



THE IMPACT OF PROTECTION INTERVENTIONS ON UNACCOMPANIED AND SEPARATED CHILDREN IN HUMANITARIAN CRISES

About this executive summary

This is the executive summary of an independent systematic review, commissioned by the Humanitarian Evidence Programme – a partnership between Oxfam GB and the Feinstein International Center at the Friedman School of Nutrition Science and Policy, Tufts University. It was funded by the United Kingdom (UK) government through the Humanitarian Innovation and Evidence Programme at the Department for International Development. The views and opinions expressed herein are those of the authors and do not necessarily represent those of Oxfam, Feinstein or the UK government.

This systematic review was conducted by Katharine Williamson, Save the Children UK; Debbie Landis, Save the Children Sweden; Priya Gupta, McMaster University; Harry Shannon, Professor Emeritus, McMaster University; and Leigh-Anne Gillespie, McMaster University. Searches of bibliographic databases were conducted in December 2015 and January 2016. Searches of potentially relevant websites (including government agencies and non-governmental organizations) were carried out between February 2016 and April 2016.

The report forms part of a series of humanitarian evidence syntheses and systematic reviews covering child protection, market support, mental health, nutrition, pastoralist livelihoods, shelter, urban contexts and water, sanitation and hygiene. The reports and corresponding protocols can be found at:

- <https://www.gov.uk/dfid-research-outputs>
- <http://fic.tufts.edu/research-item/the-humanitarian-evidence-program/>
- <http://policy-practice.oxfam.org.uk/our-work/humanitarian/humanitarian-evidence-programme>.

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Za'atari camp, Syria, March 2016. Adeline Guerra/Oxfam.

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EXECUTIVE SUMMARY

The systematic review, *The impact of protection interventions on unaccompanied and separated children*, identifies, synthesizes and evaluates existing evidence of the impact of protection interventions on unaccompanied and separated children (UASC) in humanitarian crises since 1983. It was commissioned by the Humanitarian Evidence Programme and carried out by a research team from Save the Children UK, Save the Children Sweden and McMaster University.¹ It aims to answer the question: **‘What is the impact of protection interventions on unaccompanied and separated children, during the period of separation, in humanitarian crises in low and middle income countries?’**

Review scope and definitions

This systematic review focuses on protection interventions for UASC in humanitarian crises in low and middle income countries or in proximate countries of asylum since 1983. It considers the impact of such interventions undertaken during the period that these children are separated from parents or other caregivers and not during reintegration or long-term alternative care.

Who do we mean by ‘unaccompanied and separated children’?

By ‘children’ we mean every human being below the age of 18 (UN Convention on the Rights of the Child, 1989, Article 1).

The Inter-agency Guiding Principles on Unaccompanied and Separated Children define separated children as ‘those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives’. Unaccompanied children are defined as ‘children who have been separated from both parents and other relatives and are not being cared for by an adult, who, by law or custom, is responsible for doing so’ (Inter-agency Working Group on UASC, 2004).

What do we mean by ‘child protection in emergencies’?

Child protection in emergencies is defined by the Child Protection Area of Responsibility within the Global Protection Cluster as ‘the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies’.

The review synthesizes evidence on outcomes for children from programming on family tracing and reunification (FTR), interim care (residential care centres and foster care) and mental health and psychosocial support (MHPSS) (see Figure 0.1).

As part of the systematic review process, the research team:

- identified all potentially relevant research
- selected the relevant studies for analysis
- reviewed the extent, quality and comparability of selected studies; the assessment of quality was based on a ‘risk of bias’ analysis
- synthesized the evidence in response to three sub-questions, each relating to particular domains and sub-domains of intervention:
 - how effective are child protection activities specific to UASC (such as FTR and interim care) at restoring a protective environment?
 - how effective are interventions aimed at preventing and responding to abuse, exploitation, violence and neglect at ensuring the safety of UASC?
 - how effective are MHPSS interventions in promoting the mental health and psychosocial well-being of UASC?
- identified consistencies and discrepancies in findings across programme contexts
- where appropriate, assessed how outcomes were defined and measured against international standards
- drew out conclusions and points of discussion from this analysis, and identified areas for further research.

