of ensuring access to education. Services that are more preventive and reach children when they are still in the care of their parents or main caregivers (e.g. grandparents) are more limited with a focus on crèche services for working mothers.

Some of the comparable data presented in <u>Table 5</u> suggest that once children come to the attention of the child protection authorities in any of these four countries they are more likely to enter alternative care (often residential care) than to be returned to the care of their parents (or primary caregiver) and there appear to be few, if any, services, except possibly in Guyana, that are working with children and parents experiencing serious crises to try and prevent entry into formal care or informal kinship care.

The main other common referral is to formal or informal family-based care — guardianship, foster care, kinship care. As discussed elsewhere in this report, informal or formal kinship care seems to be considered as form of care equivalent to parental care in all five countries and, if it is available, then this course may be adopted by the child protection authorities to provide either temporary or long term alternative care without further significant investment in supporting parents at the point when children come to their attention.

Table 5

Percentage of those identified by child protection authorities as being without parental care or at risk of losing parental care arrangements returned to parents or sent to residential services in 2012, 2013 or 2014 — Guyana, India, Russia, South Africa

Referrals from child protection authorities	Returned to parents	Sent to residential services
Russia (2013)	9%	21%
Guyana (2013)	15%	51%
India (2014)	10%	56%
South Africa (2012)	No data	33%

Source: P4EC Russia; Childlink (Guyana); Butterflies (India) and CINDI (South Africa) all based on published research or official government data

4. FINDINGS FROM QUALITATIVE INDICATOR 4 — WHAT CHILDREN KNOW ABOUT THE REASONS FOR BEING OUTSIDE OF PARENTAL CARE ARRANGEMENTS

4.1 Overview of children interviewed

Only children who were willing and ready to share their experiences were included in this study. A few children withdrew after hearing that the interview was about their parents and former incidents in their lives. Informed consent was obtained from the interviewed children and their legal guardian if they had one. Children interviewed were in a range of different care settings at the time of the interviews as summarized in Table 6.

Most children interviewed were living in some form of family-based alternative care, mainly with relatives (167 children in formal or informal kinship care arrangements). The researchers discussed at length the differences between foster care, informal kinship care, formal kinship care and guardianship and it was decided to maintain a distinction between these different forms of care in order to see if there are any differences or similarities that are worth further exploration. In Brazil, India and South Africa for example it is common practice for relatives, especially grandmothers, to care for children with these care arrangements not always being formalized. Children in these types of care arrangements are perceived as being in the care of their own family and often the state has no role in providing support or protection. The number of children in this type of care is not known. In some cases, this type of care may be formalized for example in South Africa many grandparents have become foster carers and qualified for a foster care grant. In Brazil, foster care is a temporary arrangement and lasts up to two years. In Russia, guardianship, usually of relatives and especially grandparents, is one of the most common forms of alternative care provision, but long-term placements with trained and remunerated foster carers, who are usually not relatives, is increasing as use of institutional care decreases. In some regions of Russia, informal kinship care may also be prevalent, but lack of data makes it difficult to describe the extent or nature of this care provision with any accuracy.

Table 6
Care settings of children interviewed for indicator 4

Type of care setting	Brazil	Guyana	India	Russia	South Africa	Total
Foster care	3	21		17	27	**68**
Formal kinship care or guardianship (could be with relatives)	21	24	1	14	22	**82**
Kinship care	52	5	24	4		**85**
Institutional care, parents without parental rights		27	2	5	26	**60**
Institution, shelter or other residential facility with status «left without care» or pending its determination			23	7		**30**
Institutional care at parental request					6	**6**
Children living by themselves/ street living children (except in Guyana, street connected children)	1	11	25		23	**60**
All forms of care	**77**	**88** *	**75**	**47**	**104**	**391**

* Responses from eight Guyanese children aged 2-7 years were not included in the analysis presented in this chapter as the questionnaire was not designed for use with younger children and their responses (or responses of their guardians) cannot be considered valid for the purpose of this analysis.

4. Findings from qualitative indicator 4 — what children know about the reasons for being outside of parental care arrangements

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Street connected or street living children represented around 15% of the children interviewed and of these, 48 (81%) were boys and 11 (19%) were girls (one 17 year old girl from Brazil who was living alone 'with friends' and from South Africa 8 street living girls aged 12–17 years linked to a shelter and 2 girls living in the shelter but not on the streets).

4.2 Knowledge of parents

A total of 382 girls and boys answered questions about their knowledge of their parents (see Figures 9a, 9b, 9c) and in all five countries more children have knowledge of their mother than of their father except in India where the levels of knowledge of mother and father are about the same. Children in Brazil, Guyana and India are more likely to know something about their father than in Russia and South Africa where knowledge about fathers was low with only just over a half of the children interviewed in Russia and under half in South Africa knowing anything about their fathers. Overall only just over half of the children interviewed have knowledge about both of their parents.

It is notable that the proportion of children with no knowledge of both parents is quite high in South Africa and India and significantly lower in Brazil and Guyana. This may reflect the high proportion (23%) of children who were interviewed from South Africa whose mothers were dead and the large numbers of Brazilian children interviewed who are living with grandparents in informal care and maintaining contact with their parents. Of 90 children in institutional care who were interviewed, the vast majority were from Guyana, India and South Africa and Figure 10 illustrates that in India these children are significantly more likely to know much less about their parents, than their peers living in family care arrangements or living alone.

Figures 9a–9c
Knowledge of parents [a]

9a

Knows mother
Does not know mother

9b

Knows father
Does not know father

9c

Knows both parents
Knows one parent
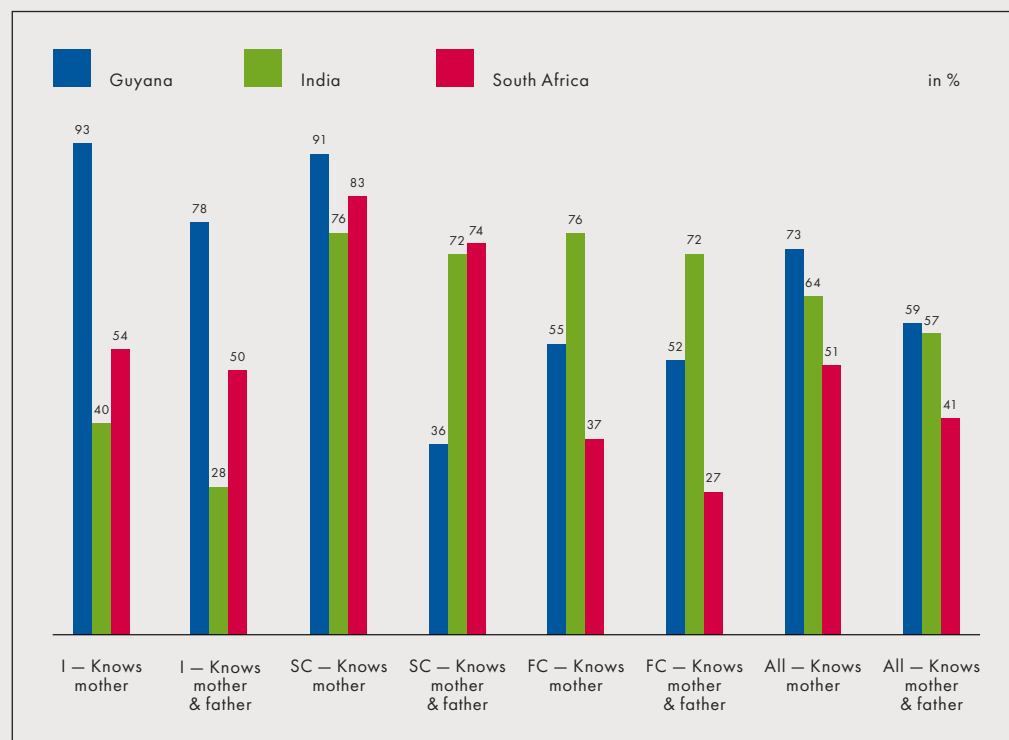Does not know both parents

a   Discrepancies in addition of the figures in the columns are due to rounding

Source: interviews with children aged 8–18 years

Figure 10
Knowledge of parents among children in Guyana, India and South Africa
in institutional care (I), living alone or street living (SC), in family based care (FC)

Source: interviews with children aged 8–18 years

Children living in family based care (kinship care or foster care) in South Africa are very much less likely than their peers in institutional care or living on the streets to have accurate knowledge of their parents. Twenty children in this form of care said they had knowledge of their parents, but the social workers conducting the interviews reported that their knowledge is not accurate. Again, this may reflect the South African context where many children lose their mother to HIV/AIDS very young and grandparents or other relatives providing alternative care may not inform the child of their care situation. In Guyana, children in institutional care have better knowledge of their parents than children in family-based care.

"Ma mother is S-a R she live in Denamstel. I do not know [father's] last name he living in Denamstel all two of them die. I living in Denamstel now with ma grandmother. Me isn't know how long I living at granny... before ma father died he sen me with ma granmother I like live tha. I was eight when ma father die." (9 year old boy, living in kinship foster care with grandmother, Guyana)

"I live on the hill with my grandmother. My father is called J-r and my mother is F-a. They both live on the hill too. I used to live in my mother's house before. My grandmother took me when I was one year old, I live with my grandmother because my sister bothers me." (10 year old boy, living in kinship care with grandmother, Brazil)

"My father is in the village, but he doesn't keep me with him. I don't know my mother. I came here because my uncle couldn't keep me as he had his children. If my father wants to keep me with him I would go." (16 year old boy in residential care, India)

"I live in Azalea. No, [I don't know my mother who gave birth to me or my father]. No, [I have never heard anything about them and have never heard their names]. I don't know how long I have lived with grandmother or why." (11 year old girl, kinship foster care, South Africa)

4.3 Knowledge of reasons for being outside of parental care arrangements

Most children know the reasons for being outside of parental care arrangements, regardless of whether they have knowledge of their parents or not. Only 15% of children interviewed said they did not know why they were not in parental care arrangements (<u>Figure 11</u>).

