THE PLACE OF INTERSECTION
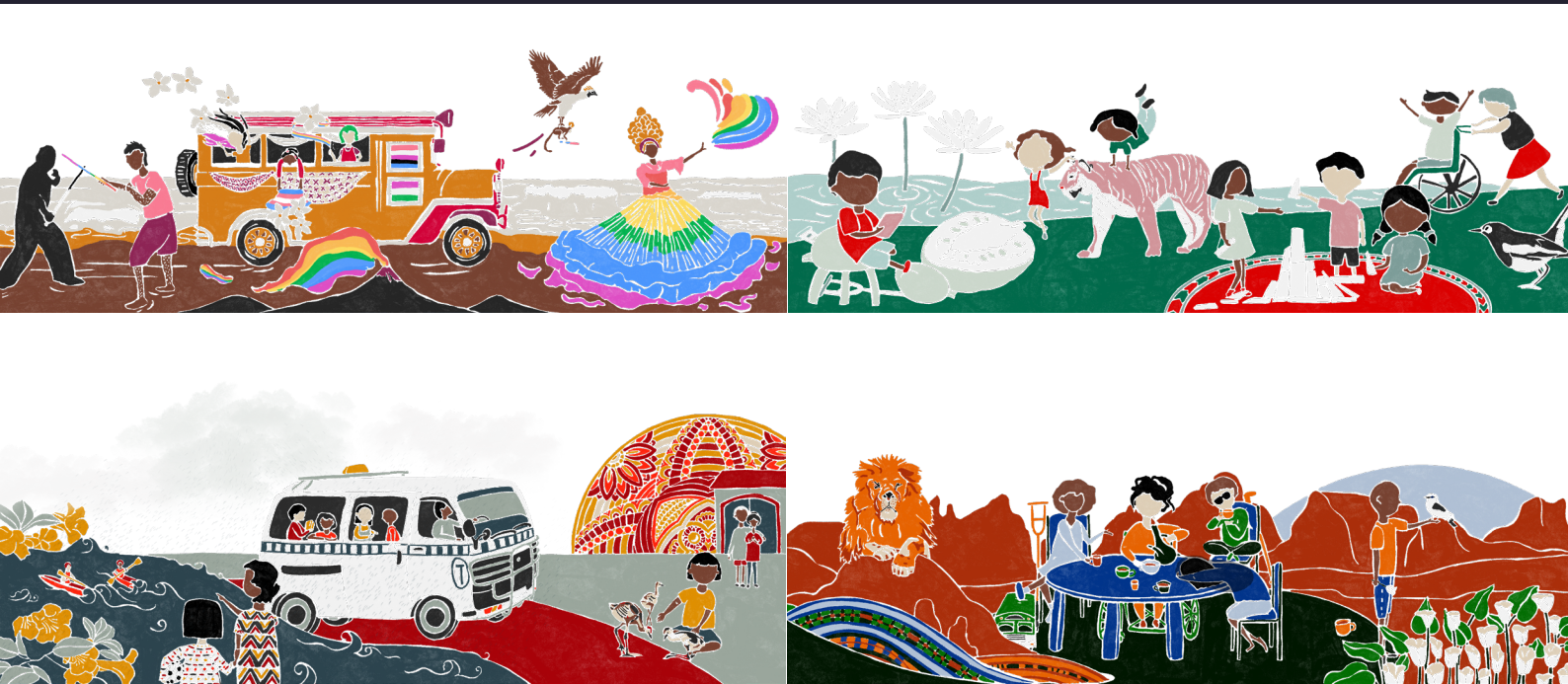
Participatory Research to Update and Align Terre des Hommes Netherlands (TdH NL) Cross-cutting Issues (CCI) Approaches

With the voices of children, community members, implementing partners and staff in Bangladesh, Ethiopia, The Philippines and Uganda

April 2023

Terre des Hommes Netherlands

The Place of Intersection: Participatory Research to Update and Align Terre des Hommes Netherlands (TdH NL) Cross-cutting Issues (CCI) Approaches

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The Place of Intersection study helped build the TdH NL Principles for Effective Programming course curriculum.

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CHILD-FRIENDLY SUMMARY

Who started this study?

We are called Terre des Hommes Netherlands (TdH NL). This is an organisation that works to protect children around the world from exploitation.

Child Exploitation is when somebody (mostly adults) or groups of people take advantage of a child for his/her own (adult) benefit.

What is this report about?

We want to make sure that the rights of **ALL** children are protected.

This report is about how we can improve our work to protect children better. We want to make sure that children are listened to.

We also want to show that all children, no matter how different they are (boy, girl, other gender, ability) should be included and protected. Family is very important to children, however, some children do not have parents or their own families, but they too need to be protected so that they are safe. If this is not done, many children will be at risk of exploitation.

How did we make this report?

1. We read books and other reports/articles written by people who know a lot about protecting children to understand what is important when protecting children. We made notes/summaries about it.

2. We talked to people who work at Terre des Hommes Netherlands (TdH NL) in different countries.

We asked them questions about other children focused organisations they partner with (TdH NL partners), that are doing good work to protect children, especially those that ensure:

- Children are listened to and decisions are made with them and by them.
- Children with disabilities are included in their activities.
- Children of all genders are included (boys, girls, other gender).
- Children without families are well protected.

We went to four countries (Bangladesh, Ethiopia, The Philippines and Uganda), to talk to children and community members. We organised 9 workshops in the four countries.

In these 4 countries, we worked with partners who helped us set up the workshops with children and community members. We acknowledge their huge support.

We spoke with **44** children and **39** community members to understand what the obstacles are with protecting children and what are good things that TdH NL is doing and what we can do better in the future.

We took notes.

We asked questions to:
- **15** people who work at TdHNL.
- **5** people who work in other organisations that protect children.
- **8** experts (people who know a lot about protecting children).

We did this to understand what are good things that we can do in the future for children. We took notes.

5. We read and analysed all the notes. We read and analysed all the reports that were written about projects done with partners of TdH NL.
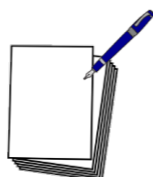
6. We wrote the report.

6. We met with the children that participated in the workshops in the 4 countries, online. We met with them to discuss and confirm what we had found out from the research. It was also a good and fun way to meet other children who took part in the workshops

What did we find out?

Child Participation
(Listening to children and making decisions informed by children's views).

In the past, child participation activities were mostly organised by adults for children.

In the future, children want to collaborate to organise activities and sometimes take the lead.