¹ The Humanitarian Evidence Programme is a partnership between Oxfam GB and the Feinstein International Center at the Friedman School of Nutrition Science and Policy, Tufts University. It is funded by the United Kingdom (UK) government’s Department for International Development through the Humanitarian Innovation and Evidence Programme.

Figure 0.1: Examples of common interventions undertaken with UASC

Domains of intervention	Sub-domains		Programme approaches		Domain-specific activities	Outcomes	
1. Child protection	UASC-specific	Interim alternative care	Case management	Community-based mechanisms	Formal foster care	Restoration of a protective environment	
					Interim care centres		Support to peer-headed households
		Family tracing and reunification (FTR)			FTR		
	General	Prevention of and response to specific protection risks			Release of children from armed forces and armed groups	Safety from abuse, exploitation, violence and neglect	
					Prevention of sexual violence		
					Child-focused refugee status determination		
2. Mental health and psychosocial support (MHPSS)					Focused, non-specialized MHPSS support	Mental health and psychosocial well-being	
					Focused, specialized MHPSS support		

* General interventions are those aimed at children in general that may also affect UASC.

What evidence was eligible for synthesis?

This systematic review, which follows the guidelines and principles developed by the Cochrane Collaboration (2015), includes studies:

- that evaluate an intervention during the period of separation, which were undertaken in a low or middle income country or proximate country of asylum during a humanitarian crisis
- where the subjects are UASC
- that were published from 1983 onwards
- that are written in the English language (or translated into English)
- that are primary empirical research.

Searches of bibliographic databases were conducted in December 2015 and January 2016. Searches of potentially relevant websites (including government agencies and non-governmental organizations (NGOs)) were done between February 2016 and April 2016.

What is the state of the eligible evidence?

Of the 5,535 records identified through a series of searches (academic databases, grey literature websites) and a call for documents, the research team identified 23 studies that were eligible for inclusion. **The extent of the evidence is therefore limited.**

- Fourteen studies are programme evaluations (mainly focused on FTR programme outcomes) and nine are research papers (eight of which focus on interim care or MHPSS programmes).
- Twenty-one use quantitative methodologies and two use qualitative approaches.

Overall, the quality of the evidence is modest. Most are evaluated as of low to medium quality. The risk of bias (which is converse to the quality rating) is rated as 'high' in seven of the 23 eligible studies; eight are rated as 'high/medium' risk of bias; six are rated as medium; and two as 'low/medium'.

These 23 studies include 26 different case studies of humanitarian interventions with UASC. Of these case studies, 21 focus on countries in Africa, two on Indonesia, one on Haiti, one on Guatemala and one on Syrian refugees in the Middle East. **The focus of the evidence is therefore heavily skewed towards conflicts in Africa.**

Recommendations related to the state of the evidence

The research team recommends the following simple methods for improving the quality of programme evaluations:

- reports should describe the methods used in gathering and analysing information
- the number of children benefiting from programme interventions should be clearly stated
- caseloads should be disaggregated by age and gender, and differences between groups should be tested using robust statistical techniques
- the evaluation report should make clear exactly who is included.

In FTR reports:

- the intervention timeline should be clear
- the report should state whether numbers of registered children are cumulative or new cases in a particular period
- the number of children in the overall caseload and the number reunified should be explicitly stated; and the same data provided for sub-groups as appropriate.

Broadly:

- in order to facilitate effective identification of grey literature, authors should consider including abstracts or executive summaries, as well as titles that accurately describe the intervention
- evidence stemming from national or regional research agendas would be valuable, as would a wider body of evidence covering contexts beyond Africa and beyond situations of conflict
- it is recommended that disasters caused by natural hazards are prioritized for further research and evaluation of interventions with UASC.

What are the findings and recommendations?

Figure 0.2 summarizes the number and quality of studies included per domain and sub-domain. It also summarizes the geographical locations, dates, and the type of humanitarian crises in which the interventions take place.

