



Commentary

Coordinated and evidence-based policy and practice for protecting children outside of family care[☆]

Neil Boothby^{a,*}, Robert L. Balster^{a,b}, Philip Goldman^c, Michael G. Wessells^d, Charles H. Zeanah^e, Gillian Huebner^a, James Garbarino^f

^a United States Agency for International Development, Washington, DC, USA

^b Institute for Drug and Alcohol Studies, Virginia Commonwealth University, Richmond, VA, USA

^c Maestral International, 222 South Ninth Street, Suite 3045, Minneapolis, MN, USA

^d Columbia University, Mailman School of Public Health, 17028 Little River Drive, Beaverdam, VA, USA

^e Tulane University School of Medicine, 1430 Tulane Ave., New Orleans, LA, USA

^f Loyola University Chicago, Center for the Human Rights of Children, 25 East Pearson St., Suite 800, Chicago, IL, USA

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The magnitude and multi-dimensionality of children's vulnerability

“Children outside of family care” – as a category or situation/circumstance – captures what several vulnerability groups have in common. Global numbers are imprecise but alarming: 17.8 million children have lost both parents (UNICEF, 2010); reportedly low estimates indicate that anywhere between 2 and 8 million children are in institutional care (Pinheiro, 2006; Save the Children U.K., 2009; UNICEF, 2009a). Some 1.8 million children are victims of sex trafficking or exploited for pornography (International Labour Organization, 2002) and 1.1 million children are trafficked for forced labor (International Labour Organization, 2005). Other children, for whom there are no reliable estimates, face other threats to their survival and well being including, in particular, separation or abandonment due to emergencies or conflicts. Many more children are within fragile families and face a cascade of risks posed by extreme poverty, disease, conflict, disaster and poor governance worldwide. Critically large numbers of children – 150 million girls and 73 million boys – experience forced sexual intercourse

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* Corresponding author address: United States Agency for International Development, GH/AA/OVC, Room 5.7.122 RRB, 1300 Pennsylvania Ave. NW, Washington, DC 20523, USA.

or other forms of forced sexual violence (Chen & Ravallion, 2008), and approximately one-third of all children experience severe discipline at home (U.N. General Assembly, 2010). Approximately 115 million children are engaged in hazardous work (International Labour Organization, 2011) and an estimated 200 million struggle with disability (UNESCO, 2010). In lower and middle income countries (LMIC), an estimated 200 million children under five years are not attaining their developmental potential primarily due to poverty, nutritional deficiencies, and inadequate learning environments (Grantham-McGregor et al., 2007).

The long-term effects of adverse childhood experiences: Interplay of risks and protective factors

Developmental risks, such as poor nutrition, abuse, neglect, lack of stimulation, and extreme stress, can have a profoundly negative impact on a child's development (Walker et al., 2007). The detrimental and life-long effects of the absence of family are perhaps most poignantly demonstrated through the studies of young children who have been institutionalized (Fluke et al., 2012). These risks are mitigated by permanent care in a protective family, access to family reunification, adoption, or *kafala* sponsorship as appropriate, high quality alternative care, prevention and intervention programs that begin in the first years of life, supportive community practices and informal mechanisms when available, access to social services and justice systems that respond effectively to children's needs, and coordinated efforts to involve the education and health sectors in child welfare and protection.

Research primarily from high income countries has shown that children who are abandoned, abused, or severely neglected can face significant life cycle risks that are costly to society, including lower earnings, poorer educational achievement, higher consumption of health services through old age, and greater risk of incarceration (Currie & Widom, 2010; Fang, Brown, Florence, & Mercy, 2012; U.S. Department of Health and Human Services, 2011). In contrast, as the other papers in this journal issue demonstrate, there are high confidence levels that beneficial and long-term life cycle effects result from the provision of a safe, stable environment with a nurturing caregiver committed to a lifelong relationship with a child, as well as from positive early childhood experiences and interventions (Boothby et al., 2012; Fluke et al., 2012). Such risk mitigation likely contributes to the broader poverty reduction and development agendas. Investments, particularly in early childhood, have been associated with a reduction in infant and child mortality, grade repetition, future criminal activity, drug use/abuse, teen pregnancy, and use of social services (Engle et al., 2007). Such interventions are also positively associated with improved physical growth, higher IQ scores, and increased school completion. Investments in child care, development, and protection can mitigate the deleterious impact of poverty, social inequality, and gender differences, ultimately resulting in long-term gains that benefit children, families, communities, and countries. Research by James Heckman, the Nobel Laureate in Economics, indicates that early interventions yield substantially higher economic returns than interventions in later years, making investments in early childhood the most cost-effective time in an individual's life (Carneiro & Heckman, 2003; Knudsen, Heckman, Cameron, & Shonkoff, 2006).