A good way for children to participate and learn how to take the lead are **child rights clubs**.
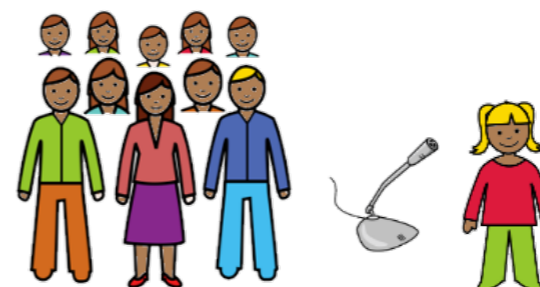
Children want to participate in activities where they can create change in their community, and they want to be involved in peer support and education.
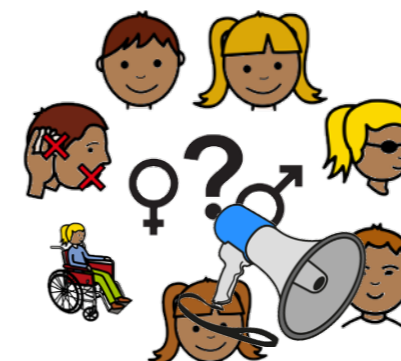
It is important that all children have an opportunity to participate, no matter their gender, sexuality, disability or ethnicity.

Gender Mainstreaming
(Making sure services recognise the different needs of all children and include them without discrimination).

Often people do not understand what gender mainstreaming means.
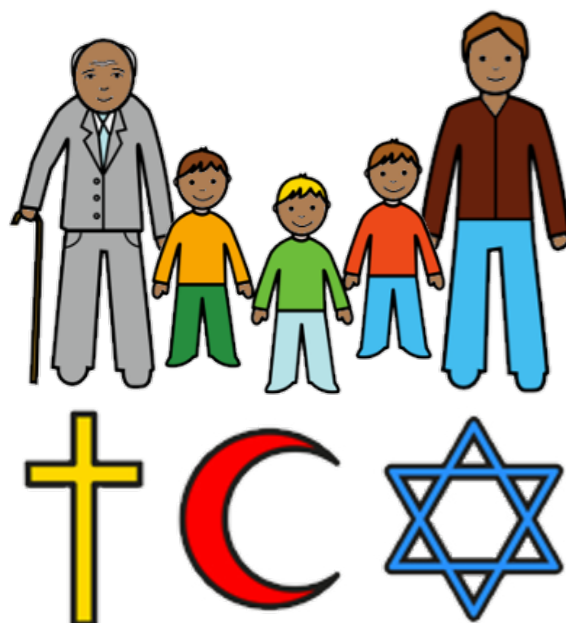
In the past, people focused on promoting gender equality and girls' rights. One of the ways they did this was by changing the attitude and behaviour of boys and men towards girls and women.

Sometimes culture, tradition and religion create challenges to gender mainstreaming.

In the future, it is important to create safe spaces for mixed groups of children to talk and learn together. It is important that girls, boys, and gender-diverse children are included and protected if they are at risk of child exploitation.

Inclusion of Children with Disabilities
(Children with disabilities are included and have the right to participate)

In the past, children with disabilities were rarely included in activities with other children. They were sent to a special place or programme for children with disabilities only.
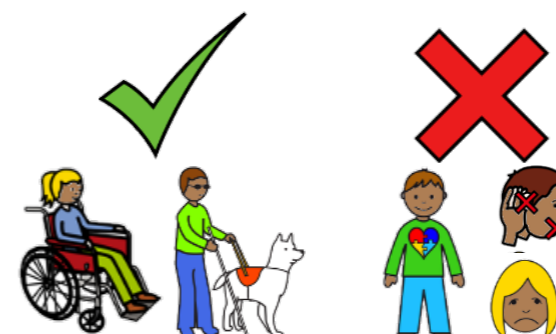
In the past, people thought that only certain types of disabilities were important to include in activities.
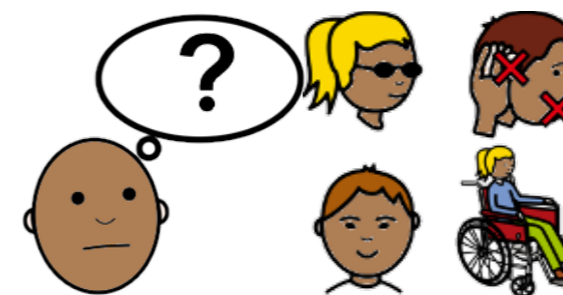
Sometimes people include only some children with disabilities because some disabilities are difficult to see and people might not know that a child needs help.

In the future, it is important to make sure that all children can participate in programmes, and that activities can be adjusted and changed so that children with disabilities can also take part.

**Minimum Standards of Alternative Care
(Good quality of care for children who are not living
with their parents or family)**

Sometimes children need to live away from their families. However, this can put them at risk of being taken advantage of or abused.
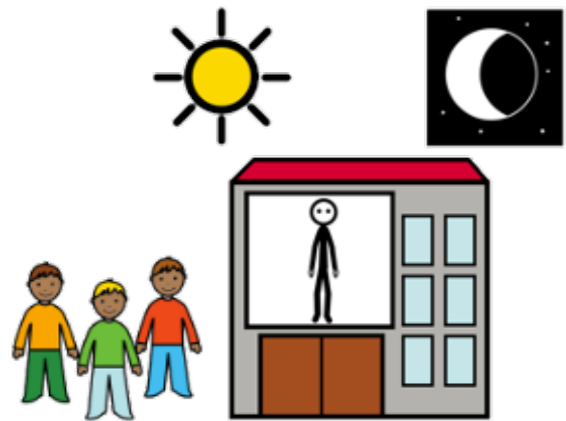
In the past, children that could not live with their families were always sent to institutions like orphanages or residential children's or care homes.

In the future, it is important to do everything possible to keep children with their families and to find loving and safe places for children who can't live with their families.
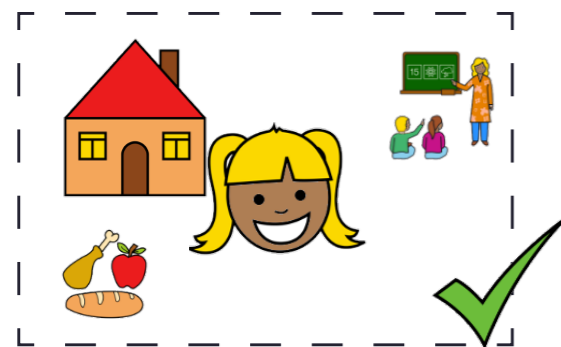
In the future, people who work to take care of children who do not have families must make sure that children are safe and have quality care and their basic needs met.