4. Findings from qualitative indicator 4 — what children know about the reasons for being outside of parental care arrangements

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Figure 11
Percentage of children interviewed who say they don't know the reasons for being outside of parental care arrangements (53 children in total out of 382)
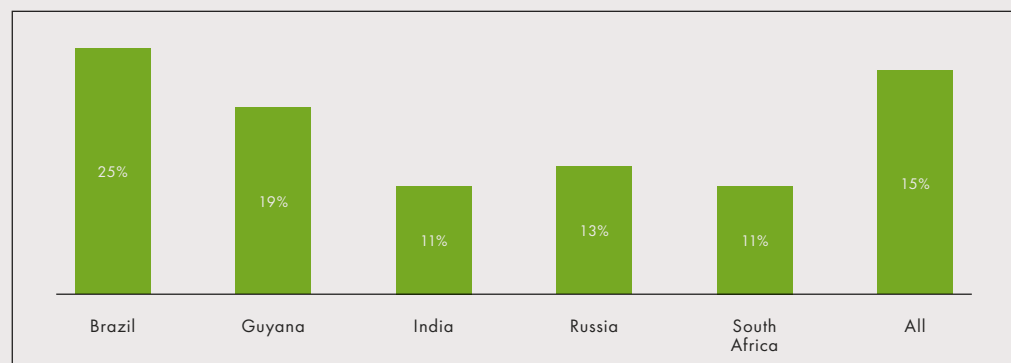
Source: interviews with children aged 8–18 years

While nearly all children in Brazil have knowledge of at least one parent, they have less understanding of why they are not living with their parents compared to children in other countries — 25% of the children interviewed in Brazil said they did not know or understand why they were outside of parental care arrangements. As a rule, the children who do not know why they are not in parental care arrangements in Brazil, Guyana, Russia tend to be children aged 12 years or younger, but this is not the case in India or South Africa where children of all ages up to 17 years old may not know reasons for being outside of parental care.

Children give a range of reasons for being outside of parental care arrangements and these were coded by the research teams using a standardized set of codes in order to facilitate comparison across countries (see Figure 12). There are clear differences in the main reasons across different countries, but in all countries the overall set of reasons are similar: death of parents, removal of parental rights (except South Africa and India), parents in prison, breakdown of grandparental care arrangements (or death of grandparents or informal carers), violence, neglect, poverty, alcohol or drug misuse, housing issues, relationship problems in the family.

In India six children interviewed mentioned education opportunity as the main reason for being outside of parental care arrangements. This reason was mentioned in one instance each in South Africa and Brazil and not at all in Russia or Guyana.

Figure 12 illustrates that death of one or both parents is the single most common reason children give for being outside of the care of parents. This may seem self-evident, but children mention death of both parents only in about 40% of the cases where deaths of parents are mentioned (48% in South Africa and 45% in Guyana). In Russia only 4 out of 19 children (21%) who mention death of parents said that both of their parents are dead. The reasons for the other parent not providing care then needs further clarification. One parent dead and the other parent absent is the situation for many of the children interviewed in South Africa who mentioned that a parent had died. In India, the death of a parent may also be accompanied by violence from step-parents, or being sent to a residential facility for education purposes, but the researchers have recorded only one reason for the analysis.

> *"My mother died due to illness when I was younger. My father married again. He is an auto driver. My stepmother is very bad. Both of them beat me up so I ran away."* (Boy, living alone, India)

> *"Father expired due to alcoholism. Mother lives in Delhi and she brought me here to study."* (Child, residential care, India)

Death of one or both parents may also in some cases be the story that the child has either been told or has invented to explain his or her situation to him or herself and more analysis is required to identify the extent to which the deaths mentioned by children in some cases reflect the real situation of their parents.

The differences in the dominant reasons in each country reflects local context. The very low number of mentions of poverty, finance or housing issues in South Africa compared to other countries, for example, could be because targeted social assistance programmes are having an impact in addressing poverty and bringing low income households up to a basic minimum income so children do not perceive lack of financial support to be a factor. The high numbers of mentions of parent deaths in South Africa is linked to the HIV/AIDS epidemic.

Figure 12
Reasons for being outside of parental care arrangements (n=440 mentions of reasons[a])

Brazil
- death of parent/s (one or both): 19%
- alcochol or drugs: 6%
- finance+home or parents working: 12%
- mother and/or father left: 25%
- neglected, abandoned or left alone: 9%
- violence: 4%
- death of carer/breakdown of kinship care: 0%

Guyana
- death of parent/s (one or both): 28%
- alcochol or drugs: 1%
- finance+home or parents working: 20%
- mother and/or father left: 6%
- neglected, abandoned or left alone: 18%
- violence: 15%
- death of carer/breakdown of kinship care: 3%

India
- death of parent/s (one or both): 39%
- alcochol or drugs: 9%
- finance+home or parents working: 16%
- mother and/or father left: 7%
- neglected, abandoned or left alone: 5%
- violence: 12%
- death of carer/breakdown of kinship care: 1%

Russia
- death of parent/s (one or both): 40%
- alcochol or drugs: 19%
- finance+home or parents working: 13%
- mother and/or father left: 6%
- neglected, abandoned or left alone: 15%
- violence: 2%
- death of carer/breakdown of kinship care: 11%

South Africa
- death of parent/s (one or both): 58%
- alcochol or drugs: 22%
- finance+home or parents working: 3%
- mother and/or father left: 14%
- neglected, abandoned or left alone: 38%
- violence: 26%
- death of carer/breakdown of kinship care: 22%

All
- death of parent/s (one or both): 38%
- alcochol or drugs: 12%
- finance+home or parents working: 12%
- mother and/or father left: 12%
- neglected, abandoned or left alone: 19%
- violence: 14%
- death of carer/breakdown of kinship care: 8%

a   Each child may give more than one reason except in India, where the researchers chose one main reason for being in the current form of care from a range of reasons and factors mentioned by children.

Source: interviews with children aged 8–18 years

Children living on their own in India present their reason for living on the street as being to earn money, but their narratives reveal a more complex picture of problematic family relationships, poverty, alcohol or drug use by parents and children as well as the child's individual perceptions about life and independence, responses to different types of abuses:

"I ran away from home and came here to work. I like to stay at the temple and make friends here; so I like staying here."
(Boy, 11 years, living by himself, India)

"I ran away from home because I got into substance abuse and mother used to scold and beat me. Most of the things I earn, I spend in buying substance and I stay with my friends."
(Boy, 11 years, living by himself, India)

Alcohol use in Russia and South Africa is a significant factor mentioned by children interviewed, as is drug use in India and Brazil. Mentions of absent parents, especially mothers, are notable in Brazil compared to other countries, but in many cases mothers continue to live nearby and continue to have contact with their children who are living with grandparents or other relatives:

"My mother is N-a, she lives next door to my house and my father, P-o, lives in x. I've almost always lived with my grandmother. I live here because I don't like my stepfather. We sleep in separate houses, but she takes care of me." (Boy, 13 years old, living in kinship care, Brazil)

"My cousin, grandmother and aunt live here. L-a is my mother, she lives here across the road. Fl-a is my aunt but I consider her to be like my mother. L-a wants to live here at home but my grandmother doesn't want that, she makes our house into a living hell." (Girl, 11 years old, living in kinship care, Brazil)

Death of grandparents or breakdown of grandparental foster care arrangements as well as non-relatives foster care is not mentioned by many children, but can be noted particularly in South Africa where these reasons are mentioned

4. Findings from qualitative indicator 4 — what children know about the reasons for being outside of parental care arrangements

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by children mainly in residential care or cluster foster care and in Russia by some children in residential care or foster care. Informal care arrangements, especially with grandparents, are a common response to the need for alternative care in South Africa, Brazil and Russia (where these arrangements are usually formalized as 'guardianship'), but children subsequently entering formal care or living alone suggests that there is a need to ensure support can be accessed by children in these types of informal care and by their carers when they need it:

> *"I ended up coming here, because I ran away from home… where I lived with my grandmother, aunt and uncle… because they wanted to beat me for something I did not do. I ran away to nowhere, I met with the police but I was afraid to speak to them and then I ran further to the forest and I ended up at my friend's place and spent the night there. I told my friend's mother everything and she accompanied me to the social workers that she knew and I told them my story, they asked my friend as well and she told them everything she knew."* (Girl, 15 years old, living in institutional care, South Africa, mother died in infancy and does not know her father)

There were no mentions of death of grandparents or breakdown of formal or informal care arrangements in Brazil as nearly all of the children interviewed were currently in the care of grandparents or other relatives.

Girls from South Africa and Guyana mentioned sexual violence and rape. Of 27 mentions of violence in South Africa, rape and sexual violence was mentioned explicitly by ten girls aged 10–18 years. In Guyana violence was mentioned by thirteen girls and boys, *'my mother beat me black and blue'* and four girls specified sexual violence and rape. In most cases rape and sexual abuse is mentioned by both Guyanese and South African girls as being committed by relatives (cousins, uncles, step-fathers and in one case a father).

How children came into their current care setting is described in sometimes minute and painful detail by some children suggesting that the events associated with entering an alternative care setting, especially if police, social workers or other formal authorities have been involved, may have caused trauma that has yet to be addressed through specialized, therapeutic support:

> *"[I have been here for] 5 years ‹…› a social worker came at 4pm and bring me here at the home."* (Boy, 14 years old, living in institutional care for 5 years, Guyana)

> *"I was at school, a white car with a social worker came to school… was during break time they called me and told me I was going to go somewhere. Then I got into the car, we first passed by home and we came here."* (Boy, 12 years old, living in institutional care after a foster care placement broke down and he was beaten by his foster mother, South Africa)

In India 31% of the children interviewed said that either a parent or relatives brought them to the place where they are currently being cared for; 23% of them reported they had run away from their homes, and; 17% of the children were not able to answer to the question as they do not remember how they had reached their current placement.

4.4 Support received that could have helped children to remain in parental care arrangements

This question was intended to identify whether children had received any formal or informal support before coming into their current care arrangements. In practice, for many children, this question was baffling as their parents were dead, or they thought their parents were dead, or they had been in the care of their grandparents or institutions since birth and had no concept of how support could have helped their birth parents. Some children responded that they did not want to go back to their parents, especially those who had run away from home in the first place or experienced violence or abuse at home. Many children answered 'I don't know' or gave no response to this question.

Those who did give answers, however, demonstrate in some cases considerable levels of awareness and understanding of both formal and informal systems of support reflecting the child protection and family support systems outlined in

section 3.1 of this report. Children mainly mention parents, grandparents, other family members and relatives as the first and main source of support especially absent fathers or mothers and grandparents. In some countries, especially Brazil, children mention the formal child protection structures and the welfare agencies and programmes that provide cash assistance or other types of support (such as the Bolsa Familia the targeted cash transfer programme for low income families in Brazil). Many of the children from India who are living on their own or in institutional care mention having been lost and picked up by the police or running away from home because of their own drug use or running away from violent step-parents.