Moving from silos to systems

While child vulnerabilities are clearly multi-dimensional (Sumner & Mallett, 2011), global programs are fragmented and tend to divide children into different issue areas based on categories of vulnerability, survival, poverty, and child rights. Minimal and uncoordinated multilateral, bilateral, and private donor resources are devoted to child protection and welfare relative to the specific population or event needs. This situation impedes the efficient targeting of scarce resources and presents an opportunity to build a coordinated research agenda.

Global development efforts are increasingly focused on systemic change consistent with a holistic approach to children and building on the formal and informal social sector workforce. These efforts include the shift in emphasis from service delivery to systems strengthening outlined, inter alia, in the U.S. Department of State and U.S. Agency for International Development's *Quadrennial Diplomacy and Development Review* (2010), a shift to a comprehensive systemic orientation in UNICEF's *Child Protection Strategy* (UN Economic & Social Council, 2008; Wulczyn et al., 2010), the proposed transition from programs to systems under the World Bank's Social Protection and Labor Strategy for 2012–2022 (World Bank, 2011), recent work on child protection systems in emergencies (Save the Children U.K., 2010), Save the Children's 2009 *Rough Guide to Child Protection Systems* (Save the Children, undated) and World Vision's *A Systems Approach to Child Protection* (2011).

Child protection is a sector in its own right, but to protect children effectively it must be closely linked with other sectors, particularly social welfare, children and justice, education, health, security, and emergency and humanitarian response. There is a clear need to articulate the child protection agenda and develop related programs that are nationally-owned and community-based; address the inter-relationships between policy and legislation, government and community, community and family, and formal and informal structures; enable protective environments that focus on prevention and a continuum of care and support; and develop national capacity to collect and manage information, while enhancing knowledge to improve decision-making.

There is also clear opportunity to build on burgeoning country efforts, with a recent but rapidly spreading country focus on child protection systems development in numerous LMIC, including most countries in Africa and substantial numbers in Asia and the Near East, Latin America and the Caribbean, and Europe and Eurasia. Many of these countries have launched or completed a mapping and assessment of their child protection systems, and some have begun to identify programs that might contribute to systems strengthening (UNICEF, undated-b).

The architecture of U.S. government assistance to highly vulnerable children

Solid work is being done by U.S. government departments and agencies and incremental progress is being made on behalf of the world's most vulnerable children. More than 20 offices within seven departments – Agriculture, Defense, Health and Human Services, Labor, State, Peace Corps, and USAID – provided approximately \$2.62 billion in fiscal year 2009 to implementing partners for approximately 2,000 projects to assist vulnerable children and their families in more than 100 countries (U.S. Government Public Law 109-95 Secretariat, 2010).

Still, U.S. government programs to assist highly vulnerable children are fragmented by legislation and agency mandates. Separate, vertically organized programs assist children categorized according to the consequence of their vulnerability (e.g., HIV/AIDS-affected, exploited as child laborers, trafficked, orphaned, disabled, and displaced, including refugees). Interventions targeting vulnerable children, many of whom are outside of family care for various reasons, are often similar, yet programs tend to focus on addressing the needs of children according to their category of vulnerability rather than building sustainable child protection systems that effectively address the needs of all vulnerable children.

At present, the U.S. government's foreign assistance program does not have a singular administrative home for vulnerable children or child protection programming, per se. While several programs deal with different aspects of child protection, there is no comprehensive approach to protecting children that runs through all agencies working to improve the lives of children and their families. Currently, the U.S. government has no policy, strategy, guidance, plan, or program that focuses explicitly on children outside of family care or child protection and well-being. However, new initiatives may be changing the landscape for interagency coordination.