CHILDREN ARE THE FUTURE

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction

Terre des Hommes Netherlands (TdH NL) introduced four Cross-cutting Issues (CCIs) in 2017. These CCIs were identified as essential pillars of practice needed for the successful prevention of child exploitation:

1. Child Participation
2. Gender Mainstreaming
3. Inclusion of Children with Disabilities
4. Minimum Standards of Alternative Care

Following five completed years of implementation, and with the introduction of a new organisational theory of change and Listen Up! Strategy,[6] the need to reflect, update and realign arose. This study was undertaken in order to benefit from lessons learned between 2017 and 2022, update our positions and inform training resource development.

This report includes a reflection on how the CCIs were conceptualised, how and why they were introduced (Chapter 2); a discussion of the implementation of the CCIs and the good practices that emerged between 2017 and 2022 (Chapter 3); and recommendations for the future (Chapter 4).

RESEARCH QUESTIONS

1. To what extent was TdH NL able to achieve gender mainstreaming, child participation, inclusion of children with disabilities and minimum standards of alternative care in programming between 2017 and 2022?
   a. How are the CCIs reflected in the experience and practices of children and communities, project partners and TdH NL staff?
   b. What good practices exist in relation to each CCI?
   c. What critique or lessons learned exist in relation to each CCI?

2. What is needed to update the approach of TdH NL?
   a. What new evidence (from literature and like-minded organisations) or internal developments have emerged since 2017 that should inform updated positions?
   b. What key concepts do people need to understand in order to successfully prevent or respond to child exploitation?
   c. What is necessary for organisations to successfully prevent or respond to child exploitation?

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[6] Terre des Hommes Netherlands, 2023b

1.2 Methodology

This study was situated within the frameworks of children's rights[7] and intersectionality.[8] In addition, the recommendations for the way forward were informed by the TdH NL Core Principles.[9] Using multiple mixed methods this study collected primary data from four target groups (children, community members, partners and TdH NL staff) at four research sites. These data were supplemented by interviews with experts, a literature review and a document review of project monitoring and evaluation reports. The study was undertaken from mid-2022 following ethical clearance from local authorities in Bangladesh, Ethiopia, The Philippines and Uganda.

Data collection

Several data collection methods were used (summarised in Table 1). A range of participants were sampled for the study. All children sampled were existing and well-established participants in partner organisation programming. Selection criteria were applied, ensuring selection of children from diverse backgrounds, marginalised children, including but not limited to children from low-income areas, children of single parents, children with disabilities and children out of school. Depending on the context, the researchers aimed to include children from lower castes, minority groups and children who live in rural areas.

In workshops and interviews neither audio, nor video-recording devices were used. In each, live transcription was typed by dedicated scribes using note-taking templates. This decision was made in order to make children especially feel comfortable, and avoid risk of retraumatisation. Transcripts were translated to English where necessary by the scribes.

Table 1. Overview of data collection methods and samples

Literature Review
Relevant literature from peer-reviewed journals and grey material from children's organisations were included in the literature reviews undertaken on each of the four issues (child participation, gender mainstreaming, inclusion and alternative care). Sources from 2012 onwards were included.

Staff Survey
An online survey was distributed to 79 TdH NL staff members via their managers. Three weeks were allowed for responses. 26 responses (33% response rate) were received. The staff survey assisted in identifying partners who demonstrated good practice and informed the selection of research sites.

9 Inclusive[10] Participatory Workshops	
44 children	Association for Community Development (Bangladesh), ANPPCAN Ethiopia, Bidlisiw Foundation (Philippines) and Dwelling Places (Uganda) hosted inclusive and participatory children's workshops in the fourth quarter of 2022. Workshop content was designed to take about 12 hours in total with each cohort of children. These were either conducted over two consecutive days, or over multiple shorter sessions, guided by a facilitation manual. Two sets of children's workshops were conducted in Uganda to accommodate in-school and out-of-school groups of children. • Children were aged between 10 and 19 years old (mean 15, mode 16). • 59% of the children were girls (n=26), 5% were gender diverse (n=2), and the remaining 36% were boys (n=16). • 14% had a disability (n=6). Types of impairments were commonly physical, intellectual, learning and communication impairments. • 74% were enrolled in school (n=32) and, for a range of reasons, the remainder were out of school. • 58% were children's club members (n=25), the rest participated in other types of child exploitation prevention or response programming. • Some children had a history of exploitation, however, this personal data was not required or collected, so prevalence of child exploitation among the cohort was not determined.
39 community members	Two-hour workshops were conducted with community members in each country. • 41% were female (n=16), 59% male (n=23), 5% were transgender (n=2) • 3% (n=1) had a disability • Sample included local government officials, community leaders, teachers, religious leaders, police officers, parents and social workers.

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[7] Convention on the Rights of the Child, 1989
[8] See Crenshaw, 1990; Nadan & Korbin, 2018
[9] Terre des Hommes Netherlands, 2023a

[10] Workshops were designed using universal design principles, detailed by Feldman et al. (2012), to accommodate accessibility needs to ensure that children with various impairments or other support needs were able to meaningfully participate.

28 Structured Key Informant Interviews		
	15 staff and partner staff	In each country, staff from the respective TdH NL country office and partner organisations were interviewed (in person or online) for up to an hour.
	5 like-minded organisation staff	In each country, like-minded organisations were identified by country staff for an in-person interview of 30 to 60 minutes.
	8 experts	Experts on each CCI were identified through networks of the researchers to provide additional input.

Document Review	
	38 CCI quarterly reports were reviewed. Reports were collected for all projects undertaken by selected partner organisations in Bangladesh, Ethiopia, The Philippines and Uganda between 2018 and 2022.

Validation Workshops	
	Hybrid validation workshops were conducted with 43 of the children who participated in the country workshops.

Data analysis

Transcripts from the survey, interviews, field notes, participatory workshop observation notes and minutes were coded using qualitative thematic analysis, assisted by ATLAS.ti Web software. Both deductive and inductive coding were used in series. The research questions informed the creation of a codebook set of initial 53 codes. As this research was exploratory, inductive coding was used to capture emerging themes not directly linked to the research questions. 319 new codes (inductive) were added as the data was coded.