Figure 13 illustrates how children in Russia seem to have had contact with services where they encounter 'specialists' to a much greater extent than children in other countries. This differs from a previous survey in Russia of a larger sample of children from more regions where the family featured more prominently in responses to this question [16]. Given the small number of respondents, this response could simply be a quirk of this sample of children, or it could be an indication that the system of family support services has become more active, as the quantitative indicators suggest, and therefore children are more likely to have encountered specialists such as psychologists and to be aware of them. Otherwise, in all other countries the formal child protection authorities are mentioned by children as well as much as family and grandparents combined.

The ways in which children responded to these questions about who or what *could have* provided help and who or what *did* provide help, suggest that the more hypothetical question (*could have*) gives less reliable answers and the more concrete question (*did help*) can generate responses that give insights into the child's experience of the system of child protection and family support and reflects the formal and informal nature of the support they have experienced.

Figure 13
Who could or did help? (in %)
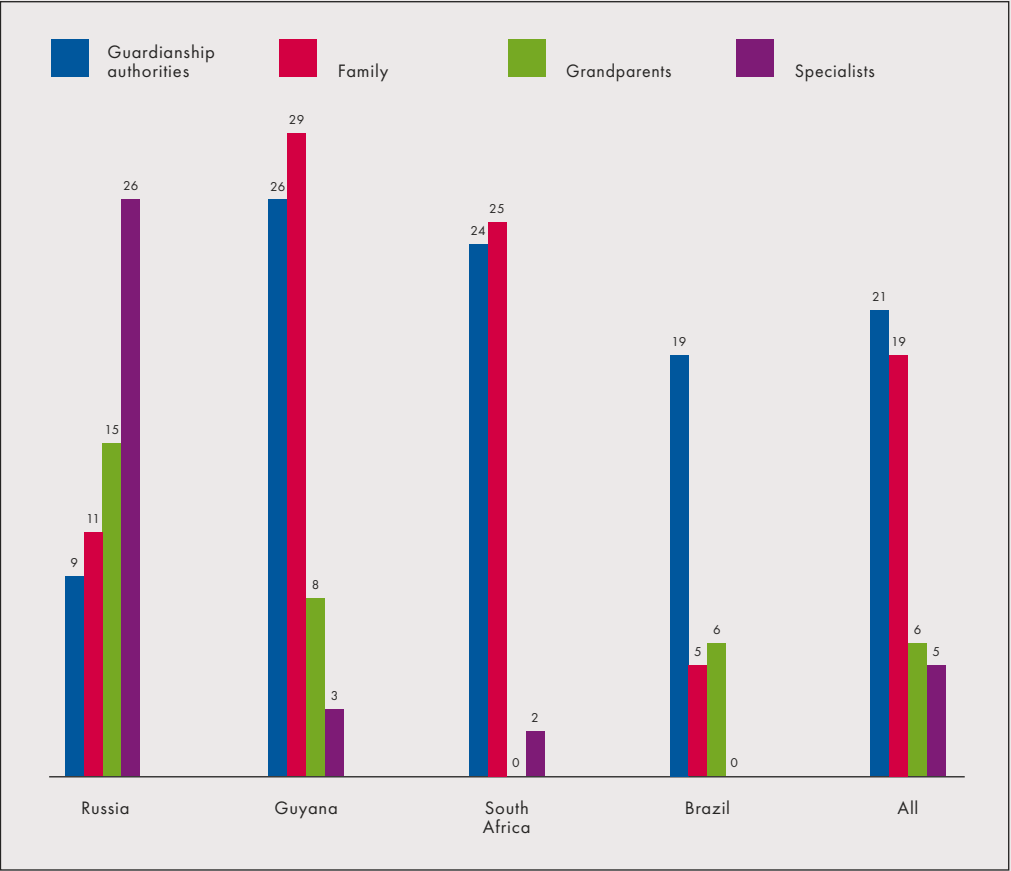
Source: interviews with children aged 8–18

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16   See P4EC report http://www.p4ec.ru/docs/Loss_of%20parental_care_index_2012.pdf

5. FINDINGS FROM QUALITATIVE INDICATOR 5 — WHAT CHILDREN AND PARENTS SAY ABOUT SUPPORT THEY RECEIVE

Each of the countries participating in this study has a system of child protection and family support as described in section 2.1 and illustrated in Figure 2. In Brazil, for example, there are social services centres, an extensive conditional cash transfer programme (Bolsa Familia) for families with children and Tutellary Counsellors who are elected by communities to ensure that children's rights are respected. There are many children in Brazil living in informal care arrangements with grandparents and these arrangements are considered 'normal' according to the research team, although they are more prevalent in poor or deprived neighbourhoods than in other areas.

In Russia, there are Child and Family Support Centers providing services to children in difficult life situations aged over 3 years and municipal child protection authorities (the Organ of Guardianship and Trusteeship), universal maternity grants and early childhood cash assistance, but only very limited social support for older children.

In Guyana the Child Protection Authority fulfills child protection functions identifying children at risk and intervening to provide protection and services, but there are few other formal social services focused on supporting families apart from some NGOs such as Childlink and other members of the Guyana Coalition for Children that work with children and youth [17]. The research team identifies a need for a reintegration strategy to remove obstacles to children returning from residential care to their families and reports a low level of skills among staff working with children and families to prevent unnecessary separation in the first place.

In South Africa, the child protection authorities work alongside a network of NGO and local/regional authority social services and an extensive guaranteed minimum income programme providing social assistance to low income households. There are large numbers of children in South Africa living in formalized kinship care with grandparents and receiving a foster care grant. There are many more living in informal kinship care arrangements.

In India, the Government run services to protect the rights of the children in India without parental care are more concerned with providing better living conditions, but not always grounded and aimed to protect the right of the child to be raised in their family of origin, or to prevent loss of parental care [18]. The Integrated Child Protection System (ICPS) was launched in 2009 and brought several child protection programmes running in India under one umbrella. The main services that are strengthened and provided financing under ICPS are: a) Institutional Services: Shelter Homes; Children's Homes; Observation Homes; Special homes and Specialized Services for children with special needs. b) Emergency outreach services for children in difficult circumstances through CHILDLINE; c) Open shelters for children in need in urban and semi-urban areas; d) family-based non-institutional care through sponsorship, foster care, adoption, and After Care Programme; e) Child Tracking System including a website for missing children [19].

In all five countries it is difficult to define children 'at risk of separation' in a comparable way. In Brazil and India, for example, children living with their grandparents are not considered as separated from their families. In Brazil, a child who has returned from foster care or institutional care to live with a grandparent in an informal arrangement is considered to have returned home and the family may be receiving formal support through the social assistance system or participating in services offered by NGOs or local authorities. Whenever a child is identified as 'at risk' it is not always clear whether there is a real or perceived risk of separation. In Guyana for example, the research team reports that it was difficult to define 'at risk' and confirmed that there is no programme working in a targeted way on prevention and reintegration, although the quantitative data suggests there is, but it may not be working with those most in need of these services.

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17   Bess-Bascom, D., An Analysis of the Nature and Extent of Institutionalisation of Children in Guyana, May 2016

18   Butterflies, Loss of Parental Care Indicators report, 2016

19   Ibid

The children and parents interviewed for this indicator were intended to be those for whom there is a real risk of separation, but where separation had not yet taken place. The interviewees were identified through the child protection agencies or various services depending on each country and ended up in some cases including children living already outside of parental care arrangements (for example in shelters/care institutions in Delhi, India, or living with relatives or residential care in South Africa). Details of age and gender of interviewees are provided in Tables 2 and 3 above, but other important information about respondents in each country is:

Brazil — interviews were conducted by Projeto Legal and its partner Tutellary Counsellors in two areas one of high deprivation and another slightly better off. The Tutellary Counsellors know the households well and can approach them with a close and in-depth perspective. It is important to understand the poverty and levels of violence in these neighbourhoods in order to interpret data.

Guyana — It was very difficult to find children 'at risk' compared to children for indicator four who are already outside parental care arrangements. It was even more difficult to identify parents and interviews were conducted in a night shelter which, while not meeting the purpose of this study, generated some data that could be of interest in terms of prevention and support services more generally — mental health issues, for example, featured strongly as needing addressing among these homeless adults.

India [20] — The parents interviewed were selected from Central Delhi district of Delhi, which included 25 parents living in street contact for their work and other 25 parents living in poor shelters in the streets. The age group ranged from 18 to 50 years. One of the respondent was 18 and was a parent to one child, whereas most of the respondents were of the age group 30–40 years (54%), others were 24% in the age group 20–30 years and 20% of them were above 40 years of age. Around 46% of the respondents were reported with 4 children, 20% had 3 children, 18% with 2 children and the remaining 16% had only one child. An equal number of male (n=25) and female parents (n=25) were selected to participate in this study. All of the participants were interviewed at

the place where they live or work, who were identified with help of fieldworkers of 'Butterflies'.

Among the 75 children interviewed for indicator 5, 25 children live with families on the streets/ where shelter is a problem, 25 children live with families but spending a lot of time on the streets and another 25 children who are at real risk of separation were chosen in order to understand the support for the children at risk of losing parental care. The majority of the children interviewed (n=41) were aged 10–12 years; 8 children were aged 7–9 years; 23 children were aged 13–15 years, and 3 children aged 16–17 years. 53 boys and 22 girls were interviewed for this indicator. Apart from 25 children living in institutions, 50 children were interviewed at the place they were living, Central Delhi district. Children living in institutions were interviewed at two child care institutions of South West district and one short stay home of South Delhi district. Although most of the children were from India, at least 6% of the children were from the neighbouring country Nepal. Most of the children had migrated from other states to Delhi in search of work or they got lost in the train and ended up in Delhi city where they continued to live because of the job opportunity or shelter that has been provided to them.

Russia — all but two of the children and fifteen of the parents interviewed were from Ekaterinburg and receiving services in two different government run Child and Family Support Centres. The remaining two children and ten parents were from Karelia both urban and rural settings and receiving services in government or NGO run Child and Family Support Centres.

South Africa — interviews were held with children and parents receiving services from five different organisations in KZN. Some of the children were living not with parents, but with other usual caregivers (grandmothers, aunts) or in temporary residential care.

5.1 Reasons for difficulties in families or risk of separation mentioned by parents and children

All children and parents interviewed were in situations where the interviewer considered risk of separation to be present, or in fact where it has already taken

20   See Butterflies, report on Loss of parental care index, 2016 for more details

place, but only around 40% of children and 50% of parents agreed there is a risk of separation. Most however, acknowledge challenges and difficulties being faced by the family.

