Researching the links between social protection and children’s care in Sub-Saharan Africa – a concept note
Centre for Social Protection, Institute of Development Studies and Family for Every Child

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Summary

Background

An estimated 24 million children across the world live without their parents, and numbers of children outside of parental care are growing. The effects of the loss of parental care on children can be devastating. Children without parental care find themselves at greater risk of discrimination, inadequate care, abuse and exploitation. Inadequate care can also impair children’s education, emotional and physical development and health. Poverty and deprivation have a major impact on children’s ability to stay with their parents, and may also affect the ability of extended or other families to offer homes for children. Poverty also interacts with other determinants of children’s care choices, such as HIV, migration and abuse or neglect in the home, and can affect the quality of care that children receive. As such, social protection may have an important impact on children’s care. Although poverty does have a major impact on children’s care, other factors, such as the existing of support structures and access to basic services also have an impact. Where social protection includes linkages to other services, such as social work support or access to basic services, it is likely to have an even greater impact on children’s care.

Whilst there has been a push in recent years towards more ‘child-sensitive social protection,’ understanding of the links between social protection and children’s care is limited, and little guidance is offered on means of ensuring that social protection promotes better care for children. This research aims to start to fill this gap in understanding through multi-country research in sub-Saharan Africa (SSA). SSA has been focused on as there has been a particular rise in the number of children outside of parental care in recent years in the region due to factors such as the spread of HIV, migration and the growing use of residential care, and there has also been a rapid expansion in social protection programmes.

Research questions

The research will seek to answer three interrelated questions:
1. **What is the link between social protection and the loss of parental care?** This question will examine the impacts of social protection on key factors which lead to a loss of parental care, including poverty and access to basic services.
2. **What is the link between social protection decisions between care options (e.g. between residential care, foster care, kinship care etc.)?** This question will explore the impacts of social protection on decisions about children's alternative care. It will examine whether the provision of social protection can offer incentives or disincentives for placing children in alternative care options such as kinship care or foster care. This question is related to question one in that children can be pulled out of parental care if alternative forms of care appear to be particularly attractive options.

3. **What are the linkages between social protection and the quality of children’s care?** This question will examine the links between social protection and the relationships between children and carers, with consequent implications for the psycho-social well-being of children. It is linked to questions 1 and 2 as the quality of caring relationships are likely to have an impact on choices between different care options.

**Research methods**

The research will be qualitative in nature initially, although this may lead to quantitative research at a later stage. This is due to the complexity of the issues being explored and the lack of existing research on this issue. The research will focus on a social protection scheme/schemes in a selected setting(s) in SSA for in-depth analysis, with a likely focus on the most widely used schemes, such as cash transfer, to enable widest applicability of findings. In order to assess the potential impact of such schemes, it is crucial to include children and households that do and do not participate in such schemes. Methods will, but include in-depth interviews, focus group discussions and participatory methods.

**Research partners**

The research will be conducted by members of Family for Every Child, an international network of national civil society organisations. Members will be able to offer easy access to research participations and ensure the use of findings to promote policy change in relation to social protection at the both the national and international levels. The involvement of the members of Family for Every Child will be coordinated by UK member, EveryChild. The Centre for Social Protection, with its extensive experience of conducting research on social protection, will take responsibility for the design of research methods, support partners to collect data, and conduct data analysis.
Background

An estimated 24 million children across the world live without their parents, and numbers of children outside of parental care are growing. The effects of the loss of parental care on children can be devastating. Children without parental care find themselves at greater risk of discrimination, inadequate care, abuse and exploitation. Inadequate care can impair children's education, emotional and physical development and health (EveryChild 2009a; Delap 2010). These negative impacts can be mitigated if efforts are made to support families to provide adequate care for children, or, if this is not possible, if high quality and appropriate alternative care is provided to children. It is widely recognized that the most preferable form of such alternative care is usually care within a family setting such as kinship care or foster care, and that large scale institutional care should be avoided where possible (UN 2010).

Poverty and deprivation have a major impact on children's ability to stay with their parents, and may also affect the ability of extended or other families to offer homes for children. Poverty also interacts with other determinants of children's care choices, such as HIV, migration and abuse or neglect in the home (EveryChild 2009a). As such, social protection may have an important role to play in preventing the loss of parental care and informing children's care choices. In addition, social protection may prove important in reducing the extent to which children suffer from negative effects of the loss of parental care through its coverage of children outside of parental care and impact on quality of care that children receive. For example, social protection could reduce the hardships children commonly experience in extremely resource constrained grandparent headed households, and has the potential to mitigate stress caused by such hardships, improving relationships within the home (Hoffman et al 2008).