Coded data were analysed in a four-step process. First, the data was explored and visualised. This meant looking at the relationships between codes (codes which were applied to the same quotation) and between codes and documents (such as topics mentioned across the years or countries) with the use of Sankey charts and tables. Second, the data exploration and visualisation were used to identify patterns and themes. Once these were established, themes were further analysed to make sense of the context, seek out alternative explanations or contradictions. Finally, themes with explanations and context analyses were supplemented by illustrative quotes from the research participants.

To facilitate reliability and counter subjectivity and biases inherent to qualitative analysis, the research team made use of several methods. First, to promote intercoder reliability, the data analysis team independently coded a test document. The document was reviewed as a group and discussed so that a similar approach was taken by the various members of the team. Second, two researchers were assigned to code each document, one deductively, the other with the inductive codes. Third, weekly meetings were held to discuss the progress and reflect on emergent themes. During meetings, time was reserved to discuss how the analysis might be influenced by personal beliefs and biases. Additionally, there was a focus on finding alternative explanations and contradicting findings to avoid tunnel vision. These were recorded in memos in the AtlasTiWeb application.

Validation among children

During the writing process, validation workshops were held with the child participants of the research. Importantly, this validation was limited to children's experiences and did not extend to validation of the findings regarding outcomes of the CCI framework implementation. The objectives of the validation workshops were to 1) increase the meaningful participation of child participants, 2) for children who participated in the research to get to know their counterparts from other countries, 3) to check with participants if the findings stemming from the workshops were correct and valid, and 4) to clarify some contradicting or unclear findings. Two online validation meetings were held, one with three countries and a separate one with the remaining country that could not participate in the bigger meeting.

Before the validation meeting, country and partner staff who were also present during the participatory workshops received the list of topics that would be discussed during the meeting. Staff had a discussion with the children before the workshop to make the objectives clear and to talk about the questions. In this way, children were fully aware of what was about to happen, and they already had the opportunity to think about and prepare their answers for the meeting.

Both online sessions followed the same structure, except for the part where children from different countries got to know each other in the meeting with one country. The first half of the validation meeting was filled with icebreaker questions and activities. In the second half, the focus was validating the research questions. In the bigger meeting, breakout rooms were created for each country to discuss the pre-disseminated questions, where there was at least one facilitator that was present in the country workshops for familiarity. In the other meeting, findings were discussed plenary. A note taker was present for every country and other notes from country staff and partners were shared after the meeting. These notes were incorporated in the report.

Ethical Considerations

TdH NL is committed to the comprehensive safeguarding of children and highest ethical standards of research. Being a child protection organisation, policy, procedures and reporting mechanisms ensure that TdH NL activities adhere to the principles of 'do no harm' and 'best interests of the child'. The study secured ethics approval from ethical review boards in the 4 research countries, namely:

1. The Institutional Review Board of the Institute of Health Economics, University of Dhaka, Bangladesh;
2. Ethiopian Society of Sociologists, Social Workers and Anthropologists, Institutional Review Board;
3. Philippine Social Science Council, Social Science Ethics Review Board;
4. Mildmay Uganda Research Ethics Committee.

The TdH NL Child Safeguarding Policy (2016) was implemented and overseen by a designated Safeguarding Focal Point

person in each research site. A Safeguarding Focal Point person was also appointed to oversee safeguarding aspects of the research project overall, including ensuring that data collection methods were inclusive, trauma-informed and unlikely to cause harm to participants. For the Research and Validation sessions, safeguarding plans were developed. These highlighted safeguarding considerations and standards in regard to ethical clearance, qualifications of staff, selection of participants, informed consent and assent, confidentiality, health and safety measures during travel and at the venues, recording of data and data storage. Special considerations were given to the facilitation of the session for children and the mandatory debriefs with children that took place in the weeks after data collection.

All members of the research team, staff and partner staff signed the Policy (including a code of conduct) and completed training on the Safeguarding Policy. All members of the research team completed an online course and received certificates in Protecting Human Research Participants provided by PHRP Training. For each country, a child safeguarding risk assessment was developed with country and partner staff to identify and mitigate potential risks of the study.

Considering the needs of children targeted for the study, various steps were coordinated with the local partners before the workshops started to ensure that a counsellor was available and on call in the event that the topics or content was an upsetting to the children or if any child discloses abuse that has not been or were not already under management. Beforehand, the workshops and activities were discussed with country staff to ensure the safety of the participating children. During the workshops continuous assent and check-in moments were used to ensure that the participants continued to feel safe. To further enhance the ethical considerations, and to fully respect the autonomy and self-

determination of participants, particularly vulnerable participants (by virtue of age for children, disability or risk of coercion or exploitation), participation was opt-in and voluntary.

One safeguarding concern was raised after the workshops. It was raised that one of the children's workshop activities might make children with a history of sexual exploitation feel uncomfortable. In response the activity was modified for future workshops. No further follow up was requested by the safeguarding focal point after follow up with children from the workshop.

Limitations

The CCI research had several limitations and was a learning experience- both regarding answering the research questions and the process of implementing a multi-country research project within TdH NL. Undertaking the study in four very different country settings added complexity, notwithstanding an Ebola outbreak and typhoon warnings at the time of the workshops in-country. Experimenting with multiple new research methods with a trauma-informed approach was new within the organisation and the research team and entailed a process of discovery both methodologically and in terms of practical, logistical planning.

First, undertaking the study in four countries required planning and adaptation to each context. Ethics clearance was obtained in each country, requiring four separate and differing processes. This took significant time and assistance from country offices, but also placed some limitations on sampling. For example, recruitment of a diverse sample was difficult in countries where barriers to equality are structurally embedded. Furthermore, languages differed, requiring translation of forms and workshop materials, close collaboration and co-facilitation with local partner staff members, and translation of workshop data. Inevitably this led to the loss of nuance and detail in

the workshop data especially. This was in some part mitigated by spending time in each research setting, planning 12 hours of workshop engagement with children to allow time to learn and share together and use of multiple mixed methods to triangulate data.

Secondly, undertaking research among especially vulnerable groups- including children who had been victimised and exploited- required careful and sensitive preparation and adaptation of methods of data recording. No audio recording, video or photographs of children were made. During each workshop, scribes were employed to live transcribe. The scribes then translated the transcriptions to English. Overall, this method was successful, but there was variation in the quality of transcription. Furthermore, discussion of the topics did require some specialised knowledge, and some subtle issues were picked up with concepts that got lost in translation. For example, the distinction between 'child abuse' and 'child exploitation'. To the extent possible this was mitigated by orientation of scribes the days prior to the workshops, the use of transcript templates that matched the structure of the workshop participatory activities, having one researcher to co-

facilitate the workshop, with a second to support the scribe and take observation notes to supplement the transcripts and finally reading the transcripts after each day and working with the scribes to clarify grey areas. Despite these efforts, it was inevitable that the scribes sometimes summarised or paraphrased the views of the participants rather than transcribing verbatim.