The 2011 U.S. Government Evidence Summit on Protecting Children Outside of Family Care was an interagency initiative under Public Law 109-95: *The Assistance to Orphans and Other Vulnerable Children in Developing Countries Act of 2005*. The Summit falls squarely under the PL 109-95 mandate to ensure that U.S. government assistance to highly vulnerable children is comprehensive, coordinated and effective, and based on best practices. The Summit brought together leading researchers as well as technical experts to assess the evidence to inform policies, strategies, and programs relevant to protecting children outside of family care in LMIC and identify evidence gaps to shape the future research agenda (Maholmes, Fluke, Rinehart, & Huebner, 2012). Senior interagency leaders have committed to establishing guiding principles and developing a strategy by July 2012 to promote evidence-based responses to protect vulnerable children who are outside of family care (Clay et al., 2012). The resulting *United States Government Action Plan on Children in Adversity: A Framework for U.S. Government International Assistance: 2012-2017* (expected November 2012) promotes application of the principles, implementation of evidence-based best practices, and research to address critical knowledge gaps in U.S. government-funded initiatives for at-risk children outside of family care. Among the principles articulated in the *Action Plan* is that the best available evidence be used to design, implement, and evaluate programs. The Evidence Summit began the process of assembling this evidence (Higgs, Zlidar, & Balster, 2012), but, for reasons described below, there is a weak evidence basis for establishing policy and practice guidelines. Nonetheless, there is an urgent need to move forward with programs and policies using what evidence we have and relying on the vast experience of skilled professionals who have worked in the area of orphans and vulnerable children.

U.S. government foreign assistance has helped millions of children, yet millions more are suffering due to poor governance, conflict, disaster, disease, and poverty deepened by the global recession. With the increasing number of children in need, tight funding, and a multi-agency response, it is more important than ever to improve the coordination and coherence of the overall U.S. government program, and to make the impact on children of our collective effort greater than the sum of its individual parts. With its significant investments in international development, the technical expertise and research capabilities embedded within key agencies, and diplomatic outreach, the U.S. government is well positioned to develop and mobilize around a sensible and strategic global child protection agenda.

The state of the evidence-base

We know what we don't know

Development science and practice has understandably focused on the issues that are made relatively "visible" through a variety of household surveys that are complemented by sector-specific quantitative and qualitative research and studies of varying scope, duration, and quality. Accordingly, children's needs tend to be seen through an array of different prisms, depending on the amount and quality of the information available. Living Standards Measurement Surveys (LSMS), Demographic and Health Surveys (DHS), and Multiple Indicators Cluster Surveys (MICS) yield household data relevant to a wide range of areas of interest to societies, but will not yield information relevant to children outside of the household, such as those in institutional care, living on the street, being trafficked, or living outside of households for many other reasons, unless they are specifically designed to do so.

While limited, the tantalizing array of research and evidence that has been reviewed for this Summit suggests that the children who are relatively "invisible" – those who have not yet been well captured by specialized household surveys – should play a more central role in our national and community engagement abroad (Pullum et al., 2012). Targeted empirical investigations or field work, such as the Bucharest Early Intervention Project (Nelson et al., 2007; Zeanah, Fox, & Nelson, 2012) or recent UNICEF/CDC (CDC, 2011) and Columbia University/CDC (Alfaro, Myer, & Roberts, in press; Potts, Myer &

Roberts, 2011; Stark, Roberts, Acham, Boothby, & Ager, 2010) studies on violence against children offer a window into the lives of these “invisible” children, and are leading to promising new approaches and investigations on how to move forward in ways that benefit *all* children.

Evidence Summit findings underscore the dearth of rigorous and sensitive studies to complement information gleaned from practitioner experience, agency reports, case studies, and anecdotal evidence. Studies with better comparison groups and larger sample sizes produced through more conservative power size calculations than are typically used in this research field can verify that the differences in sub-groups of vulnerable children can rightly be attributed to a true variation rather than random chance. Moreover, ensuring that future evidence building efforts extend to different communities of practice will be equally important. Currently, research, like programming, is siloed into vulnerability categories, with insufficient sharing of findings across the different communities of practice.