Whilst recent years have seen a push in recent years towards more 'child-sensitive social protection,' understanding of the links between social protection and children's care is limited, and little guidance is offered on means of ensuring that social protection promotes better care for children (see for example UNICEF et al 2009). This research aims to help fill this gap by exploring the links between children's care and social protection through an examination of these issues in Sub-Saharan Africa (SSA).

SSA has been selected as the focus of this research as this region has seen a particular rise in the number of children outside of parental care in recent years due to factors such as the spread of HIV, migration and the growing use of residential care. For example, the number of double orphans is growing throughout the region, and estimates from UNICEF suggest that 12-34% of children in the region live with neither parent (UNICEF 2008) Social protection programmes, and cash transfers in particular, have also seen a rapid expansion in SSA in the last decade (Davis, Gaarder, Handa and Yablonski 2012). In recognition of the need to move beyond emergency and ad hoc support to the most vulnerable and chronically poor, and supported by right-based arguments as well as documented positive impacts of cash transfer programmes elsewhere, social protection has become an inherent part of the development response in SSA (see Ellis, Devereux and White 2009; Devereux, Webb and Handa 2011; Davis et al. 2012).
This research brings together the two separate policy arenas of social protection and children protection and care by exploring the linkages between social protection and the provision of adequate care for children in SSA. As such, the research proposed in this concept note can be considered to meet at the interface of social and child protection. Both ‘sectors’ or policy areas have great potential in improving children’s lives but, despite their interrelatedness, have developed in largely separate silos. This research is particularly timely as momentum is building around linking child and social protection programmes and policies (Jones 2009). Following the welcoming of the Guidelines for the Alternative Care of Children (UN 2010), interest in alternative care is also increasing.

The research uses a broad definition of social protection:

“[...] all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups.” (Devereux and Sabates-Wheeler (2004 p. 9)

The research uses the Guidelines for the Alternative Care of Children, endorsed by the UN in 2009, as the starting point for understanding children’s care (UN 2010). These suggest that for social protection schemes to be deemed to have improved children’s care, they must: reduce numbers unnecessarily outside of parental care; support extended family members or foster carers to care for children who cannot be cared for by parents, and reduce any reliance on harmful institutional care. Social protection can also be said to promote better care if it improves relationships between carers and children (see the Annex for further information on the theoretical framework behind this research).

Analytical framework

The analytical framework puts forward the main linkages between social protection and children’s care that this research seeks to investigate. Figure 1 provides a graphical illustration of those linkages and how these will be interrogated by the different research questions.
Firstly, the left-hand side of Figure 1 depicts a set of different factors that can cause a loss of parental care. As suggested in the section above, these include poverty, illnesses such as HIV, but also migration, abuse and neglect. With respect to the latter two factors, a child may leave the parental home him or herself following child protection violations. Research question 1 aims to investigate the set of factors that are likely to cause a loss of parental care, and what the extent of their impact is. Consequently, it seeks to assess the extent to which social protection can play a role in preventing the loss of parental care by impacting these various factors.

In case the loss of parental care cannot be prevented, alternative care for children has to be sought. The two-way arrow between the oval depicting loss of parental care and alternative care choices indicate that whilst a choice for alternative care usually follows the loss of parental care, it may also impact the loss of parental care. For example, we know that the availability of residential care can encourage parents to give their children up. Research question 2 aims to assess the extent to which social protection impacts the choice for different care options at the household level.

Social protection can also have an effect on the quality of care that children receive, either by parents or in alternative forms of care. This in turn also leads to feedback loops to the potential loss of parental care and alternative care choices for children; if quality of care is poor, parental care may be lost or particular options of children's care will not be chosen. Social protection can positively impact the quality of care by reducing intra-household stress or improving psycho-social wellbeing of carers. Research question 3 will address these potential impacts.

In seeking to explore these research questions, three important assumptions are made:
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- To assess the impact of social protection on children’s care, the impact of schemes must be considered against the general premise in the Guidelines for the Alternative Care of Children (UN 2010) and the Convention on the Rights of the Child (CRC) that parental separation should be avoided unless it is in children’s best interest, that kinship care is often the preferred care option, and that this and other forms of family-based alternative care should be supported over institutional care.

- To properly support families, the support should be appropriate and adequate; the social protection package should encompass a broad set of services and be responsive to the particular needs of children within the family and the particular needs of different carers. Schemes which provide a combination of financial and social benefits are therefore likely to have the greatest impact (Giese 2007), and understanding the linkages between these financial and social benefits is essential.

- Interventions should be recognisant of vulnerabilities of particular groups of children such as disability and HIV/AIDS as to ensure that their already marginalized position is not perpetuated or reinforced (Roelen 2011).