Other limitations related to change in relationships with staff and partners. Staff turnover both in country offices and partners meant that many times those familiar with the CCIs or who had been trained on them were no longer in place. Additionally, two of the partner organisations implemented programmes during the five-year period under review but were not implementing TdH NL programming at the time of data collection. This required respect for their time. To the extent possible, the research team worked to collaborate and fit in with timelines and needs of each country and partner. To mitigate the effect of staff turnover, historical CCI reports were added to the dataset.

CHAPTER 2

REFLECTING BACK

The chapter looks back at how the CCIs came to be and were introduced in the organisation, reflecting back how they evolved from the initial rationale.

2.1 Origin as a partner contract review tool for funding renewal

The CCIs were first discussed in late 2016 and introduced as part of quality standards assessments for partner contracts in 2017. At the time, each partner organisation signed a one-year contract with TdH NL, which were subject to renewal every 12 months. TdH NL was also assessing its position on ending support to long-term, large-scale residential care institutions for children in line with the global call for de-institutionalisation. The rationale for introducing the four cross-cutting issues was not made explicit,[11] but early documentation hinted at a need to 1) mainstream approaches commonly acknowledged by donors, 2) to align TdH NL work with international standards and 3) ensure common quality standards across all programmes.

In October 2016, the then Technical Expertise Unit[12] together with the rest of the Programmes team drew up a document laying out the first concrete steps to designing the cross-cutting issues framework. This was developed initially as a tool for reviewing partner contracts before renewing then in order '*to make people deliberately think about [the requirements] and make them more specific*',[13] as described by a staff member:

"**The first CCI document was introduced first as an additional tool to review the partner contracts. It was a process thing, acknowledging it needed to grow, but it was a starting point.**"[14]

Varied information is available about how decisions were made about which cross-cutting issues to include in the framework:

1. **Minimum Standards of Alternative Care** was a topic of discussion within the organisation, especially the support to residential care facilities that the organisation had partnered with for years. This stemmed from a growing concern about funding long-term shelters. Safeguarding concerns about children in institutional care had been raised and the Standards were used to guide decisions about whether to (dis)continue funding some shelters.[15] It also appears that management needed to find ways to 'cut budget' and found shelters to be costly to run so other forms of alternative care and de-institutionalisation gained momentum. Given the decision to close shelters

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[11] Terre des Hommes Netherlands, 2017a
[12] Later renamed as Lobby and Expertise and now the Research, Expertise and Influence team
[13] Key Informant Interview_Staff_0.1
[14] Key Informant Interview_Staff_0.2
[15] Child Frontiers, 2017

could have safeguarding implications, it was agreed to set minimum standards for alternative care and to carry out a residential care assessment in several projects to assess the quality and potential for care reform.[16]

2. **Child participation** was added as it was already considered to be an important part of TdH NL work for which no specific guidance was available. It was assumed that these minimum standards would not be not adding much work.

3. **Gender mainstreaming** was promoted by the Girls Advocacy Alliance (GAA) project which required that partner organisations had gender policies and systematically adapted programming to meet the needs of girls.

4. **Inclusion of children with disabilities**, followed MOFA-funded programming of TdH NL projects providing health and education support to children with disabilities.[17]

Figure 1: Timeline of CCIs and TdH NL strategies

2.2 Aspirations for quality and standardisation

The four topics above were introduced to programmes staff (including Country Managers, thematic Programme Managers and Programme Officers) in an internal guidance note in November 2016. Presented as an 'aspirational'[18] working document, guidance explained TdH NL's position and 'the minimum expectations from partners we wish to achieve by the end of 2017'.[19] The stated intention was to drive a normative improvement in quality of programming and promote good practice in addressing child exploitation. Following this the CCIs were included in the proposal format, with the plan to mainstream CCIs across all projects.

From 2017 onwards, proposals needed to include CCI plans to be approved.[20] Country staff and partners asked for more practical guidelines to mainstream the CCIs in all the projects.[21] The guidance note 'did not prove to be so helpful'[22], because:

"It did not provide sufficient clarity...or acknowledge the complexities, processes and resource implications of implementing the issues on the ground in a variety of contexts. It did not provide sufficient practical guidelines and suggestions of how these may be achieved."[23]

In response, the 'cross-cutting Issues User-Friendly Guidelines' were developed and shared in September 2017[24], and thereafter the CCIs were mentioned in the Fit for the Future Strategy. Each of the four CCIs were considered critical for the successful implementation of the Fit for the Future Theory of Change.

[16] Key Informant Interview_Staff_0.2
[17] Key Informant Interview_Staff_0.1, Key Informant Interview_Staff_0.2

[18] Terre des Hommes Netherlands, 2018
[19] Terre des Hommes Netherlands, 2017a
[10] Key Informant Interview_Staff_0.1
[21] Key Informant Interview_Staff_0.1
[22] Terre des Hommes Netherlands, 2018
[23] Terre des Hommes Netherlands, 2018
[24] Terre des Hommes Netherlands, 2017b

2.3 Faltering progress

In 2018, evident by the comparatively small volume of data available (see comparative volume of data per year on the right-hand side of Figure 2 below), limited traction and some resistance to CCI implementation was acknowledged. Some projects were lagging behind and no cost extensions were being requested. At this point the minimum requirements were incorporated into the dashboard system against which projects were required to report quarterly. The abrupt inclusion of the CCIs into the dashboard transformed the framework from soft nudging into 'a pressure to enforce' minimum requirements.[25] The dashboard focused on the achievement of the minimum requirements and lacked a qualitative element. As a result, it was largely considered a '*check the box exercise*'.[26]

Consultation identified that resistance also owed to lack of awareness, need for capacity development and unmet budgetary expectations for CCI implementation. This was especially among small implementing partners without pre-existing policy and practice that was aligned to the CCIs.

Challenging norms around gender and disability were met with resistance, as '*some struggled with understanding the issues and misconception about the 'issue' of feminism, as well as some fear around TdH NL becoming a feminist organisation*'.[27] Documentation from 2018 outlined:

"Expectations were not realistic to achieve within a limited timeframe, as they require a considerable transformation of some existing ideas, beliefs and attitudes within organisations and communities - which we acknowledge can take years to accomplish.