Investing in learning

Among major international development challenges, only a small proportion of funding for programs for children living outside of family care is devoted to research. A lack of sufficient funding for research and development has contributed to the shortage of strong empirical evidence to support many of the practices in the field or point the way toward innovations. There should be a commitment by project funders to devote a certain percentage of resources to building and maintaining a strong evidence base on which future activities to reach and assist the most vulnerable children can be effectively planned and implemented. This evidence base will assist in the cost-effective utilization of other program funds. Assuming that there is agreement that a stronger evidence base needs to be developed, a fundamental question that follows is: What percentage of U.S. government foreign assistance targeted to children outside of family care should go directly to project beneficiaries vs. research to show impact or to help develop the design of future programs?

One step toward answering this question would be to examine how other sectors manage and allocate resources for research. Data to examine the percentage of the U.S. government’s \$2.62 billion investment in programming for vulnerable children that is specifically allocated to research across the different organizations and programs are not routinely or consistently collected. As the U.S. government develops a strategic plan for research and innovation in the area of children outside of family care, a means of assessing the proportion of U.S. government funding devoted to research might be initiated in such a way that it can be monitored over time. It is important to begin a dialogue on the roles of different U.S. government departments and agencies in developing and managing a coordinated research agenda.

Developing an appropriate research framework

The literature reviews prepared for the 2011 Evidence Summit document the variable quality and quantity of the evidence base for making recommendations for policy and practice in the area of protecting children outside of family care (Ager et al., 2012; Boothby et al., 2012; Fluke et al., 2012; Pullum et al., 2012). Although there are well-controlled studies in some areas, most of the research literature suffers from a variety of design problems, and program evaluation data must also be viewed cautiously because of lack of comparison groups, independent review, etc. Longer-term effects of interventions and their sustainability are particularly poorly documented.

Several challenges must be addressed by research in this area. One challenge is how to determine if a proposed project has potential to advance knowledge relevant not only to a specific locale, but also what it might contribute to the larger context. Another challenge is how to sustain effective interventions once their efficacy is established. Another is how to bring to scale a specific method of enumeration or monitoring, or a specific intervention that has been demonstrated to be effective. These goals should be priorities for funding. Ager et al. (2012) provide a more detailed discussion of needs in this area for research and evaluation. Research on children outside of family care must be developmentally sensitive, mindful that interventions require adaptation for children of different ages. A major impediment to child protection efforts in many higher income countries has been the lack of an intentional recognition of the developmental needs of younger and older children (Zeanah, Shaffer, & Dozier, 2011).

Every research initiative designed to provide an evidentiary base for action on behalf of vulnerable children outside of family care should begin with a recognition of the core insight of human ecology, namely that all developmental influences and processes occur “in context” as defined by biology, social institutions, culture, individual experience, and relationships (Bronfenbrenner, 1979). This contextual array is so powerful that the best scientific answer to the question “Does X cause Y?” is almost always “it depends.” Therefore, the task of researchers seeking to provide an evidentiary base for programs and policies to protect vulnerable children outside of family care is to have an appreciation for the range of settings in which such children live, and to represent those situations in terms of the accumulation of “risk factors” and “developmental assets.” The more a child’s situation is “mapped” with regard to risks and assets, the more the answer to causal questions will move from a generic “it depends” to a more specified “it depends upon a, b, c. . .” In more formal terms, the more the risks and opportunities are mapped, the more our understanding will account for variance in outcomes.

Rarely does a single risk factor account for much in terms of child outcomes. For this reason, researchers have described a cumulative risk model, in which the number rather than types of risk factors are most predictive of outcomes. For example, Sameroff, Seifer, Baldwin, and Baldwin (1993) examined the impact of eight risk factors on intellectual development among children in the United States. The risk factors included poverty, absence of a parent, mental health problems in a parent,

substance abuse in a parent, low educational attainment in a parent, rigid and punitive child rearing style, large number of children, and exposure to racism. They found that all these risks counted equally, and none by itself predicted impaired intellectual development. The average intellectual development of children was excellent with one or two of these risk factors (IQ scores of 113). However, when children experienced four of these risk factors, significant impairment was observed on average (i.e. IQ scores of 92). Of course, these average scores mask the variability of children around these averages for each number of risk factors accumulated. Thus, for example, some children with four risk factors scored higher than some children with two. Most children do either a bit better than the average or a bit worse. This variance is attributable to some combination of biological factors in the children and unmeasured family, social, cultural, and educational influences.