Research questions

1: What is the link between social protection and the loss of parental care?

This research question pertains to the role of social protection in preventing the loss of parental care. We seek to investigate whether social protection can create incentives to prevent loss of parental care by impacting the various factors that lead to such a loss. The investigation of this research question is two-pronged: firstly, we will establish the set of factors impacting the loss of parental care (either causing or preventing such loss) and secondly, we will assess the extent to which social protection can impact such factors.

Against the backdrop of the growing expansion of social protection programmes in SSA and indeed across the developing world, and widespread acknowledgement that preventing a loss of parental care should be prioritised, this research question is deemed of highest priority. Although the majority of social protection programmes will not have the prevention of loss of parental care or influencing care choices as main objective, they are likely to have an impact through addressing poverty and other root causes of a loss of parental care.

The factors most commonly leading to loss of parental care vary by context and may include poverty, violence, abuse or neglect in the household, a lack of access to basic services including education and health care, the impacts of HIV and AIDS, and conflict and climate change (EveryChild, 2009a). As shown in Box 1 below, the relationship between poverty and a loss of parental care is strong, but complex, and poverty is likely to be a backdrop to a loss of parental care which interacts with other causes of separation. Some groups of children, such as those with disabilities, from particular ethnic groups, or living with HIV, may be especially vulnerable to a loss of parental care, and the causes and consequences of a loss of parental care vary enormously by gender (EveryChild 2009a; EveryChild 2010; BCN and EveryChild 2011). Through addressing poverty, and through reaching out to especially vulnerable groups, social protection schemes are likely to have an impact on the loss of parental care. Where social protection includes linkages to other services, such as
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Social work support or access to basic services, it is hypothesised that social protection is likely to have an even greater impact on children’s ability to remain with their parents. The extent to which social protection reaches out to vulnerable families, i.e. coverage, will be important for the potential impact of social protection on a loss of parental care.

Box 1: The relationship between poverty and a loss of parental care
Poverty is the most commonly cited factor contributing to the loss of parental care and the institutionalisation of children (EveryChild 2011a; UNICEF 2010). Poverty can lead to children having to leave home to work, or to go and live with richer relatives to ease the burden on households. Poverty can encourage adult migration, leaving children in the care of grandparents or in residential care. Poverty can exacerbate other factors which lead a loss of parental care. For example, it can lead to stress in the family, and an increase in conflict and violence. It can also prevent the proper treatment of HIV, creating orphans or leading to children living with HIV having to enter residential care to receive medical help (EveryChild 2010). However, the relationship between poverty and a loss of parental care is by no means straightforward. For example, social protection payments awarded to extended family members or foster carers that are higher than those awarded to parents can create perverse incentives for children to live apart from parents (Delap 2010; Roelen et al. 2011). Also, there are many children from poor households who do remain with parents, and many of the factors that lead to a loss of parental care affect children from wealthier and more impoverished backgrounds alike. Poverty may therefore be best seen as a backdrop to separation from parents, which interacts with other factors (EveryChild 2009a).

2: What is the link between social protection decisions between care options (e.g. between residential care, foster care, kinship care etc.)?

This research question seeks to investigate the way in which and the extent to which social protection impacts choices made for different care options, including kinship care, foster care and residential care. In addition to potential positive effects on care choices, perverse incentives can also come into play, such as ‘the commodification’ of children (Roelen et al. 2011), and will also be considered. In understanding the links between social protection and children’s care choices, it is firstly important to understand the factors which impact on decisions between care choices, and to ascertain the degree to which the financial and other benefits of social protection schemes may impact on these determinants.

Poverty is not only an important factor in the loss of parental care, as highlighted above, it can also impact on the care choices available to children who cannot be cared for by parents. A lack of proper financial support for foster carers, has been cited as a reason for a dearth of foster carers in many regions (EveryChild 2011b). Many countries, including South Africa, Malawi and Botswana are discussing the role of social protection, and particularly cash transfers, to incentivize foster care (Roelen et al. 2011). Grandparent carers in SSA often complain of struggling to provide for their grandchildren, and this may in some circumstances result in children being placed with other relatives, even though grandparent care is often the preferred form of kinship care by children (Mann 2002; HelpAge 2008).

As with decisions around separation from parents, the links between poverty and decisions about children’s alternative care are by no means straightforward. For example, foster carers are not motivated by money alone, and evidence suggests that proper training and psycho-social support can be equally important (EveryChild 2011b). Grandparents carers
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are widely recognised as being both the poorest and the most commonly used kinship carers, particularly in SSA, suggesting that other factors, such as the preferences of children and carers, may override purely economic incentives in many circumstances (HelpAge International 2005, 2007, 2008; Beegle et al 2009).