TdH NL also recognised that the time available for staff and partners to learn about and embrace some of the issues (and specific aspects of each), is also limited - and that additional guidance, support and motivation is required."[28]

Aspirations for better awareness and skills at implementing practices aligned with the CCIs were captured in a General CCI Framework 2019-2020[29], which prompted the establishment of working groups for each CCI with members from across the organisation.[30] The working groups participated in drafting position papers and reference documents, and a curriculum and training resources were developed by technical advisors. Training and easy-to-use self-assessment alternatives to the

dashboard[31] were implemented in some countries and within a limited number of programmes from late 2018 onwards, albeit without a systematic approach, consistent management support or dedicated resources.

Figure 2: Volume of data on each CCI available per year (2018-2021)
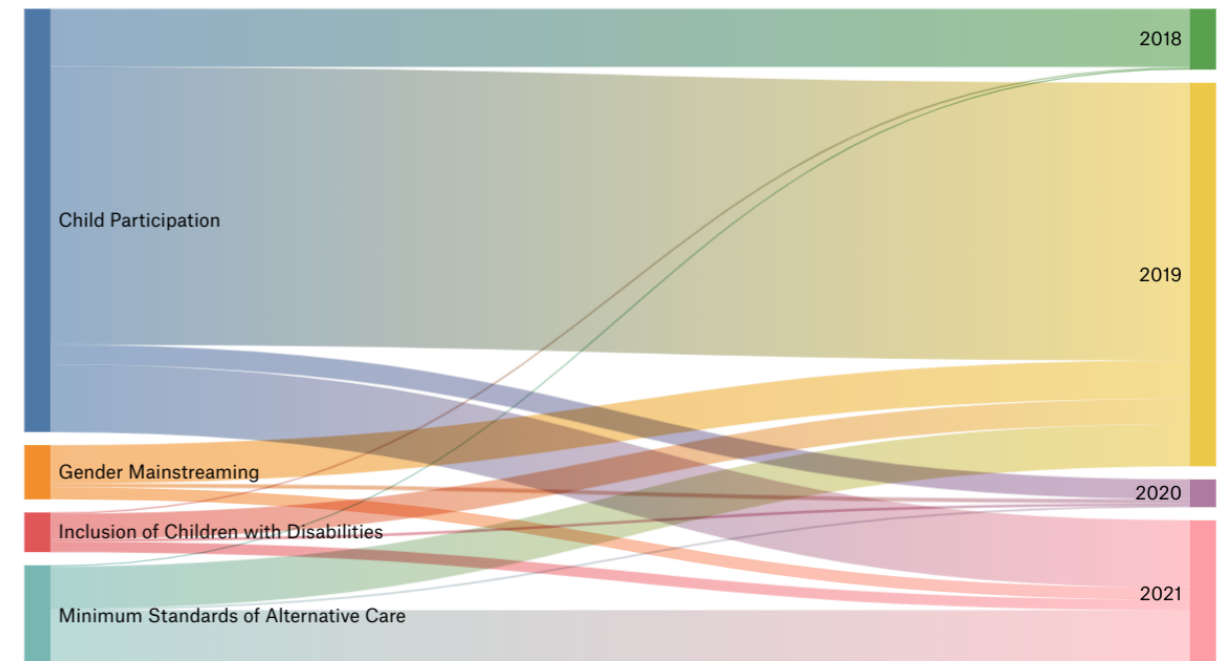
Although undeniably relevant to practice related to child exploitation, the CCIs were introduced abruptly, were summarily incorporated into a broader strategy that was never successfully implemented and efforts to support practice were not sufficient for overcoming the hurdles encountered. The CCIs were introduced at a tumultuous time in TdH NL history. After some progress in 2019, the CCIs fell off the agenda at a similar time as disinvestment in the Fit for the Future Strategy. The 2020 COVID 19 pandemic and leadership turnover further contributed to the absence of the cross-cutting themes in the strategic direction proposed in 2021 by the Exposing Hidden Exploitation strategy.

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25 Key Informant Interview_Staff_0.1
26 Key Informant Interview_Staff_0.1
27 Key Informant Interview_Staff_0.1
28 Terre des Hommes Netherlands, 2018
29 Terre des Hommes Netherlands, 2019b
30 Key Informant Interview_Staff_0.2

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31 Terre des Hommes Netherlands, 2018

2.4 Recovering ground

Looking at all mentions in the data of CCIs per year, Figure 2 shows that during 2021, discourse and practices related to CCIs began to recover somewhat. A staff member remarked: *'The country team...didn't really have [CCI] plans in place in 2020, in 2021 plans were a bit more structured.'* [32] Overall, and perhaps predictably, positive practices were most frequently linked to child participation, followed by gender mainstreaming (Table 2 below). Alternative care and inclusion were least mentioned.

While some recovery was identifiable, the data clearly showed that the aspirations of the 2016 guidance note were not realised, as summarised by this sentiment from the staff survey:

"[The CCIs] have yet to be fully implemented and integrated into the way all organisations work. It seems to have stalled at the box-ticking, minimum standards stage, rather than being fully embraced and adopted." [33]

Outstanding questions remained about resources and unmet training needs[34] and the unintended consequences of introducing minimum requirements.

During the final year included in this review, the Listen Up! Strategy and Theory of Change were developed, launched internally and validated. This new strategy made explicit principles related specifically to child participation, gender and intersectionality. Additionally, goals and objectives are included which embed child participation and gender and intersectionality into strategy. This, in combination with the promising practices detailed in the coming chapter provides an encouraging direction for future approaches.