As illustrated in Figure 14, the proportion of parents and children recognizing risk of separation in Brazil was much higher than in other countries and in South Africa parents (or usual caregivers) were much more likely to recognize risk of separation than children.

Figure 14
Percentage of parents and children who said there is a risk of separation in Brazil, India, Russia and South Africa n=98 parents and 108 children who answered 'yes' to the question 'is there a risk of separation from your parents/child?'

- Parents
- Children

	Parents	Children
Brazil	69%	71%
India	48%	44%
Russia	28%	18%
South Africa	53%	24%
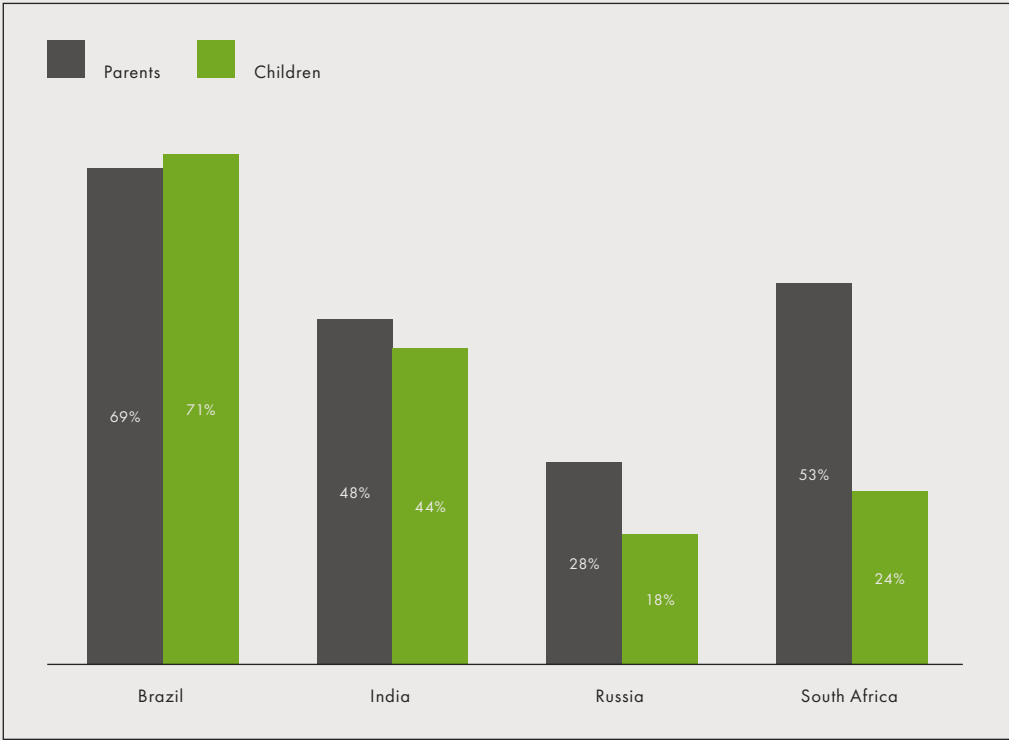
Source: interviews with parents and children

There is clearly a need to define what is meant by 'separation' or 'risk' when putting this question and to consult with children and parents when developing definitions. Some respondents found this question difficult to answer or could not understand. Responses to a question about how respondents felt about the risk of separation were given consistently only in Brazil and South Africa and were consistently negative, especially among children. A small number of parents in both countries were positive about the risk of separation, seeing improved care for their children as a result of placement with grandparents or in children's homes. Some children are neither positive nor negative 'I think it's my mother's fault', but largely parents and children articulate a wish to continue living together and express negative feelings about the prospect of separation:

> *"I am their mother even if I am poor."* (Brazil, single mother aged 36 years, three sons aged 9, 11 and 14 years and one daughter aged 12 years)

> *"I'm not going to let that happen."* (Brazil, single mother aged 16 years, one son aged 1 year)

> *"I think it's awful, I wanted to stay with my siblings."* (Brazil, boy aged 9 years)

> *"It makes me feel sad… I would never move away from my mother."* (South Africa, one boy aged 12 year and one boy age not specified)

The responses to this question were especially complicated in South Africa as many of the children who took part in the interviews were already living outside of parental care either because their mother had died or for other reasons and the questionnaire was designed for children still living with parents.

Parents mention reasons for risk of separation or problems in the family that vary from country to country, but can be grouped as in Figure 15 according to common characteristics. Some parents can't give any reasons or say they 'don't know', but many parents suggest that the reasons for problems are related to the financial situation in the family, especially in India and South Africa, often

this reason is given combined with one or two other reasons. Another common reason given is related to family structure (single parenthood, death of one parent, lack of support from grandparents and extended family). In Russia, 9 out of 25 parents indicate that behavior of children can cause the risk of separation, but this is paired with alcohol use by parents and lack of knowledge and understanding among parents of children's needs and how to deal with their behaviour. Parental relationship problems and violence between parents is a leading reason for difficulties in South Africa given by parents although lack of knowledge and understanding about how to deal with children's behavior is also a prominent reason.

Around 1/3rd of children in Brazil did not give any reasons for difficulties in their families or risk of separation, but those that did suggest that interventions by the child protection authorities, neglect by parents or violence against them are the main reasons followed by their own behavior and truancy:

> *"My mother is a drug addict who doesn't take care of us."*
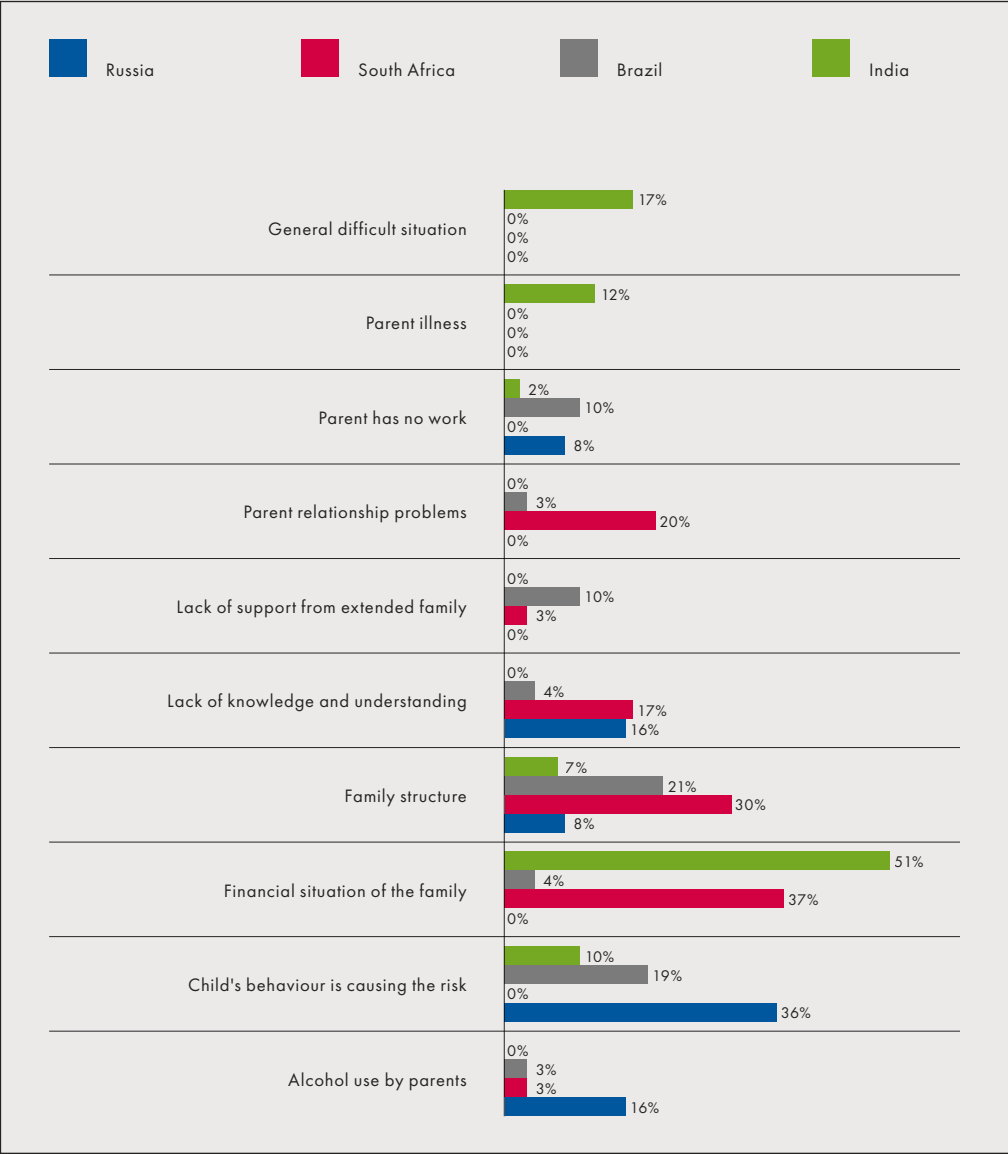> (12 year old girl, Brazil)

> *"I'm alone at home and I go out into the street."* (14 year old boy, Brazil)

> *"There are four of us, my siblings don't study and I skip school."*
> (11 year old girl, Brazil)

> *"I don't respect my grandmother."* (12 year old boy, Brazil)

Family structure (single parenthood or death of one parent) and lack of support from relatives, compounded by unemployment, financial and housing problems are also mentioned by children as problems with alcohol or drug use by parents also mentioned, but to a lesser extent than other issues. One or two mentions are made of a mother being in prison, parent illness or parents' lack of skills and knowledge in providing care and upbringing.