The impacts of poverty may be particularly acute in relation to the care choices of certain groups of children. With respect to disability, for example, families caring for a child with disabilities are more exposed to poverty due to the costs of caring, lost earning opportunities for carers and limited access to social protection (EveryChild and BCN 2011). Discrimination and social stigma may prove factors further compounding levels of poverty for such families (Schneider et al., 2011). By the same token, the degree and experience of disability may be intensified by the very experience of poverty as disabled children may not be able to access appropriate care.

This research question aims to identify the various factors impacting the choice for different child care options, including poverty, and to assess if and how social protection has an impact on care choices through those factors. Again, it will be important to consider the coverage of social protection, and the extent to which it reaches, or does not reach, children living in households but outside of parental care. Existing evidence suggests that children who are in alternative care in SSA frequently move between households and kinship carers may find it hard to find birth certificates or other documentation needed to access benefits (Kuo and Operario 2010). Some carers, such as older siblings or grandparents caring for children outside of parental care may particularly struggle to understand administrative structures associated with social protection, and may be discriminated against on the grounds of age by those managing such programmes (Roth et al 2011; Helpage and the International HIV/AIDS Alliance 2003).

3: What are the linkages between social protection and the quality of children’s care, in relation to their psycho-social well-being, and relationships between children and carers?

Experiences of poverty and deprivation within a household may negatively influence carers’ abilities to care for children and the relationships within a household, thereby compromising the quality of care. As illustrated in Diagram 1 above, low quality of care also impacts in decisions about care choices may result in a loss of parental care or influence alternative care choices. The extent to which social protection can play a role by improving the quality of care is considered by this research question.

Social protection can potentially impact the quality of care in various ways. Firstly, it has the potential to reduce stress and improve relationships between carers. Research in Tanzania shows that monthly pensions and child benefits amounting to around $8 can lead to older carers feeling less anxious about meeting the needs of their grandchildren, and feel more confident about their ability to cope, improving relations between generations (Hoffman et al 2008). Whilst such financial benefits of social protection may be important for reducing stress and improving relationships within households, many argue that there remains a strong need for financial support to be combined with psycho-social support (HelpAge and REPSSI 2011). This is because many of the challenges associated with caring for vulnerable
children do not stem purely from poverty and deprivation, but instead derive from other factors, such as coping with loss, grief, stigma or experiences of past neglect (Boon et al 2010; Makadzange and Dolamo 2011). As with the impacts of social protection on a loss of parental care, it is therefore hypothesised that social protection is far more likely to impact on the quality of care if, in additional to financial support, it is linked to other services and support.

Secondly, social protection can reduce exploitation, neglect and abuse in the home. Poverty and deprivation are closely linked with the exploitation of children, abuse and neglect of children. For example, low levels of household income have been shown to lead to many children in grandparent care entering work, a contribution to the household which is widely recognised as reducing household poverty (Hoffman et al 2008; HelpAge and REPSSI 2011). There is also a proven link between poverty, unemployment, inequality and child abuse, though other factors, such as levels of family and community stability, also have a role to play (Thomas de Benitez 2007). It seems likely that social protection, especially if combined with broader strategies, will have a positive impact and prevent abuse, neglect and exploitation. This positive impact may consequently reduce the risk to loss of parental care (and link back to question 1). However, badly designed social protection may have also increase children’s workload within the home. For example, food-for-work programmes have been shown to leave adults too busy to complete housework chores, with children having to replace their labour (Young Lives 2008).

Thirdly, social protection can impact on discrimination within the home. Evidence suggests that children without parental care living in other households are often discriminated against, receiving less or different types of food, expected to do more work, and less likely to attend school. This may especially be the case when children are living with more distant relatives (EveryChild 2009a). Social protection may reduce such discrimination as more resources come into the households, or may be more marked if carers own children receive all the benefits from social protection. The way social protection is targeted can have an impact here as evidence shows that targeting schemes at those who have lost parents only increases stigma and jealousy (JLICA 2009).

Finally, social protection may promote permanency in care relationships. This is important as longevity in care relationships can have a major impact on the quality of these relationships and children’s ability to form all important attachments with carers (UN 2010, and see Annex). If social protection is supportive of carers, it is likely to encourage longer term relationships. This links back to questions 1 and 2 on the impacts of social protection on children’s care choices.