By the same token, also working with American children and youth, the Search Institute (2011) has identified “40 Developmental Assets,” each of which has its own evidence base (i.e., each is associated with positive child and youth development). They report that none of these 40 developmental assets by itself predicts either positive outcomes (e.g. school success and good health habits) or negative outcomes (e.g. substance abuse and violent behavior). Rather, it is the accumulation of assets that determines outcome (e.g. issues of violent behavior were observed in only 6% of youth with 31–40 assets versus 61% among those with 0–10 assets). Obviously, the more research can map both risk factors and developmental assets in the lives of vulnerable children outside of family care, the closer it will come to providing specific guidance for programs and policies designed to protect these children from developmental harm. Research in low and middle income countries might accordingly benefit from the examination of multiple risk factors.

Connecting research, practice and policy

An important implication of this ecological perspective on research dealing with vulnerable children is that the relationship between policy and research is not unidirectional. Rather, policy issues can also shape research, since in principle the range of contexts studied by researchers is infinite but in practice is limited to a relatively small range of settings that actually exist or could exist as a result of policy and program decisions. Therefore, researchers should be guided at least in part by current public policy debates, selecting contexts that match up with existing policy options. But this will not be enough, of course. It will be necessary to go beyond conventional discussions of options to consider options that have theoretical and/or research support even when they are outside the range of policy discussions in a particular time and place.

This link to policy is not the only connection. The German psychologist Kurt Lewin wrote, “There is nothing so practical as a good theory,” and an anonymous observer also noted, “you can change the world. . .but unless you know what you are doing, please don’t.” There is a role for researchers in conceptualizing settings that theory and/or existing research predict will be protective and/or ameliorative for vulnerable children outside family care. Good theory and research can generate hypotheses which are translated into settings in which to observe developmental processes and child outcomes. It might also be noted that funders often require monitoring and evaluation plans for their programs and projects, but those plans are usually limited to the causal variables associated with the funding, with monitoring often ceasing after project termination. Research does not have those constraints, with design driving the issue areas to be examined, the methodology to be utilized, and the time frame to be explored.

With this as an introduction, it is possible to consider several more specific research strategies and models to guide future investment. First, once the salient contexts are identified, it is important to conduct longitudinal studies to assess the developmental trajectories of vulnerable children outside family care (Ager et al., 2012). Such studies can shed light on the limitations of short-term assessments. For example, Rutter (2007) reports that 50% of abused children show “unremarkable” development in later life. Loeber and Farrington (1998) report that while 30% of children identified with severe conduct problems (i.e. Conduct Disorder) become seriously violent delinquents, the figure is only 15% for some neighborhoods but is 60% for others. The point is that these findings would not be available without longitudinal research designed to assess developmental trajectories in contrasting settings (and/or with children who have different temperaments and histories).

Second, where “universal” effects are observed, they should become the focal point for on-going research to assess the development of vulnerable children outside family care. For example, the work of Rohner, Khaleque, and Cournoyer (2005) has revealed that parental rejection represents a “psychological malignancy” that is universally toxic for children. They conclude that parental rejection is responsible for about 25% of negative issues in development. Assessing the degree to which children are accepted versus rejected across contrasting contexts that are observed to occur “naturally” or are the result of policy based intervention initiatives is an important part of a larger research agenda. This suggests, among other things, that the *reason* vulnerable children are outside of family care may be vitally important (e.g., if they are out of family care because of parental rejection). While we have broadly identified a variety of “macro” level factors for why children are outside of family care in LMIC, such as poverty, disease related mortality, and emergencies, our understanding of the specific reasons in these contexts remains limited at best.

Ethical considerations

Conducting international research with children living outside family care in low and middle income countries raises complex ethical challenges. Challenges arise from both the international context and the vulnerability of the study population (Alderson & Morrow, 2004; Boyden, 2004; Hart & Tyrer, 2006; Morrow, 2009; Powell, 2011; Straker, 1996). To conduct

research in an ethical manner requires careful attention to the context and power relations, the ways in which research may cause unintended harm, and the core principles of beneficence, non-maleficence, respect for persons, justice, and the best interests of the child. Achieving this in the international context also requires that the research be responsive to the health needs of the study population and that the population studied gains from the research results (Millum & Emanuel, 2007).

Do no harm: The principle of non-maleficence

Research may harm children living outside family care in myriad ways, some of which are outlined below and further documented by Ager et al. (2012).