Figure 15

Reasons given by parents for problems in the family or risk of separation in Brazil, India, Russia and South Africa n=169 reasons

Legend: ■ Russia ■ South Africa ■ Brazil ■ India

Reason	India	Brazil	South Africa	Russia
General difficult situation	17%	0%	0%	0%
Parent illness	12%	0%	0%	0%
Parent has no work	2%	10%	0%	8%
Parent relationship problems	0%	3%	20%	0%
Lack of support from extended family	0%	10%	3%	0%
Lack of knowledge and understanding	0%	4%	17%	16%
Family structure	7%	21%	30%	8%
Financial situation of the family	51%	4%	37%	0%
Child's behaviour is causing the risk	10%	19%	0%	36%
Alcohol use by parents	0%	3%	3%	16%

Source: interviews with parents

While parents in India identify the financial situation of the family and lack of housing as key issues, often they also indicate their concerns about the general environment in which they are living with their children and their fear of kidnapping or violence towards their children:

> *"...because the place is unsafe and my wife and I had to go for work, our daughter was playing outside and got missing."*
> (Father in street contact, India)

> *"Because all of the children are girls, so I feel it is very unsafe."*
> (A parent in street contact, India)

In South Africa, again around 1/3rd of children did not respond on questions about reasons for risk of separation, but those who did mentioned family conflict and parent relationship problems as the most significant reasons that could lead to separation:

> *"I am okay sometimes but it bad because my parents sometimes will go missing and my grandmother will be angry that my mother no longer come and help her with food or to give her some rest with cooking so she can rest a bit so she will be angry that lead to life being not nice and sometimes bad."*
> (boy of unspecified age, South Africa)

Neglect, violence and use of alcohol by parents also feature in their narratives:

> *"My mother used to leave me at home and go to beg, and then she would come back at night. I would stay with the child and sometimes she would take the child with her to the child's father and they would drink beer, she would come back at night to sleep and leave me alone."* (8 year old girl, South Africa)

Parents and kinship carers interviewed in South Africa often describe the financial situation of the family as a key factor, but in many cases their narratives also describe: complex family relationships; ill-health of parents or carers; children behaving in ways that the parent or carer finds difficult to cope with including 'bad' friendships, drug or alcohol use, being violent; family conflicts and violence in the family:

> *"Everything is challenging because no one is helping me and I am no longer working, I am only getting a pension. Now it is challenging because she will need everything from me but I have no cash. ‹...› When she is told not to do something she will do it. ‹...› Just like her dating. We warned her about it but she would not listen. ‹...› her mind is on boys, not on school. Because when she gets home she is supposed to be studying... but she does not do that she ‹...› she just goes to her boyfriends than I cannot do anything about it. We tried punishing her but that did not work."*
> (grandmother looking after 11 year old girl and 18 year old boy, South Africa)

One young woman (age not specified) is looking after her own children and her siblings at the same time and seems to be completely at the end of her tether, unable to cope and asking for her siblings to be removed from her care. She describes using alcohol as a coping mechanism and 'abusing' her siblings and her own children as she simply cannot cope with their behavior. She has been offered support from the school and the social workers, but this has had little impact on her ability to care for her siblings and her own children.

The financial support offered by the foster care grant or the child support grant seems to offer some support in addressing lack of household income, but is clearly not enough in some cases:

> *"The only help I need is food. Here at home there is only one person who is working and the food just finish in the middle of the month so I would really be grateful if I can get help with food."*
> (Mother of boy — age not specified, South Africa)

In India around 50% of the children could not answer questions about the risk factor in their lives for family separation. Many were already separated from their parents and were not able to identify what had happened to them. Like the responses of parents in India, children also responded that poor family

situation or generally poor living conditions are the main risk, which can separate them from their families. Some children also identified child labour related issues where family members forced children to work so hard that it led to the children leaving their homes. Truancy issues were also reported by three children and a further three children mentioned that ill health of parents can lead to their separation from family as the parent cannot look after them further. Some children also mention their 'love affairs' of which parents disapprove and relationship problems between parents as contributing to them running away or being sent away from parents. A number of children mentioned that they opted to live away from the family as they thought living away from home is better for them as the situation in the family was not good.

All ten of the children interviewed in Guyana were already separated and living in a drop-in centre and report violence, neglect and abuse as the main reasons for being in the centre. In Russia the children interviewed largely did not give any reasons for the risk of separation.

5.2 Services accessed by children and families and services still needed

In all five countries, children and families have been offered, and received, services of various kinds, and to some extent, but not always, these correspond to the needs or risk factors identified by the children and parents. Consistently in all countries, around a quarter of parents, and to a similar extent children, report that that have benefited from social worker accompaniment services delivered either through child protection agencies or social services providing organisations (NGO or government run).

In Brazil in particular there appears to be an established and extensive network of social services that works together with the tutelary councils to provide services to families in need. Parents and children also mention support from the Bolsa Familia cash benefit programme, the police and justice system and support with education, legal issues, health services, as well as support and services from NGOs and the church. Parents often find psychological support most useful, but many also mention support from the tutelary council, financial support of the Bolsa Familia programme and the support of family and friends as being helpful. When asked about what other services are still needed, nevertheless,

many parents who are receiving a range of support from the tutelary council, the Bolsa Familia, school and health services respond that they want to get out of the neighbourhood where they live:

> *"My children need to get out of this slum, [we need] a house outside of this slum."* (Mother aged 45 years of a 15 year old daughter and 17 year old son, Brazil)

This tends to confirm the suggestion of the project researchers that the structural poverty and overall deprivation of some of the neighbourhoods is a key issue affecting the ability of parents to bring up their children and compounding other factors such as family relationships or poverty to increase the risk of separation and the perception of parents about the risks to their children of continuing to live in these communities.

In the responses of parents and children from Brazil, it is possible to see how a range of services is being offered that meet some of the family needs. Bolsa Familia, for example, may help to increase income in the family and connect the family to social, education and health services, but other needs such as help with addressing a child's behavior without resorting to physical punishment, or caring for children who have experienced abuse, may remain unmet. Or, conversely psycho-social services may have helped with trauma or behavior issues, but housing and employment needs remain unmet as examples given in Table 7 illustrate.

Table 7
Examples of parent responses in Brazil comparing the issues identified, services offered and services still needed

Family characteristics	Reasons stated by parents	Help received	Other types of services still needed
Single mother, 36 — two boys, 3 and 6 — a girl, 12	My children were abused	Psycho-social support	a house — a job
Single mother, 41 — two girls, 13 and 10 — a boy, 7	Unemployment	Food subsidy from the church	employment — place to live
Single mother, 20 — two girls, 2 and 4 — a boy, 6	I am not managing to raise my children; I do not have a job nor anyone who can look after my children	Food subsidy from the church	a house — a job — child care

Source: interviews with parents for Indicator 5, Projeto Legal, Brazil

Overall, Brazilian parents who answered the question about help that is still needed indicate very practical support that they need: employment, housing (in another neighbourhood) or legal support (to address issues of alimony, custody etc). Children from Brazil also mention employment for their parents, going back to school or attending professional courses and housing as services still needed. One or two children mention they want their father to take care of them, or their aunt. One 13 year old girl says she wants to raise her own baby and wants legal assistance so that her own mother (the baby's grandmother) does not take the baby away from her.

In India, key issues identified by parents were financial and material situation of the family and lack of safety in living in close contact to or on the streets. The support provided that parents mention to some extent address these issues, but again with an emphasis on education that did not feature when parents talked about challenges. Parents mention a range of different support, often provided by NGOs, including shelter, financial and material support and help with education or health issues:

> *"I was given some money for rent of a room from an NGO. Sometimes we sleep at Ran Basera (night shelter) and sometimes goes back to the slum."* (Parent living in poor shelter, India)

Six parents mentioned that they received help from Government and five parents mentioned the help provided by educational institutions. Church, Anganwadi [21], friends and neighbours, family members were the other sources of help reported by the parents. Ten parents said that they did not receive any sort of help from any one. Children mention most that they have had support with education and in the majority of cases this was provided by NGOs. Most of the children who live by themselves and are living with extended family (22 from each category) said they are getting support for their education. Most of the children who did not provide any relevant response belong to the category- 'living in institutions'; this could be because they are unable to identify any other help apart from the institutions where they live. However, these children are supported with shelter, food, clothing and education by the current institution in which they stay. Some parents say they received support with housing or shelter, but in some of these instances, they had identified relationship or behavioural issues with the child as the key problem.

In India, overall, there is an impression that education, often in a residential setting, is offered as a key pillar of society's response to the problems facing families creating the impression that as along as child has a good education,

21   Anganwadi means "courtyard shelter" in Indian languages. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition.

it doesn't matter what has happened to his or her family. This tends to support the findings from the analysis of the available quantitative indicators where, for example, 56% of the children identified by the child protection system were referred to a residential education-providing service.

In South Africa, parents and children mention receiving a range of support from child protection authorities, social workers, school, NGOs and other family members. Types of support mentioned most include financial support (cash grants), material support (groceries, clothes or school uniform, shoes), social worker accompaniment and counselling ('*counseling me and my children and showing me direction how I handle the situation if the child is experiencing problems*') and placing of a child into residential care (mentioned by 7 parents out of 30 and 5 children out of 25). Other types of help mentioned less frequently (in one or two instances) include housing help ('*built a house*'), help with finding a school place, support with parent addictions.

The services that parents and children identify as still being needed are focused on practical issues such as improving housing, financial support, help with health services or medicines (including treatment of a child's addiction) and employment but also on education and improving relationships between parents and children:

> **"I need help with mom and dad fighting and they must not fight for us, they must also think it going to affect us in the future."**
> (boy aged 13 years, South Africa)

Overall in South Africa, parents and caregivers seem to need more in-depth support in communicating with children and managing relationships, especially as children enter adolescence and may be exposed to or become engaged in risk-taking behaviours. Residential care services (sometimes called 'respite care' by the interviewers) seem to be a common response to these kinds of problems in families.

While kinship caregivers have access to cash transfers through the foster child grant, it is not clear that parents have the same access to financial support. Parents from low-income households can access the child support grant;

however the value of this cash transfer is less than half of that of the foster care grant. A lengthy and complicated application process for the foster child grant also seems problematic in terms of delays in processing the grant:

> **"I get [child support] grant for only one child it difficult because there are lots of things that we need and the money is so small…. If my child can go to school, and we get food, that is the most help I need. because at the moment we are waiting for the letter from the court which will state that my [foster] son is qualified to get [foster care] grant then it will go to SASSA …. I am still waiting for the social worker, she keeps saying she will be the one who contact me. Every time when I have money I go past there and ask for follow up ‹…› every time she says she will come. It been six months now but there is no progress…. The last time I went there she said 'ohh you came.' And there is nothing I can do but to go there and find out what is happening myself."**
> (mother aged 22 years of more than one child — age, sex and number of children not specified)

In Russia, parents and children both indicate they have mainly received 'psychological' support and parents also mention legal support. These responses, however, may reflect the services offered in the government child and family support centres where this relatively small sample of 17 children and 25 parents were interviewed rather than a typical range of services. On the other hand, these responses could support the idea that emerges from analysis of the quantitative indicators, that the system is moving towards a more preventive, supportive, psycho-social set of services compared to previous years when placement into residential care or clubs and leisure activities for children were the most common services offered in many regions. [22]

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22   See P4EC Russia report on indicator testing in 2012 http://www.p4ec.ru/docs/Loss_of%20parental_care_index_2012.pdf

6. DISCUSSION AND CONCLUSIONS

Key finding: Only limited reliable and systematically collected data is available about children outside of parental or family care arrangements and the support they received before and after coming to the attention of the child protection authorities when the issue of separation from parents or main caregivers may be imminent

As the India research team noted in its report on applying the indicators in India:

> *The perspective, 'child's right to family' is not significantly included in the conception and implementation of most of the child welfare schemes or programmes in India. Also, a mechanism to track and monitor all the support services in the country to help the children and family at risk of separation is lacking especially, before they come to the attention of any child protection authorities or organs.* (Loss of parental care indicators report, India, Butterflies, 2016)

This phenomenon could, however, apply to all countries where the indicators were used for this study. The limits on available comparable data for quantitative indicators collected for this study suggest that 'loss of parental or family care' is not a lens through which child protection and family support systems operate.