Against this backdrop, research pertaining to this question will consider the set of factors impacting the quality of care within family settings, and the potential role of social protection in addressing those factors through preventive, protective, promotive and transformative mechanisms. More specifically, it needs to address potential linkages between social protection and the quality and permanency of care relationships, and between poverty and issues of abuse, neglect, exploitation and discrimination.
Research principles

A number of research principles have been identified to guide future research as put forward in this concept note. The research principles follow from the various principles within the frameworks of social protection and children’s care that form the foundation of this research, as well as from the broad geographical area that it aims to cover.

- The research should be context specific. We recognise that the reality of children’s care choices, social protection policies and how social protection may play out vis-à-vis the choice of children’s care and outcomes of various care options will differ across different countries in SSA, and even different regions or geographical locations within those countries. This research does not attempt to generalise findings across this wide range of contexts and will seek to tailor the particular scope of research, methodology and consequent interpretation of outcomes.

- We envisage this research to be primarily qualitative of nature, but complemented with quantitative research where possible. As stipulated above, research linking social protection to children’s care, both in terms of its impact on care choices and quality of care, is new and without precedent. Although quantitative research, by way of surveys, has the potential to do robust impact evaluations and provide firm insight into the various mechanisms at play, we feel that the time is not yet right for such large-scale efforts. We first need to broaden our understanding of the kinds of mechanisms and potential pathways through which social protection can impact children’s care, before being able to evaluate such impacts. Qualitative research, at first instance, is seen as the most appropriate and powerful tool in doing so. It may be complemented by quantitative data when available to provide an indication of the potential magnitude or scope of the issue that we are looking at (i.e. the numbers of children without parental care or in alternative care, the coverage rate of current social protection programmes, etc.)

- The research should be participatory, and be inclusive of children’s voices. All frameworks underpinning this concept note – the principles of Child Sensitive Social Protection, the Guidelines for the Alternative Care of Children, EveryChild’s principles – point towards the relative voicelessness of children and the importance of including children in decision-making processes. In line with those principles, this research should be undertaken in a participatory manner and include children’s opinions and reflections about the questions at hand.

- The research should lead to policy change, at the national or international level. We aim to work with partners who can use findings to influence social protection programmes in their context. Through EveryChild’s experience in global advocacy, we can also use findings to influence international targets who invest heavily in social protection, such as DFID or the World Bank. To maximise our impact, it is likely that we will focus on more popular and widely used social protection initiatives such as cash transfers or food for work programmes.
Research design

The following section presents an example of how research for one particular research question could take shape. It serves as an illustrative example only, indicating the types of methods that can be used. As we consider research question 1 to be of highest priority, a proposal is presented for this particular question. It has to be noted that we consider research in one particular catchment area (i.e. community, village or district), although a wider information base would be preferable. In addition, the research project should be very clearly delineated in terms of the social protection interventions to be included in the research project, which differ greatly across different contexts and countries. For the purposes of this illustrative example, we refer to social protection more widely.

Sampling

A first consideration of framing the particular research to investigate this question is the source of information and sampling of respondents. In order to gain insight into the potential role and impact of social protection on the loss of parental care and alternative care choices, the research project should aim to assess the situation for children with and without parental care and in various forms of alternative care. In addition, it should include children, and their households, receiving and not receiving any form of social protection. The sampling frame is summarized in the matrix below.

<table>
<thead>
<tr>
<th></th>
<th>Receiving social protection</th>
<th>Not receiving social protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in parental care</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Children without parental care</td>
<td>Kinship care</td>
<td>X</td>
</tr>
<tr>
<td>Child-headed household</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Foster care</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

The inclusion of respondents in parental care being beneficiaries and non-beneficiaries of social protection allows for assessing the role of social protection in potentially reducing the risk of the loss of parental care. Similarly, including information from beneficiaries and non-beneficiaries of social protection in different forms of alternative care allows for gaining insight into how social protection may influence the choice for a particular type of care.

Assuming this research to take place in a single catchment area, i.e. community or district, the inclusion of at least five households in each category would be the minimum to gain adequate insight into the potential role for social protection for children in each of these groups. Ideally, the respondent base for each of these categories includes households with different levels of wealth, or standards of living, to ensure that we are not just focusing on poverty, its relation to care choices and how social protection impacts that.
Methods

Three main qualitative techniques can be used in fieldwork: (1) in-depth interviews, including case studies and key informant interviews; (2) focus group discussions; (3) participatory techniques. All these methods provide complementary and appropriate tools to gain access to different perspectives (perceptions, opinions, experiences) of different individuals and social groups with respect to care choices and the potential role of social protection therein. Importantly, they can also be used to quantify actual and perceived changes that are attributable to social cash transfer programmes.