Figure 0.2: Profile of studies per domain

Domain/ sub-domain of intervention	Number of studies/ case studies	Methodology	Location	Range of publication dates	Types of humanitarian crisis	Quality range and median
Domain: Child protection						
Sub-domain: UASC-specific programming (<i>please see below for breakdown of details</i>)						
Family tracing and reunification	14 studies, including 17 case studies	Quantitative (all)	Rwanda/Democratic Republic of Congo (DRC) (x6), Ethiopia, Mozambique (x2), Angola, Sierra Leone/regional (x2), Guatemala, Aceh (x2), Middle East region	1993–2014	Conflict (x15), Disaster (x2)	<i>Range:</i> Low–medium/high; <i>Median:</i> Low/medium
Interim alternative care	9	Quantitative – 7; Qualitative – 2	Mozambique (x2), DRC (x2), Eritrea (x2), Kenya/Ethiopia, Sierra Leone, Aceh	1994–2009	Conflict (x8), Disaster (x1)	<i>Range:</i> Low–medium; <i>Median:</i> Low/medium
Sub-domain: General child protection programming: No studies identified						
Domain: MHPSS	2	Quantitative	Rwanda, Haiti	2003–2015	Conflict (x1), Disaster (x1)	<i>Range:</i> Low–medium; <i>Median:</i> Low/medium

Seventeen of the case studies focus on FTR, and nine on alternative interim care (two case studies include a focus on both interventions). No studies examine the impact of general child protection activities on UASC. Two case studies focus on measuring the impact of mental health and psychosocial well-being interventions with UASC.

Family tracing and reunification

The scale of separation in Rwanda is unparalleled in the evidence. With an overall caseload of 120,000 UASC registered (or 3.7 percent of the affected child population), this is in excess of 3.5 times the scale of separation in any other crisis. The humanitarian response to this crisis offered rich opportunities for learning about how to effectively identify and document UASC, trace their families and reunify them: Six out of seventeen FTR case studies focus on Rwanda and surrounding countries.

There is some indication that the scale of separation may be greater in conflicts than in natural disasters. Caseloads in some of the conflict contexts where interventions were undertaken (Ethiopia, Mozambique, Angola and Sierra Leone/regional) are of comparable size and scale (ranging from 0.23 percent of affected child population in Angola to 0.99 percent in the Mano River countries). Caseload size both as an overall number and as a percentage of affected child population was significantly lower following the Indian Ocean tsunami in Aceh. This perhaps reflects a critical difference in the degree of separation that takes place in natural disasters compared with conflict settings and warrants further exploration.

Although challenging to attribute, the evidence included in this study indicates an increase in rates of reunification over time. While this may indicate the positive impact of an increased emphasis on addressing separation and the development of programme, approaches to FTR, given the limited number of studies and wide range of influencing variables caution is required in interpretation.

A number of studies identified factors that had a positive influence on rates of reunification:

- effective coordination between UN, NGOs, civil society organizations and governments
- engaging with communities in the identification, tracing and reunification process
- capacity-building being integral to programming and systems building
- effective information management
- adequate sustained programme funding.

These factors are reflected in the body of standards and guidelines that has been developed during this time period (i.e. since 1983), most notably by the Inter-Agency Working Group on Unaccompanied and Separated Children.

A number of studies raise concerns about missing girls, particularly those that relate to programming with children associated with armed forces and armed groups (CAAFAG).

- Children in interim care centres in Mozambique and Sierra Leone were all male, reflecting the male-centric nature of official disarmament, demobilization and reintegration processes.
- In Sierra Leone, 8.5 percent of the children demobilized were girls, yet this number failed to reflect the significant numbers of girls who had been abducted by the Revolutionary United Front (RUF).
- There was a gender imbalance among girls aged 13–18 involved in FTR programming in Sierra Leone and Liberia, indicating a hidden population of separated girls – including those associated with armed groups – who came to be known as the ‘lost’ girls. The fear of stigmatization was reported as a key reason why girls felt unable to return home.
- In Angola, Save the Children UK documented that abducted girls aged 12–14 were detained in quartering areas by military personnel who claimed that they were their wives.
- This is not exclusive to programming with CAAFAG: in post-tsunami Aceh, Dunn et al. (2006) reported that only 40 percent of the FTR caseload was female; similarly, there were documented concerns that fewer girls than boys were identified and supported with FTR programming in Rwanda.