Labeling. Use of labels such as “orphans”, “street children”, “child soldiers”, “rape victims”, and “children affected by HIV/AIDS” can cause stigma, heighten protection risks, and worsen the situation of already vulnerable children.

Inappropriate research designs and methodologies. What counts as ethically appropriate is highly contextual. Amidst pervasive food insecurity, it would be ethically unacceptable to extend a life-saving nutrition intervention to some highly vulnerable children while denying it to others. Similarly, gathering adolescents for a discussion in a zone of political violence could raise suspicions of political organizing or recruitment. Across contexts, research methods that question children about the worst things they had experienced can heighten children’s vulnerability.

Raised expectations. Despite explanations of the purpose of one’s research, children living in desperate circumstances may believe that participation in the research will yield tangible benefits. This not only complicates efforts to obtain informed, voluntary consent but also can lead to feelings of frustration and distrust of outsiders.

Deficits approaches. Research that focuses narrowly on children’s deficits or problems may portray children as hapless victims and overshadow wider patterns of resilience and agency. Narrow focus on trauma, for example, may inadvertently pathologize normal reactions to extreme events or medicalize political, socio-cultural, and economic problems (Punamaki, 1989; Wessells, 2009). A focus on deficits can also undermine the sense of self-efficacy that contributes to well-being even amidst emergency settings (Hobfoll et al., 2007; Zwi et al., 2006).

Imposition. Research by outsiders frequently uses predefined questions, terminology, measures and interventions, with little effort made to learn how children themselves understand their situation or think would be helpful interventions. Impositional approaches often create backlash, have low sustainability, and may undermine pre-existing supports (Wessells, 2009).

Research agendas and power

An important question is who defines the research agenda. Often, it is technical specialists and policy leaders in higher income countries who set research agendas. This approach marginalizes technical experts and policy leaders in LMIC and runs the risk that the agendas will inadequately reflect the needs, priorities, or contextual aspects of children living outside family care in those countries. To respect the principle of justice, an ethical priority is to systematically include voices from low and middle income countries in defining research agendas (Tol et al., 2011).

Moving forward with caution and guidance

Concern over causing harm should not paralyze research. At present, many interventions in support of children living outside family are based on practitioner expertise rather than independent scientific evidence. An important question, then, is whether it is ethical to use unproven interventions that provide only low levels of accountability. To make practice accountable not only to donors but also to affected people, it is an ethical imperative to conduct operations research and use it to strengthen humanitarian practice (Alden et al., 2009). Indeed, proceeding without evidence on the potential harms of interventions for vulnerable children can produce discouraging results.

Protection of human subjects in federally funded research is a matter of law in the United States (45CFR Part 46). The law applies to research conducted, supported, or otherwise subject to regulation by any federal department or agency. It also includes research conducted, supported, or otherwise subject to regulation by the federal government outside the United States. In support of this regulation, the National Institutes of Health (NIH) have developed guidelines for human subject protection (NIH, 2004) which have been widely used as the basis for other guidelines. Building upon this, numerous guidelines are available that enable ethical practice in the conduct of research with children (e.g. Schenk & Williamson, 2005; Inter-agency Working Group on Unaccompanied and Separated Children, 2004). The Council for the International Organizations of Medical Sciences (CIOMS, 2002) addresses ethical issues for human subjects research on a global basis. A key component of subject protection rules and guidelines is the provision for independent review of research proposals by an Institutional Review Board (IRB) or similar entity. The issues brought up in this discussion about the unique challenges

of research with vulnerable children should be attended to by IRBs which ideally have members who are experienced in conducting field work with these special populations.

However, the dynamic, contextual nature of ethical issues argues against the routine use of fixed ethics procedures for every situation. For example, the UN Convention on the Rights of the Child underscores the importance of children's participation, yet participatory approaches are inappropriate in contexts that enable recruitment into an armed group. Among the best sources of ethical guidance is a stance of ongoing ethical reflection and an orientation toward learning (Millum & Emanuel, 2007).

Capacity development and knowledge transfer

Research may be implemented in an extractive manner and offer few or no benefits to the participants, and this often creates frustration and feelings of being exploited (Allden et al., 2009). A valuable means of giving back to affected societies is to take a capacity building approach that trains and mentors national researchers, develops internal capacities for intervention research, institutionalizes the resulting learning, and enables long-term, sustainable approaches that improve the well-being of children living outside family care (Wessells, 2009). An important part of capacity building is to engage children and young people as researchers. This engagement not only helps to fulfill children's participation rights but also enables research to benefit from children's creativity and understanding of the context (Hart & Tyrer, 2006; Morrow, 2009).