In-depth interviews are semi-structured discussions with individuals who are purposively selected for their specialist knowledge or expertise on specific research questions. Two types of in-depth interviews will be conducted: (1) case studies of SP beneficiary and non-beneficiary households (with children's parents/carers being main respondents and older children may also be considered for such discussions); (2) key informant interviews (KII) with programme staff, community leaders, and others.

Focus group discussions (FGD) typically bring together 6-8 people who engage in a facilitated discussion on the basis of pre-defined discussion guides. Focus group participants will be purposively selected and stratified along characteristics that create either homogeneous or mixed groups. Relevant characteristics for stratification, beyond those outlined in the matrix above, include: male- and female-headed households; older and younger carers; wealthier and poorer households. The purpose of conducting these discussions with stratified groups is not to gather ‘collective’ opinions or shared experiences but rather to stimulate debate and explore differences in attitudes and perceptions within and between these groups.

Participatory techniques will include specific methods to include children’s voices and opinions. The purpose of doing so is two-fold. Firstly, it is one of this research’ key principles to include children’s reflections and to have their opinions reflected. Secondly, the participation of children is important beyond tokenism and will provide crucial information to gain insight into the potential role of social protection in care choices for children. Techniques could include mapping, drawing and acting and theatre. Such methods will be undertaken with due consideration of ethical issues that may arise.

Implementation

Collaboration with a local research partner would be crucial for practical and financial reasons. The involvement of a local partner in undertaking field work ensures that the local norms and practices are safeguarded, that people can be approached in their own language and that costs are kept at a manageable level. The use of a local partner also helps to ensure that findings are relevant to local contexts and can be used to promote change at multiple levels.

The next steps in this process will be to identify two or three social protection programmes to examine in relation to the three research questions through qualitative research. As a starting point, we will give priority to social protection programmes that seek to combine interventions or provide a more comprehensive package (i.e. cash transfers in combination with support from community committees, psycho-social support or other care and support services) and to study these in relation to research question 1. Given the rapid roll-out of
pilots and scale-up of programmes in Sub Saharan Africa, we seek to undertake research in this region. Multi-country research, including 3 or 4 countries, would provide the best option to draw more generalisable conclusions that allow for lesson-learning beyond a single country or programme context. Several members of Family for Every Child have expressed an interest in engaging in this research, including members from Kenya, Ethiopia and Malawi who view the research as pertinent to their programming and advocacy objectives.

Outputs

It is anticipated that this research will lead to a detailed report of research findings, along with shorter, specific guidance for those designing social protection programmes to ensure that full consideration is given to promoting better care for children. Following this qualitative research in SSA, it may be possible for a larger scale quantitative study to be commissioned to explore this topic further, and for this research to be replicated in other regions to provide global guidance on this issue.

Project partners

The Centre for Social Protection at the Institute of Development Studies supports a global network of partners working to mainstream social protection in development policy and encourage social protection systems and instruments that are comprehensive, long-term, sustainable and pro-poor. The Centre produces research on conceptual approaches; design issues, including delivery, targeting and affordability; and impacts of different social protection initiatives. A particular stream of work focuses on social protection for specific vulnerable groups, including children, and the establishment of linkages between social protection and other sectors.

Family for Every Child is a new international network of national civil society organisations working together to mobilise knowledge, skills and resources so that more children can thrive within a family environment. It currently has 13 members, spanning Asia, Africa, and South America. Members bring with them many years of expertise on alternative care, along with specific efforts to alter social protection to better meet the needs of vulnerable children.

EveryChild, a founding member of Family for Every Child, is an international NGO working with children outside of parental care or at risk of losing parental care in 14 countries.
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Annex - Theoretical frameworks

The main theoretical frameworks with respect to social protection and alternative care that underpin this concept note are discussed here.

Social protection

As a starting point, it is important to note that social protection is not a detached concept or stream of policy. The right to protection of livelihood security, for example, is well recognized in the 1978 Universal Declaration of Human Rights (UDHR) and, particularly for children, in the Convention of the Rights of the Child (CRC). The essence of this right is the guarantee of a minimum livelihood in circumstances which jeopardize an individual’s survival. For example, the CRC proclaims that:

“A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State (Article 20),”

and

“State parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with national law[...] (Article 26).”

Right-based arguments as well as those made on efficiency and moral grounds have led to a call for social protection being sensitive to particular needs and vulnerabilities of children (Roelen and Sabates-Wheeler 2011). Whilst rights-based arguments are not particular to children, the argument is compounded by moral obligations related to children’s ‘innocence’ and dependency on others for the provision of basic needs. Efficiency grounds for social protection emphasize its potential for the stimulation of productivity and economic growth (Blank et al. 2010), considering social protection as an investment in the future.