Table 2: Volume of data on each CCI available per year (2018-2021)

Legend: Staff survey | CCI reports | Interviews | Workshops

- Child Participation
- Gender Mainstreaming
- Inclusion of Children with Disabilities
- Minimum Standards of Alternative Care

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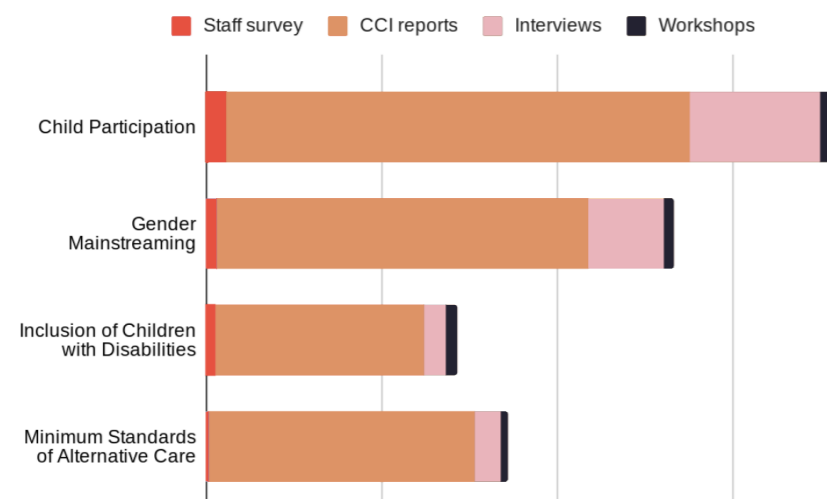
[32] Staff survey_2022

[33] Staff survey_2022

[34] Key Informant Interview_Staff_0.1

Figure 3: Imagery of an onion explaining intersectionality to children.
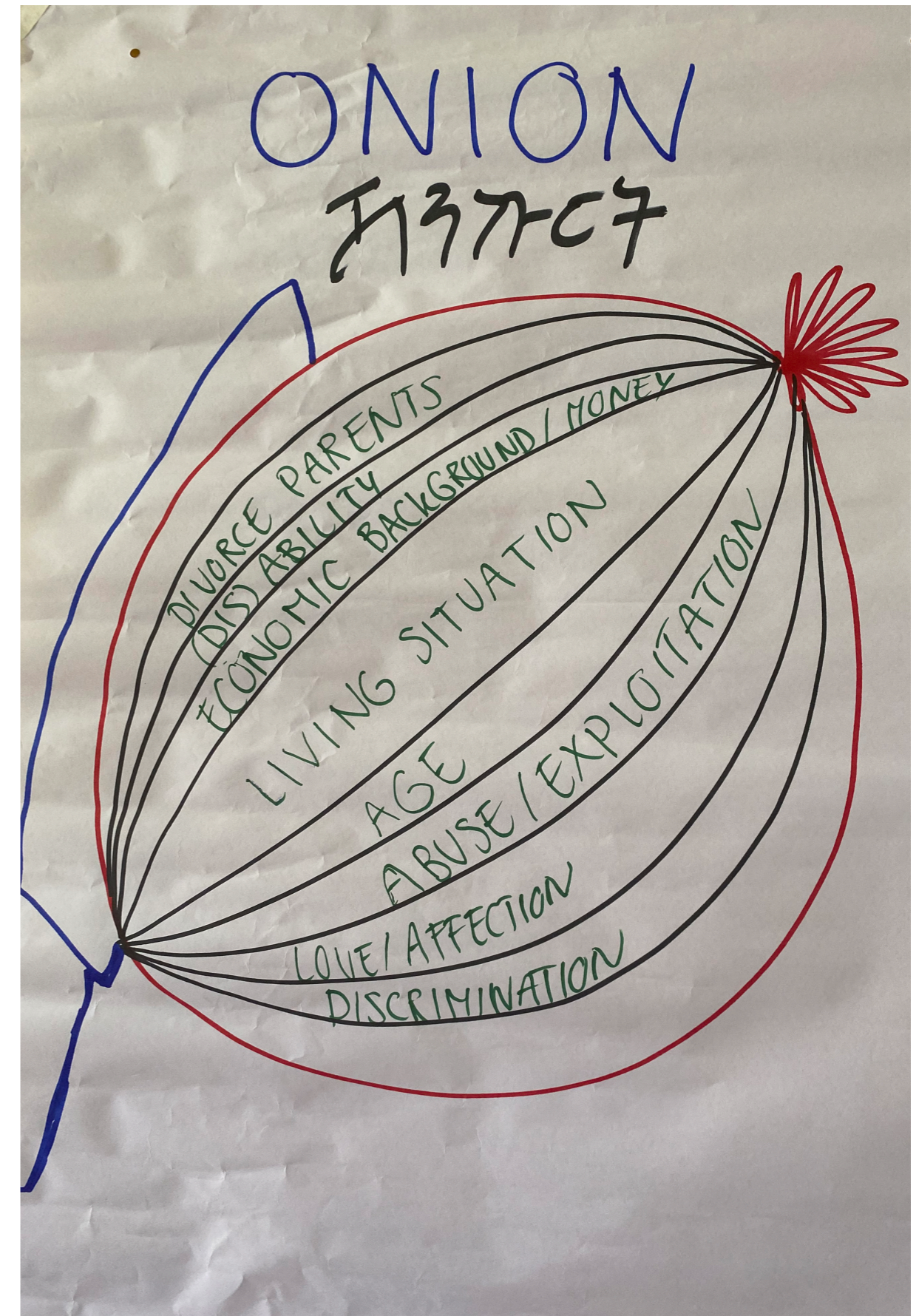
CHAPTER 3
TAKING STOCK

To a large extent the minimum requirements of all CCIs were met, and far surpassed by some partners and programmes, however this was inconsistent.

"Some partners found it difficult to integrate it in the design in the beginning, but, as the years went by, they integrated it well in terms of implementation and project design."[35]

This chapter critically reflects on the progress of each cross-cutting issue, describing emerging practices over five years of implementation, as well as views and experiences of respondents. These are presented as the key themes that emerged along with some discussion from literature review. The chapter closes with the insights gained from reflecting on five years of practice and also outlines the challenges and lessons learned from implementing the cross-cutting issues. Important to note is that one of these insights is that the way the cross-cutting issues were introduced and monitored by TdH NL contributes to inconsistent implementation of the CCIs. The report is therefore a critical reflection on the implementation of TdH NL and not of partner organisations.

3.1 Child Participation Outcomes

Child participation can be defined as the *'opportunity for children'* [36] to freely express their views and to be heard in decisions affecting their lives, in accordance with their evolving capacities.[37]

Compared to the other cross-cutting issues, child participation was the one that gained the most traction and received the most positive evaluations in the staff survey. Opinion was that child participation *'got the most attention'*, was *'most embedded'*, *'doing great'*, *'going excellent'* and *'more appropriate for child-focused organisations'*.[38] In the implementation, the activities that were reported clearly show a wide array of opportunities for children to participate and express their opinion. However, there was not much information on how the views of children were used to bring about changes, questioning how impactful and meaningful the participation

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[35] Key Informant Interview_Staff_3.1
[36] Children are individuals under the age of 18 (art. 1 UNCRCS).
[37] (Secretariat of the Lanzarote Committee, 2019; Special Rapporteur on the sale and sexual exploitation of children, 2012; Terre des Hommes Netherlands, 2017b)
[38] Staff survey_2022

was. On the whole, partners succeeded in meeting the minimum requirements in all countries (as summarised in Table 3 below) with many opportunities for children to participate and to express their opinion.