Globally, care settings for children are not commonly or systematically monitored, although some data monitoring living arrangements of children can be found in UNICEF multiple indicator cluster surveys (MICS) and in USAID demographic and health surveys (DHS), but from which only limited conclusions can be drawn (Martin, F., Zulaika, G., 2016 [23]). The discussions among researchers preparing for the study summarized in the introduction to this report, indicate that kinship care, especially care provided by grandparents, has been normalized in many countries and within certain contexts. In poor, deprived neighbourhoods of Rio de Janeiro for example, it may be very common for children to be in the care of

grandparents, even though their mother and father are living nearby and many of the children and caregivers interviewed in Brazil for indicators 4 and 5 were in such living arrangements. Data from MICS and DHS (Martin, F., Zulaika, G., BCN, 2015) indicate, however, that over 70% of children aged 0–15 years in Brazil, for example, live with both parents and over 90% live with at least one parent [24] so it may not be so 'normal' to be living with grandparents.

The same data sources state that 35% of all children in South Africa aged under 18 years of age live with neither parent, but for only 4% of children aged under 18 years of age are both parents dead (ibid), suggesting both that more should be done to support grandparents and single parents especially in low income households, and also that more could be done to enable parents, who migrate for work (or other reasons) away from their children, to participate in caring for their children. This is important because as the interviews conducted for this study demonstrate, grandparents cannot always cope and families need as much support as possible to care for children so that they do not end up outside of family care arrangements altogether.

A UNICEF study 'Measuring the Determinants of Childhood Vulnerability' (UNICEF, 2014 [25]) found that the living arrangements of children are important for determining key childhood outcomes and that being outside of parental care arrangements matters:

> *Household wealth, a child's living arrangements, and household adult education emerged as the most powerful and consistent factors associated with key health and social outcomes of child vulnerability* (UNICEF, 2014 p.3)

> *... vulnerable children are those who: live in a household ranked in the bottom two wealth quintiles and who are: (1) not living with either parent; or (2) have lost one or both parents; or (3) living in a household with adults with no education* (UNICEF, 2014 p.4)

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24   http://bettercarenetwork.org/sites/default/files/Who%20Cares%20for%20Children%20and%20Why%20We%20Should%20Care.pdf accessed on 13.04.2017

25   https://data.unicef.org/wp-content/uploads/2015/12/Measuring-the-Determinants-of-Childhood-Vulnerability_Final-Report-5_8-LR-_172.pdf

23   Martin, F.S. & Zulaika, G. Glob Soc Welf (2016) 3: 51. doi:10.1007/s40609-016-0060-6 accessed on 13.04.2017 from https://link.springer.com/article/10.1007/s40609-016-0060-6

The three qualitative indicators used in this study have the potential to provide useful information about the extent to which children who are vulnerable to losing parental care, or who have lost parental care and are living in informal kinship care arrangements, are accessing support and services before they end up being referred to the child protection authorities and when there may still be a chance to improve the situation in the family, to strengthen the family. This potential can only be fully realized if better quality, more systematically collected data can be accessed and this could be an important advocacy issue for the FFEC members who took part in this project and for the wider membership at national and global level. Given the availability of data on children outside of parental care arrangements that can be extracted from DHS and MICS it might be worth exploring these sources of data to monitor Indicator 1 in countries where these surveys are conducted. Sources of data for monitoring indicators 2 and 3, however, require further consideration as the way in which risk is defined and the way in which being outside of family care is defined are key to identifying whether children and their families are accessing necessary support.

Key finding: Data gathered for indicators 1, 2 and 3, in spite of limitations, provides some interesting insights into the extent to which children are outside of parental or family care arrangements in each country and to which they and their parents and families are accessing supportive interventions that mitigate unnecessary separation

Even with the limited data available to this study certain patterns were identified that characterize the five child protection and family support systems that require further exploration and consideration in relation to ensuring access to family support services that can strengthen parental and family care for children.

Quantitative indicators: summary of findings and conclusions from data analysis ⚙

1. Rate of children outside of parental care arrangements per 100,000 child population and rate of children outside of kinship care per 100,000 child population.

2. The level of coverage by preventative support services for children at risk of losing parental care and their families before they come to the attention of the child protection authorities.

3. The level of use by the child protection authorities of preventative family support services.

The available child protection and census data in each country gathered for this study provide only a rough estimate of the scale of loss of parental or family are arrangements for children, but this can be validated by examining DHS or MICS data on children living outside of parental care relationships. The situation of children in each country can be characterized as follows:

South Africa child protection data for 2012 indicates that around 7% of children have deceased mothers and are living in the care of relatives or in child headed households and overall around 24% of children do not live with their parents. This is largely confirmed by DHS/MICS data, which indicates 35% of children living with both parents and a further 40% or so living with one parent.

In South Africa, India and Brazil, the vast majority of children living outside of parental care arrangements are living with relatives in either formal or informal kinship care with only a small proportion living in residential care. In Guyana and Russia an overall smaller proportion of children appears to be living outside of parental care arrangements, but a greater proportion of these children live in residential alternative care settings, especially older children in Guyana.

In Russia, the overall proportion of children living outside of parental care arrangements appears to be decreasing and the proportion of these children living in residential care settings has been reducing even more rapidly in favour of family based alternative care, but data is not complete. Data gathered for indicators 2 and 3 suggest that in Russia, the child protection system may have begun in 2015 to make greater use of social services compared to placing children in residential institutions under education or health systems. Referrals to child protection authorities from police, however, remain high and from social services remain static.

The child protection systems in each country tend to identify children at risk quite late, when they have already come to the attention of the police, the court system or the child protection system. Once identified, around half of these children in India and Guyana, a third in South Africa and a fifth in Russia are likely to be referred to residential care services either temporarily or long-term.

Key finding: There is a considerable degree of unnecessary or preventable separation taking place in all countries and that services could become more effective not only at preventing separation but also at preventing violence and neglect that is a factor leading to separation and at supporting surviving parents to continue to provide care for their children while also accessing employment, housing and other services.

Qualitative indicators: summary of findings and conclusions from data analysis ▲

4. The degree to which the child is aware of his or her family history and reasons for being outside of the care of his or her parents or family.

5. Effectiveness of support services for children at risk of ending up outside of parental care arrangements and their families

In all five countries children are outside the care of their parents for similar reasons, but the frequency that one or other reason is mentioned by children varies from country to country reflecting the different cultural contexts, economic and social challenges facing children and families.

Death of one or both parents is much more common in South Africa than elsewhere, although death of parents is the overall most commonly mentioned reason across all countries for being out of parental care arrangements, often only one parent has died and the other parent, who could be providing care, is absent.

Neglect, abandonment or violence is mentioned in all countries to at least some degree, but especially by children in South Africa as the reason for being outside of parental care arrangements and a number of girls in South Africa and Guyana explicitly mention sexual violence and abuse, mainly by relatives.

If death of parents, neglect and violence may be considered valid reasons leading to separation, they are mentioned around 60% of the time by children and other reasons are mentioned around 40% of the time that might be considered as having led to 'unnecessary' loss of parental care such as relationship problems, child's behavior, poverty, parent illness, housing problems, lack of support from relatives or single parenthood.

Many of these factors are often inter-related, but the responses to interviews by children for indicators 4 and 5 and by parents for indicator 5 do suggest that there is a considerable degree of unnecessary or preventable separation taking place in all countries and that services could become more effective not only at preventing separation but also at preventing violence and neglect.

Key finding: The immediate response of the system in most countries when families are struggling to care for their children adequately is to remove children from the family and to place them with relatives or into residential facilities. Needs identified by parents and children require, however, a response that can strengthen parent competencies to care, set boundaries and communicate with children while also accessing practical support to address poverty, unemployment and housing issues as well as relationship issues and mental health problems. Professionals working with children and families may need more skills and knowledge to be able to deliver more effective services that address assessed needs especially in very challenging environments where basic needs for income, housing and employment are not being met.

Often the immediate response of the system, revealed through quantitative indicators, and confirmed in some interviews in South Africa, India and Guyana especially is to remove the child to a residential facility (shelter, children's home, drop-in centre) or to the care of a relative. This may be due to a perception that this is 'safer' and probably easier than trying to better understand the risks to the child and creating programmes that can directly address risks and change behaviours and situations in families. In India, there seems also to be a perception that residential care placements are a good mechanism for helping to ensure access to education.

In South Africa, there are many social workers trying to support families and providing accompaniment to support parents and other caregivers, but who appear to have a limited capacity to be able to really make a difference to the behavior of either parents or children who are struggling with trauma, deep structural poverty and exclusion.

In Brazil, there also seems to be an extensive network of services, tutelary counselors, social work professionals and cash assistance, but where these are being delivered in neighbourhoods struggling with widespread and deep-rooted poverty and violence, they are less effective and professionals may need to be equipped with greater competencies if they are to support families living in these environments.

In all countries, the creation of a system to flag the need for support at an earlier stage appears to be needed. For example, a parent in prison seems to be an immediate factor that should trigger support and services for the remaining parent or carer. Similarly, support and services need to be considered where parents, or the sole surviving parent, whether mother or father, have migrated for work to enable them to bring their children with them and not leave them to the care of the state or of grandparents or relatives who may struggle to provide adequate care.