Notions of what social protection entails and the boundaries delineating programmes and interventions that can or cannot be considered social protection depend on time, place and context. One of the more comprehensive definitions of social protection can be found in Devereux and Sabates-Wheeler (2004) stating that social protection refers to

“[...] all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups.”

The majority of definitions around social protection will recognize the importance of protecting and improving the lives of those living in or close to poverty in economic terms, i.e. in terms of monetary resources. Common measures include social assistance, social insurance and social services. The definition above can be considered particularly comprehensive as it also recognizes the entrenched position that many poor and vulnerable
find themselves in and that additional efforts may be required to adequately address and improve their situation.

Devereux and Sabates-Wheeler (2004) address these issues within the so-called 3P and 1T framework:

**Protective** strategies that offer relief from deprivation. These strategies can be considered the most conservative way to think about social protection with interventions within the realm of providing a basic social safety net, providing relief from poverty and deprivation. Interventions can largely be divided into the provision of social assistance, i.e. economic support in the form of transfers or subsidies, and the provision of social services, i.e. support for groups with particular needs such as orphans, refugees or disables.

**Preventive** strategies that help to avert deprivation; Preventive measures seek a more proactive response to poverty and vulnerability by putting in place mechanisms that prevent people from falling into poverty or experiencing deprivation when a shock, such as illness, unemployment or crop failure, occurs. Interventions are largely insurance-type schemes, which can be either publicly or privately provided.

**Promotive** strategies that enhance economic opportunities. Such measures aim to really lift poor or vulnerable people out of their precarious conditions by increasing their opportunities for making a sustainable living. Human capital investment, as a condition or in conjunction with traditional forms of social protection, is a major component of promotive interventions, ranging from basic education to professional skills development, as well as the creation of entrepreneurial opportunities.

**Transformative** strategies that change social policies and attitudes. This perspective of social protection aims to take the 3P measures one step further by explicitly seeking to address the structural inequalities that entrench people in and perpetuate their poor and vulnerable conditions. Not taking such inequalities, and the social and cultural norms, perceptions and attitudes underlying those, into account would lead to a considerable gap in the social protection response to poverty and vulnerability. The transformative strategy of social protection does not call for new measures per se that purposefully address those inequities but rather support a notion of social justice through the three other strategies of social protection.

In addition, Roelen and Sabates-Wheeler (2011) argue that for social protection to be truly child-sensitive, it needs to respond to three types of vulnerabilities that are pertinent to or exacerbated for children, encompassing both practical and strategic needs. These vulnerabilities include physical and biological needs, children being a dependent population and institutionalized disadvantage. A key document in advocating for social protection programming in the response to child poverty and issues facing vulnerable children is the Joint Statement on Child Sensitive Social Protection (CSSP). This statement was initiated by UNICEF in 2009, with many international organizations as its signatories, and provides guiding principles and steps towards establishing child sensitive social protection. One of the key messages around child sensitive social protection is that interventions do not have to be targeted to or specifically focused on children to be child sensitive. Rather, for social protection to be sensitive, it needs to avoid adverse impacts on children, be recognisant of
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children's multidimensional needs across age and gender, address intra-household distribution of resources and include voices and opinions of children (UNICEF et al., 2009).

This research will be undertaken against the backdrop of the ‘3P and 1T’ framework of social protection as well as the basic principles of CSSP as they are particularly relevant to investigate the research questions at hand. The type and quality of children’s care are crucial in protecting children against poverty, preventing them from falling into poverty and promoting them to grow out of poverty but, even more so, have the potential to address the underlying drivers of poverty and vulnerability. Children’s care touches upon issues that lie at the core of transformative social protection as it is within the care for children where social and cultural norms, values and behaviours play out directly and imminently. Care also has a fundamental impact on children’s education and development, and consequent ability to step out of poverty as adults. Poor care can prevent children from attending school and lead to severe developmental delays (EveryChild 2011; Delap 2010). It also strongly resonates with the practical and strategic needs identified within the CSSP framework; children's care should fulfil both needs, responding to their biological and physical requirements as well as making sure that psycho-social needs are met and that children’s voices are heard.

**Alternative care for children**

The Guidelines for the Alternative Care of Children (UN 2010), referred to here as ‘the Guidelines’), welcomed by the UN in 2009, provide the most comprehensive, globally agreed guidance on children without parental care, and build on the guidance provided in the UN Convention on the Rights of the Child (CRC). The Guidelines, and the CRC, highlight state responsibility to support parents to care for their children, and the importance of ensuring that any separation from parents only occurs when it is deemed to be in children’s best interest. The Guidelines state that poverty should never be used as a justification for removing children from parental care.