Recommendations related to FTR interventions

- In order to generate a greater focus on issues such as gender, the humanitarian child protection sector should standardize the disaggregation of data on UASC by gender and age categories, and provide caseload analysis that outlines reasons for separation.
- Building on the previous recommendation, analysis of case information from a variety of contexts has the potential to generate information on the nature, scale and contextual drivers of separation in different types of humanitarian crises.
- Findings from assessments to measure the nature and scale of separation in emergencies should be analysed in order to progressively build a picture of the drivers of separation in different contexts.

Interim care

Outcomes for children living in residential care were mixed. Where this was explored, positive outcomes were strongly linked to better standards in care, particularly increasing the staff-to-child ratio and improving the quality of the caregiver relationship.

Outcomes for children in foster care were generally, but not consistently, positive. Study outcomes indicated that significant ongoing monitoring and support to both children and families is required to ensure that foster care is effective for all children.

While the UN Guidelines for the Alternative Care of Children recommend foster over residential care as the preferred interim measure, **the findings from this review are not enough in themselves to confirm or refute the prioritization of foster care over residential care as a norm for interim care in emergencies.**

Outcomes for children in interim care were only partially measured in the majority of studies. The research team evaluated outcome indicators and measures of outcome against definitions of ‘adequacy’ and ‘appropriateness’ of care. The majority of papers focusing on interim care evaluated outcomes against some – primarily social and emotional – but not all dimensions of the adequacy of care. Most papers did not evaluate outcomes in relation to the appropriateness of care. There is also wide variation in the cultural validity of the measures used.

Recommendations related to interim care interventions

- Further research is needed to:
 - understand what aspects of both formal and informal foster care are critical to bring about positive outcomes for UASC in humanitarian contexts
 - compare the outcomes of formal and informal foster care versus residential care in humanitarian contexts.
- The humanitarian child protection sector would benefit from the development of a standardized holistic framework, applied in a contextually appropriate way, for evaluating the outcomes of care interventions on UASC in humanitarian contexts.

General child protection programmes

Recommendations related to general child protection programming

- No studies were identified that evaluate outcomes for UASC involved in general child protection programmes in humanitarian contexts. This perhaps reflects the newness of approaches such as child protection case management in humanitarian response, which would be expected to generate such data.
- The humanitarian child protection sector should work to systematically analyse case management data, disaggregating by separation status and taking into account age, gender and other key variables related to child protection risks and vulnerabilities.

Mental health and psychosocial support

With only two studies considered eligible for this review, the extent of the evidence on MHPSS interventions is extremely limited. Both of the programmes evaluated were based on externally-conceptualized models of how to promote psychosocial well-being and may not have been appropriate to context. Neither study focuses on the specific impact of separation and loss on the mental health and well-being of children.

Further, indicators of well-being and measures used to evaluate against indicators lacked cultural validity.

Recommendations related to MHPSS interventions

- Further research is required that evaluates outcomes of contextually appropriate MHPSS interventions, with sensitivity to those issues that may be specific to UASC. In order to build up evidence of good practice, research is critically needed to:
 - review relevant evidence on the impact of separation on mental health and psychosocial well-being from non-humanitarian contexts and consider how this may apply in humanitarian contexts
 - evaluate the impact of separation in humanitarian crises on children’s mental health and psychosocial distress in the short, medium and long term
 - identify examples of contextually-appropriate MHPSS interventions with UASC and evaluate their impact on children’s mental health and psychosocial well-being.
- Additionally, it is recommended that a clear approach for the evaluation of MHPSS outcomes for UASC is developed to promote culturally validity in evaluation.

The researchers conclude by raising questions about what constitutes ‘evidence’, given the wealth of information about UASC that was not considered eligible for this review.

The broader literature on UASC should be synthesized to identify themes and promising interventions with UASC that would then be rigorously evaluated to further develop the evidence base on this topic.

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