A global effort to enhance the evidence base for children outside family care also needs to include a long-term and focused effort to develop integrated knowledge transfer mechanisms in LMIC. There are generally four types of knowledge transfer models: pull, push, exchange, and integrated (Lavis, Robertson, Woodside, McLeod, & Abelson, 2003). Push knowledge transfer is when a researcher's newly acquired knowledge pushes for change in health and policy practice; the findings are packaged to be appealing and accessible to decision makers. Pull knowledge transfer occurs when decision makers request more evidence from researchers to see if new evidence confirms that changes are necessary. A knowledge transfer exchange is when there is partnership between researchers and policymakers; this may take place in the form of priority-setting exercises, collaborative research projects, or by creating knowledge systems databases.

Integrated knowledge transfers are preferred; in an integrated model, established institutional knowledge brokers work with researchers and decisionmakers to systematize the partnership. Ideal knowledge transfers will gravitate toward an integrated model. Knowledge transfer can be facilitated by personal contact between researchers and policymakers, timeliness and relevance of the research, good quality research that supports interest groups, and pressure from communities and policymakers for improvements in service. Barriers to knowledge transfer can include mistrust between researchers and policymakers as well as political instability and inconsistent staffing.

The components of knowledge can be complex and interconnected – including elements such as cultural beliefs, values, habits and tradition, expertise, and experience among other things – which can make the transfer of knowledge even more complicated. Above all, knowledge transfer mechanisms must promote partnerships between researchers, policymakers, and civil society. Successful partnerships, in which everyone affected by the policy is involved, will result in better policy development and better policy implementation through the use of the best evidence available.

Engaging universities and national researchers in LMIC is a key component of an integrated knowledge transfer model, as is supporting the participation of national researchers in operational research and enhancing their research capacities over time. In many settings, this requires the development of university curricula to enhance the knowledge and skill sets of current and future practitioners through the provision of relevant graduate training, mentoring, and work and field experience. For example, the Child Protection in Crisis Network (<http://www.cpcnetwork.org/>), a coalition of 260 actors in 32 countries, is establishing university-based child protection centers and curricula to serve as national knowledge brokers in LMIC.

Recommendations

In moving forward, consideration should be paid to how current operational contexts, collaborative relationships, and learning-knowledge can be united. It will be important to establish an operational leadership initiative to advance an evidence-to-action strategy, including (1) global coordination and dialogue; (2) national engagement; (3) building public-private partnerships; and (4) research. The initial focus on children outside of family care would best coincide with a broader focus on child protection systems and a holistic approach to children's health, wellbeing, and development.

There is an urgent need to create a learning mechanism capable of uniting research across communities of practice that focuses on the various categories of children outside of family care. This effort should be guided by a coherent research framework and focus on the following priorities:

1. Define an interagency research agenda on children outside of family care as a first step toward defining a broader research agenda on children in adversity and child protection in LMIC. Elements might include:
 - a. Research to determine the root causes of family-child separation;
 - b. Research to examine the interplay between cumulative risk exposure and protective factors and outcomes for children outside of family care;

- c. Longitudinal studies to assess the developmental trajectories of vulnerable children outside family care;
 - d. Research to determine if an intervention has potential to advance knowledge relevant not only to a specific locale but also to other contexts and settings;
 - e. Research to examine how to sustain effective interventions once their efficacy is established; and
 - f. Research to facilitate taking specific effective interventions to scale.
2. Monitor interagency funding devoted to research on children in adversity in LMIC to ensure that defined priority research areas are adequately funded and reference appropriate benchmarks.
 3. Adhere to clear ethical guidelines for research to ensure the physical and psychological safety of study participants and to maintain the integrity of the research.
 4. Establish a long-term and focused effort to develop integrated knowledge transfer mechanisms in developing and middle/higher income countries and promote partnerships between universities, researchers, policymakers, practitioners, and civil society.

With such efforts, there is reason to believe that child protection efforts may more efficiently and effectively begin to address the multidimensional needs of millions of children living outside of family care.

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