Respondents to this study describe community based family support services that accompany them or intervene to provide family strengthening and child protection services, especially in Brazil and South Africa, this support appears in many cases to meet the needs identified by children and parents only partially. There is a need to consider ways of more effectively assessing needs and tailoring support to meet specific needs for example to support parents or caregivers in building skills to communicate with, set boundaries for and positively reinforce behaviour of children while also ensuring that parents have access to wider poverty alleviation, health, employment and housing services.

7. ANNEX 1 DATA GATHERING INSTRUMENTS AND GUIDANCE USED IN THIS STUDY

Draft for testing in Russia, India, Brazil, Guyana, South Africa January–May 2016
Loss of Parental Care Index — description of indicators and data collection instruments following inception meeting

The indicators in the 'Loss of Parental Care Index' are aimed at monitoring the effectiveness of the child care system as a whole, state and non-state combined, in prevention of unnecessary loss of parental or family care. The index aims to highlight how child care systems can do more to support families and prevent unnecessary loss of parental or family care and monitors progress in child welfare reforms at national, sub-national and municipal levels. This instrument facilitates participation of children without parental care or who are at risk of losing parental care, as well as participation of their parents in the process of public oversight. The index of indicators is focused on the components of the social care system targeting children and families and tries to give an objective assessment of how the child-care and family support system in the country, region or municipality in question is fulfilling its functions to support families and protect children.

There is an assumption that a child in the care of his or her own parents and family is more likely to be protected than outside of the family, but it is important to note that a child being in parental care does not necessarily mean the child is receiving adequate care. These indicators are not trying to measure abuse, neglect or violence in the family. The wording 'parental care arrangements' has therefore been agreed with the project participants as a way of talking about the locus of a child's care arrangements and with no implicit qualitative tone in terms of the quality of care being provided.

At present we are agreed that we are likely to be able to find comparable data for the quantitative indicators and each country team has a good idea of where to seek quantitative data at all levels: local, district, sub-national (province, region etc) and national. We will try to gather data for 2014 and the latest available child population data. We will try to gather child population data for 0–17 years old inclusive and disaggregated

It is agreed that we will work with the three quantitative indicators and three qualitative indicators that have already been tested by P4EC Russia, but with some changes to the wording/formulation as given here:

Quantitative ⁘

1. Rate of children outside of parental care arrangements per 100,000 child population and rate of children outside of (kinship) family care per 100,000 child population

2. The level of coverage by preventative support services for children at risk of losing parental care and their families before they come to the attention of the child protection authorities.

3. The level of use by the child protection authorities of preventative family support services.

Qualitative ▲

4. The degree to which the child is aware of his or her family history and reasons for being outside of the care of his or her parents or family.

5. Effectiveness of support services for children at risk of ending up outside of parental care arrangements and their families

6. Effectiveness of support services for children with disabilities and their families

The following instructions give the parameters of the data that should be collected for all 6 indicators during the testing round taking place in January — May 2016. It has been agreed that the pilots previously conducted by P4EC in Russia but with small samples from India and Moldova are sufficient as 'pilots' and therefore the sample sizes should be big enough to do more than just pilot the instruments, but to generate some useful and credible comparative data.

SECTION 1 Quantitative Indicators ⟳

Indicator 1 — "Children without parental care"

Rationale: This indicator shows the effectiveness of the system aimed at preventing the separation of a child from the birth family, how well services are provided to families where there is a risk of children leaving, or being removed from, families.

Purpose: To estimate the effectiveness of measures to protect the rights of the child to be raised in family of origin and prevent the loss of parental care.

Formulation: The proportion of children without parental care in the region / city from the total amount of the child population in the region/city (calculated per 100 000 child population at the end of the reporting period).

Indicator 2 — The level of coverage by preventative support services for children at risk of losing parental care and their families before they come to the attention of the child protection authorities

Rationale: This indicator provides information on how effective the system aimed at preventing separation of a child from the birth family is; whether the maximum support was provided to the family before the beginning of the parental rights termination or the child leaving the family.

Purpose: To measure whether the family is provided with all necessary support to ensure that the child remains in the family of origin whenever possible.

Formulation: The percentage of children on the risk registers of the child protection organs considered to be at risk of loss of parental care who received child and family support services before being referred.

Indicator 3 — The level of use by the child protection authorities of preventative family support services

Rationale: This indicator assesses the extent to which separation of the child and family is a last resort; the level of dependency on using residential social services as a way of 'supporting' families as well as the extent to which the system is focused on preventing unnecessary separation of a child from the family of origin, as well as facilitating the reintegration of the child in the family and facilitating safe family environment for the child.

Objective: To determine the proportion of children who are referred for family support and prevention services by the child protection authorities.

Formulation: The proportion of children referred to preventative family support services compared to children referred to residential services under education or health (and/or long-term alternative care).

Data Collection Instrument for the quantitative indicators 1–3 in the "Loss of Parental Care Index" for national and sub-national level — ALL DATA SHOULD BE FOR 2013

The organisation completing the data form should indicate the country and administrative area (e.g. municipality, local authority, region, county, district, etc.) to which the data refers. The data should as far as possible be from official data sources and statistics gathered by the national/regional/district/municipal child protection or social policy authorities.

The data form

Country	
Region Please specify the type of administrative area	
Reporting period	2015

Nº	Name	Number
1	Number of the child population aged 0–17 years in the designated area at the end of 2015	
Indicator 1 — Children outside of parental and kinship care arrangements		
2	1.1 Total amount of children not in parental care [a] arrangements at the end of 2015	
	1.2 Total amount of children in extended family care arrangements at the end of 2015 Please note if these are formal or informal arrangements	
	children in residential care	
	children in other family based formal care (non kinship foster care, guardianship or other types of non kinship family based care)	
	child in other types of family based non-kinship informal care	
	children in bonded labour/domestic labour	
	children on the streets	
	Other Please specify:	
3	Number of children in adopted families at the end of the year	
4	Are children from question Nº 4 included in question Nº 3?	Yes/No

Nº	Name	Number
Indicator 2 — Level of coverage by support services for children at risk of ending up outside of parental care arrangements before coming to the attention of the child protection authorities		
5	Number of reports of child rights violations to the child protection authorities/organs/community bodies/services. Please specify the type of child protection body in your case:	
6	Number of children in those reports who are at risk of ending up outside of parental care arrangements or are already outside of parental care arrangements	
	Or number of children on the risk register however it is defined by the child protection legislation in your country/region. Please give here the definition of 'children at risk of losing parental or kinship family care' that is used in your setting: Continue on a separate sheet if necessary	
7	Of these, the number of children who received services from child and family agencies, NGOs, other institutions or community bodies, formal or informal, providing outreach social services to children and families before being reported to the child protection authorities.	

Nº	Name	Number
Indicator 3 — The level of use by the child protection authorities of preventative family support services		
8	Number of children identified by the child protection authorities as being outside of parental or kinship care arrangements in 2015. Please specify if you have included children who are outside BOTH parental AND kinship care arrangements or only outside parental care arrangements:	
	Of these:	
9	Number of children referred to children's homes or boarding schools in the education system. Please specify the different types of residential services [b] in your education system along with the numbers of children referred into these services during 2015 of those identified in line 8:	
10	Number of children (of those identified in line 8) referred to residential services in the health system (hospitals, sanatoria, infant homes, other). Please specify:	

Nº	Name	Number
11	Number of children referred to social services/family support services where the service, whether residential or not, has a mandate to work with families and try to return the child to the family (shelters, social rehabilitation centres, temporary residential units, other). Please specify the types of services and the numbers referred to them of those identified in line 8:	
12	Number of children (of those identified in line 8) referred to other types of residential or non-residential, family-based or family-type, social services in your setting. Please specify the types:	
	Emergency foster care. Please specify the average length of stay and provide data on outcomes for stays in emergency family-based care)	
	Other Please specify:	
13	Number of children returned to their own families by the end of the year (of those identified in line 8):	

a   This should be defined according to the UN Guidelines on Alternative Care for Children and/or the national legislation relating to children without parental care. If the national legislation differs from the Guidelines, please give the definition used on separate sheet of paper.

b   Including all types of providers – government, local authority, municipal, religious, charitable, private, commercial, NGO etc.

Indicator 4 — The degree to which the child is aware of his or her family history and reasons for being outside of parental care arrangements

Rationale: This indicator explores how the system functions in relation to the right of the child to participate in decisions that directly affect their lives. Child awareness of his or her family history and reasons for being outside parental care can be seen as a proxy indicator of the extent to which the child was engaged with the system of family support and prevention prior to entering formal care or ending up outside of parental care arrangements. This indicator also documents the reasons for separation and children's views on how their family or parents could have been helped to prevent loss of parental care.

Objective: To assess child awareness of his or her family history and reasons for being outside of parental care arrangements

Formulation: Children have information about their birth family and the circumstances under which they were placed into formal care [26] or ended up outside the care of their own parents (for children on the streets, in informal care or other settings not counted as 'formal care'). The sample for data collection for this indicator will be children aged 10–12 years (50%) and 13–16 years (50%) and preferably half boys and half girls in each of the following categories:

1. Children in residential care:

- Children living in institutions, shelters or other residential facilities who have the status of «left without care» and/or pending its determination — BR, I, SA, RU, GU (25 EACH COUNTRY=125)
- Children in other types of residential care (please specify):

2. Children without parental care in family-type formal or informal care settings:

- Children living in foster families or in family group homes (non-kinship care) — RU, SA, BR, GU (25 EACH COUNTRY)

- Children living with grandparents, aunts or uncles, older siblings or other relatives (with living parents as well as parents who have died) including where a formal arrangement has been made — RU, I, GU, SA, BR (25 EACH COUNTRY=125)
- Children living in child-headed households
- Children living on the streets by themselves — SA, I, BR, GU, RU (25 EACH COUNTRY=125)
- Other (please specify)

Information gathering is conducted with the informed consent of parents or official representatives of the children and of the child. The respondent should be informed that all responses will be used only in generalized form and completely anonymised for analysis into a report that will be used to compare the differences between countries in providing support to families and which can help to draw attention to the need to provide support to families.

A good result would be a result that will show that most children know about their birth family and the circumstances of being in formal care or outside of the care of their parents and can provide their perspective on how their parents and family were helped or could have been helped to prevent unnecessary loss of parental care.