**Children without parental care** can be considered those children not living with at least one of their parents, for whatever reason and under whatever circumstances (UN 2010). The Guidelines and the CRC call for a range of care options for children who cannot be with their parents, and state that all decisions about children's care must be made on a case by case basis, considering children's best interest, and their participation.

The Guidelines emphasise the value of **kinship care** for many children who cannot be cared for their parents, though also state that this often informal form of care should not be assumed to be a protective environment for children, and that measures must be taken to monitor child well-being in such settings and offer support to children and carers. Kinship care may be defined as:

“Family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature.” (UN 2010, Art 29)

Support for both parental and kinship care is also being generated by those working on children affected by HIV, who are increasingly calling for family-based approaches. This acknowledges that children are better protected and cared for in families than in residential care or on the streets, and that families currently receive only very minimal support in their
efforts to care for vulnerable children (JILCA 2009). This approach is more limited than that offered by the Guidelines as by focusing on families, it currently does little to support children who cannot be in families, and for whom alternative care may be the only or the best choice (see Roelen et al. 2011).

The Guidelines for the Alternative Care of Children explore a range of alternative forms of care for children who are not in parental or kinship care.

They define residential care as:

“Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long term residential care facilities, including group homes.” (UN 2010, Art 29)

The Guidelines highlight ‘institutional care’ as an especially harmful form of residential care, stating that

“...where large-scale residential care (institutions) remain, alternatives should be developed.” (UN 2010, Art.23)

The Guidelines highlight the particular harm caused by children under the age of 3 in such facilities, calling for such children to be cared for in family-based settings in most cases. The Guidelines’ lack of support for institutional care is based on a substantial body of evidence highlighting the harm caused by such care, particularly in relation to children’s inability to form an attachment with a consistent carer due to children being cared for collectively in large groups. This lack of attachment has been shown to impact on brain development, ability to inform relationship, language skills and physical development. It is particularly harmful in the crucial early stages of children’s development, but can impact on the well-being and resilience of older children. Institutional care can also leave children more vulnerable to abuse, and isolate them from families and communities (EveryChild 2011a).

The Guidelines for the Alternative Care of Children indicate that smaller residential care facilities, or family-based care, such as foster care, or are more acceptable alternatives to institutional care for children who cannot be with their parents or relatives. Foster care may be defined as:

“...situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the child’s own family, that has been selected, qualified, approved and supervised for providing such care.” (UN 2010, Art. 29)

Research suggests that foster care requires functioning social services in order to operate successfully, though some functions can be fulfilled by community based child protection structures (EveryChild 2011b). The burden on already extremely stretched and inadequate social services in supporting the formal processes involved in foster care reiterates the value of kinship care, which does not usually require such extensive support, and is also an option commonly preferred by children and families alike (Mann 2004; EveryChild 2005)

Another group of children that can be described without parental care are children living in child-headed or child-only households. Although such living conditions are not considered
ideal for children, and this living arrangement cannot be considered a care option as such, it may be in the best interest of the child in certain instances. This is particularly likely to be the case when older children are present in the household, or if siblings cannot be kept together otherwise (EveryChild, 2009a).

The Guidelines for the Alternative Care of Children highlight a number of generic principles that should be considered in decision-making regarding children’s care. These include:

- All decisions about children’s care should be made on a case-by-case basis, with the best interests of children in mind, and involving the full participation of children;
- The importance of longevity and permanency in children’s care relationships, and the harm caused by not being able to form attachments and by frequent placement changes;
- Enabling children to maintain their linguistic and cultural identities and keeping those separated from parents as close to home as possible;
- The importance of non-discrimination, and of ensuring that all children have the same range of care choices open to them.

Regarding this last point, recent research by EveryChild highlights the particular vulnerabilities of children with disabilities and living with HIV to a loss of parental care and to institutionalisation (EveryChild and BCN 2012; EveryChild 2010).

Evidence suggests that the extent to which the principles inherent in the Guidelines are applied in practice varies enormously between countries, but that in many settings, progress is extremely slow. Overall, the numbers of children without parental care is rising, suggesting that the preventative efforts are currently inadequate (EveryChild 2009a, b). Institutional care is growing or failing to decline in many regions, including Sub-Saharan Africa, CEE/CIS and Asia (EveryChild 2011a; UNICEF 2010). Children in kinship care are poorly supported (JLICA 2008) and foster care programmes have not been developed or properly supported in many countries (EveryChild 2011a). The social services and community structures needed to support alternative care and protect vulnerable children are also often vastly inadequate and poorly monitored in many resource constrained settings (EveryChild 2012; Davis 2009; Wessells 2009).