Terms of reference — indicator 4

Information is collected by a psychologist, social worker or other child care specialist at the child's location who knows the child. Information is collected in the course of an interview conducted with each child individually. The subject of analysis is the awareness of the child of:

1. Parents and their names, where they live, where they come from, siblings, other relatives etc.

2. Reasons for being placed in and remaining in formal care or other arrangements outside of parental care

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26   In accordance with the UN Guidelines on alternative care for children, the term 'formal care' includes care provided in all types of family settings as well as residential care including in cases when the child is placed at the request of his or her parent or parents and all other forms of placement that has been ordered by an administrative or judicial authority or duly accredited body.

3. The child's view on what help their parents/family received or could have received and how the placement of the child into formal care or separation from parents could have been prevented.

The main task of the interviewer is to determine whether the child knows his or her biological parents and if he or she knows the reason why he or she was placed into formal care or became separated from his or her parents. The third question allows you to see a system of prevention of loss of parental care from a child's perspective.

Indicator 4 — CHILD QUESTIONNAIRE

Level of child awareness of his or her family history, reasons for separation

	Question	Answer		
	Informed consent sought and secured?	Child:	Yes	No
		Guardian /legal representative:	Yes	No
1	Location of child at interview	Country:		
		District/town/ village		
2	Child gender Age Geographic origin Other relevant characteristics	gender	F	M
		years old		
		Geographic origin:		
		District/town/ village:		
		Other characteristics:		

	Question	Answer
3	Category	1. Children in institutions:
		☐ child with special needs living at an institution
		☐ child living in an institution by parental request
		☐ child living in an institution whose parents have had parental rights removed
		☐ child living in institutions, shelters or other residential facilities who have the status of «left without care» and/or pending its determination
		2. Children in families:
		☐ child living with legal guardians (could be a relative)
		☐ child living in foster family or in family group home
		☐ Children living with grandparents, aunts or uncles, older siblings or other relatives (without legal guardianship)
		3. Other, please specify:

	Question	Answer		
4	Awareness of parents Questions: Where do you live? Where do your parents live? What are their names?	Knows mother:	yes, knows	no, doesn't
		☐ Knowledge is not accurate		
		Knows father:	yes, knows	no, doesn't
		☐ Knowledge is not accurate		
		Additional information: Child's direct speech:		
5	Awareness of the reasons of being in formal care or outside of parental care Questions: How long have you been living at the orphanage /at the guardian's/here? Where did you live before? Why do you live here? How did you end up here?	☐ Has information		
		☐ Doesn't have information		
		☐ Knowledge is not accurate		
		Additional information: Child's direct speech:		

	Question	Answer	
6	Description of measures that could prevent child's separation with the family of origin from child's point of view Questions: Did you or your parents get any help from anybody or any organization? Who else could help you and your parents? What could they have done? What could be done so your parent could look after you (more)?	Child's direct speech:	
7	Child's history filled out by the specialist from child's case file if available	Since when has the child been placed at the current form of care?	
		How long separated from the parents?	
		Other institutions, families or facilities the child was placed at:	

Indicator 5 — Effectiveness of support services for children at risk of ending up outside of parental or kinship care arrangements and their families

Rationale: This indicator demonstrates the effectiveness of public/municipal or NGO social services, aimed at supporting families and preventing the separation of the child from his or her parents or family. This is done through the provision of relevant and accessible child protection and family support services.

Objective: To determine the effectiveness of support services received by parents and children in the community aimed to prevent loss of parental care.

Formulation: parents and children receive necessary and effective support or services that meet their needs and prevent the unnecessary separation of a child from the family.

A good result will be the one which will show us that families receive necessary support that meets their needs and prevents family separation and minimize the risk of the child ending up outside of parental or kinship care arrangements.

Definition of respondents and sample size to be targeted in each country

Before beginning the survey, the interviewer should be sure that the respondent was selected according to the criteria «risk of loss of parental or kinship care of the child."

Children living with families on the streets/where shelter is a problem — I (25), BR (25), GU (10),

Children living with families but spending a lot of time on the streets — BR(25), I (25), SA(10), GU (10), RU(10)

Children who are at real risk of separation (on the risk register — where the child protection body has concerns, may be investigating, may be in a decision-making process, may have referred a child and family to support services, where a child may be spending periods of time outside of family care; extreme poverty, parent mental health problems, violence in the family, problematic alcohol/drug

use, chronic illness, parent disability) — GU (25), RU(25), I (25 children and no parents), SA (25), BR (25)

Numbers shown are for children and parents except where indicated.

Terms of reference Indicator 5

Information gathering on this indicator is conducted by a social worker, community worker, psychologist or other specialist of the partner organisation undertaking the survey or of the organisation that provides services for the family or the child. Data is collected by means of a structured interview. The subjects of analysis are the opinions of children and parents regarding the difficulties they have that could lead to a loss of parental or kinship care and the services they receive. The main task of the interviewer is to obtain the most detailed answers possible to these questions and record as far as possible the words of the child and parents. The progress report on this task is the completed forms below, one for each of the parents and children surveyed.

Indicator 5 — PARENT QUESTIONNAIRE

Effectiveness of support services for children at risk of loss of parental or kinship care arrangements and their families

The respondent should be informed that all responses will be used only in generalized form and completely anonymised for analysis into a report that will be used to compare the differences between countries in providing support to families and which can help to draw attention to the need to provide support to families.

To be completed by the interviewer:

a) Where does the respondent receive services?

☐ NGO	☐ state organisation	☐ religious organisation	☐ community members /elders	☐ other, please specify:	

b) Number of parents receiving services in this organisation in one month of 2015

	Questions	Answers		
	Informed consent sought and secured		Yes	No
1	Location	Country:		
		District/town/ village		
2	Gender, age, of parent responding	Gender	M	F
		☐ Years old		
	Civil status of parent responding	☐ Married ☐ Divorced ☐ Single ☐ Widowed		
		☐ Other, please specify:		
	Gender, age of children in the family	1. ☐ Years old	M	F
		2. ☐ Years old	M	F
		3. ☐ Years old	M	F
		4. ☐ Years old	M	F
		5. ☐ Years old	M	F

	Questions	Answers	
3	In your opinion in your family are there problems with bringing up your children?	☐ Yes, there are ☐ No, there are no such problems	
	Is there a risk of separation with your child?	☐ Yes, there is such a risk ☐ No, there is no such risk	
	What do you think about this?		
	What has caused this situation?	☐ problems with upbringing ☐ risk of separation ☐ the overall situation in the family	
4	Have you been offered any support?	☐ yes ☐ no	
		☐ Other, please specify:	
	Who offered support? Which organisations/people?		
	What kind of support were you offered, including residential services?		
	What support did you agree to?	Circle the relevant support from your list of support offered	
5	Does the support provided help you to bring up your child and to keep the child in the family?	☐ yes ☐ no	
	What kind of support is most useful?		
6	What other types of services do you need?		

Indicator 5 — CHILD QUESTIONNAIRE

Effectiveness of support services for children at risk of loss of parental or kinship care arrangements and their families

Before beginning the survey, the interviewer should be sure that the respondent was selected according to the criteria «risk of loss of parental or kinship care of the child" defined above. The respondent should be informed that all responses will be used only in generalized form and completely anonymised for analysis into a report that will be used to compare the differences between countries in providing support to families and which can help to draw attention to the need to provide support to families. Informed consent should be sought verbally and noted in the form.

To be completed by the interviewer:					
a) Where does the respondent receive services?					
☐ NGO	☐ state organisation	☐ religious organisation	☐ community members /elders	☐ other, please specify:	
b) Number of children aged 14,15,16 years receiving services in this organisation in one month of 2015?					

	Questions	Answers		
	Informed consent sought and secured?	Child:	Yes	No
		Parent/legal representative:	Yes	No
1	Location of child at interview:	Country:		
		District/town/village		

	Questions	Answers		
2	Child gender/age — geographic origin — Other relevant characteristics	Gender	M	F
		Years old		
		Geographic origin:		
		District/town/village:		
		Other characteristics:		
3	What do you think, is there a risk of family separation for you?			
	What do you think about this?			
	What do you think has caused this?			
4	Have you been offered any support/help?	☐ yes ☐ no		
		☐ Other, please specify:		
	Who offered this help? Which people/organisations?			
	What support were you offered?			
	What kind of support did you agree to?	Circle		
	Was it suggested to you to live somewhere else except with your family?	☐ yes ☐ no		
	If yes, where?			

	Questions	Answers	
5	What do you think, the services that you have received/are receiving, are they having an effect on the situation in your family?	☐ Yes, a positive effect ☐ No, it is the same ☐ No, a negative effect ☐ Difficult to say	
		Other:	
	What kind of support is most helpful to you?		
6	What other support do you need?		

PLAN for data gathering for qualitative indicators January–May 2016

Each country will hold a briefing meeting with parents/children and staff as necessary and then conduct the field work.

Ethics

P4EC will provide a sample 'introduction' for use in ensuring consent based on the short introduction already given at the beginning of each questionnaire. Each organisation will adapt the introduction as necessary to ensure cultural appropriateness. The aim is to ensure that informed consent has been secured from the child and the child's legal representative/guardian.

PLAN for data gathering for qualitative indicators January–May 2016

Country target district/city population	Indicator 4 50% 10–12 yr olds 50% 13–16 yr olds	Indicator 5 children	Indicator 5 parents	Indicator 6 children	Indicator 6 parents	TOTAL
Guyana region 4 200,000	Foster — 25	Family on street /poor shelter — 10	Family on street /poor shelter — 10			190
	Kinship — 25	Street contact — 10	Street contact — 10			
	Streets — 25	Risk — 25	Risk — 25			
	Insts — 25					
Brazil State of Rio de Janeiro 16.5 m	Foster — 25?	Family on street /poor shelter — 25	Family on street /poor shelter — 25			250
	Kinship — 25	Street contact — 25	Street contact — 25			
	Streets — 25	Risk — 25	Risk — 25			
	Insts — 25					
India Delhi (16 m), south and central districts ?	Kinship — 25	Family on street /poor shelter — 25	Family on street /poor shelter — 25			200
	Streets — 25	Street contact — 25	Street contact — 25			
	Insts — 25	Risk — 25				
South Africa Umgungundlovu district 1m	Foster — 25	Street contact — 10	Street contact — 10	5	5	180
	Kinship — 25	Risk — 25	Risk — 25			
	Streets — 25					
	Insts — 25					
Russia St P and Len. Obl 5 m + 1.7 m	Foster — 25	Street contact — 10	Street contact — 10	15	15	200
	Kinship — 25	Risk — 25	Risk — 25			
	Streets — 25					
	Insts — 25					
TOTAL	475	265	240	20	20	1020

Total parents — 760, Total children — 260