Table 3. Summary of progress on the minimum requirements for child participation 2017-2022

Minimum Requirement		Practice found in data	Mentions
Partners organise at least two participatory sessions per year through which children can voice their opinion on the programme activities and express additional requests or needs		Partners organised many different sessions throughout the years where children were able to participate in creative ways.	21
		The nature of these activities was most often consultative, with limited evidence of their influence.	71
		Collaborative and child-led child participation activities were less prevalent, though generally preferred by children who participated in this study.	29
Partner provides continuous feedback opportunities for children		Staff seemed open to receiving feedback and tried various strategies, including suggestion boxes.	26
		There was limited evidence of children providing feedback unless explicitly asked, exemplified in the extremely low rate of safeguarding concerns reported by children.	3
Partner uses child-friendly materials to inform children about its goals and activities at the location of the intervention		Child-friendly materials were made by all partners. Some good practice examples were found.	20
		Detail on how child-friendly materials were actively used to inform children was lacking. Additionally, understanding of the link between inclusion of children with disabilities and accessible information was not demonstrated.	7

Although the minimum standards were met, it was found that the type and depth of child participation in many cases did not move beyond activities being arranged for children by staff or partners. The nature of child participation activities in the past five years were more often related to one-off events instead of a long-term commitment to meaningful child participation. That said, some partners demonstrated an advanced and long-term commitment to child participation in the project management cycle, advocacy and day-to-day running of their organisations.

Table 4 summarises the most popular practices associated with child participation, by representing both the number of countries these were tried in (represented in the Distribution column, maximum four countries) and the number of times they were coded (maximum 67 for 'Consultation and feedback sessions with children'). The majority of these practices were identified in all four countries, and many of the activities, speaking opportunities and events discussed were associated with the children's clubs (mentioned 44 times). Furthermore, more than half (58%, n=25) of the children who participated in the research were active members of clubs.

Table 4. Child participation practices found in data

PRACTICE	DISTRIBUTION	FREQUENCY
Consultation/feedback sessions		
Children's clubs		
Awareness-raising and sensitisation		
Group sessions with peers or family members		
Creative activities (plays, music, poems, dance)		
Presence or speaking at events		
Children participate in advocacy		
Speaking on podcasts, talks or radio shows		
Participation in campaigns		

The following sections discuss the big themes emerging from the data surrounding child participation practice between 2017 and 2022. First, the approaches to child participation will be discussed. Findings indicated that while consultation with children was most frequently mentioned, children preferred collaborative practices.

Once established with help from staff, children's rights clubs emerged as the setting for the best child-led activities demonstrated. Children prioritised undertaking activities that engaged the people close to them, like peers, family and others in their immediate communities, in a safe and inclusive way.

Activities were arranged for children, rather than with or by children

Analysis of practice in child participation was informed by theory, notably Hart's Ladder of Participation,[39] Wong et al.'s Typology of Youth Participation and Empowerment pyramid[40] and Lundy Model which conceptualises children's rights to participation as elaborated in article 12 of the United Nations Convention on the Rights of Children. The model a chronological pathway with four elements, namely space, voice, audience and influence.[41] With reference to these models and the theoretical discourse, this study distilled three approaches to child participation, namely:

1. Consultative, where children are asked to take part in activities to share feedback, thoughts or experiences;
2. Collaborative, where adults and children work in cooperation. Children play an active role but are not solely responsible;
3. Child-led, where children take the lead in planning, developing and carrying out activities, and adults hold a support function.[42]

Findings indicated that the majority of practices described activities that were arranged for children. In other words, the most common child participation approach was consultation. Fewer descriptions of activities arranged with children (collaboration) and even less by children (child-led) were found. Partners and staff recognised this, as summarised by this staff survey participant:

"Child participation is not consistently practised, activities are often not truly participatory and opportunities for feedback are not continuous but ad hoc."[43]

One explanation for a bias towards reporting on consultative activities might owe to the Minimum Requirements, which *'required only two participatory sessions for child participation, while partners would do way more than that'.*[44] It was felt that the Minimum Requirements, especially in this instance, were not sufficiently ambitious to be meaningful. This led to them being seen as an end goal, rather than a starting point. A staff member stated: *'We feel we could do more, there is a need to brainstorm new... requirements'.* [45]

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[39] Hart's Ladder arranges steps on a ladder. Starting with children being manipulated on the lowest rung, the ladder ascends to children being present and consulted on the middle rungs, and children taking the lead on the highest rungs. Critique of the hierarchical approach of the Ladder, and recognition of the importance of context in determining the most appropriate approach to child participation, informed the development of subsequent frameworks (Hart, 1992)

[40] Wong et al.'s pyramid conceptualises child participation as distributed on a spectrum of power, ranging from full adult control on one extreme to full youth control on the other. The distinction lies in that with increased empowerment, shared control or adult-youth collaboration forms the apex of the pyramid and thus the goal (Wong et al., 2010)

[41] Lundy, 2007

[42] Guidelines for the Participation of Children in the ICBR's Project Management and Programmes, 2018

[43] Staff survey, 2022

[44] Key Informant Interview_Staff_0.1

[45] Staff survey, 2022

Figure 4. Theoretical models of child participation

Wong et al.'s Participation and Empowerment Pyramid
Typology of Youth Participation and Empowerment shaped as a pyramid where shared control is at the top. In the pyramid are ways of participation (Wong et al., 2010)

Hart's Ladder of Participation
The ladder of participation with low to high levels of participation. One to three are considered non-participation and four to eight as participation (Hart,1992)

Commonly reported **consultative** practices included asking children for their opinions through creative sessions, children joining meetings, providing suggestion boxes and planning feedback or evaluation sessions. An abundance of evidence was found indicating that children had a 'space' to share, and opportunity to raise their *'voice'* (see Figure 4). In most cases children were engaged as beneficiaries *'rather than [being] actively engaged in co-design from the start'.*[46]

Figure 5. Adaptation of Lundy Model of Child Participation

- Safe and inclusive opportunities to express views ✓
- Expression of views must be facilitated freely in a medium of choice ✓
- The view must be acted on as appropriate ?
- The view must be listened to ?
  - Family/ community ✓
  - Projects/ programs ✓
  - Local government ✓
  - National level ✗
  - International level ✗

SPACE • VOICE • INFLUENCE • AUDIENCE
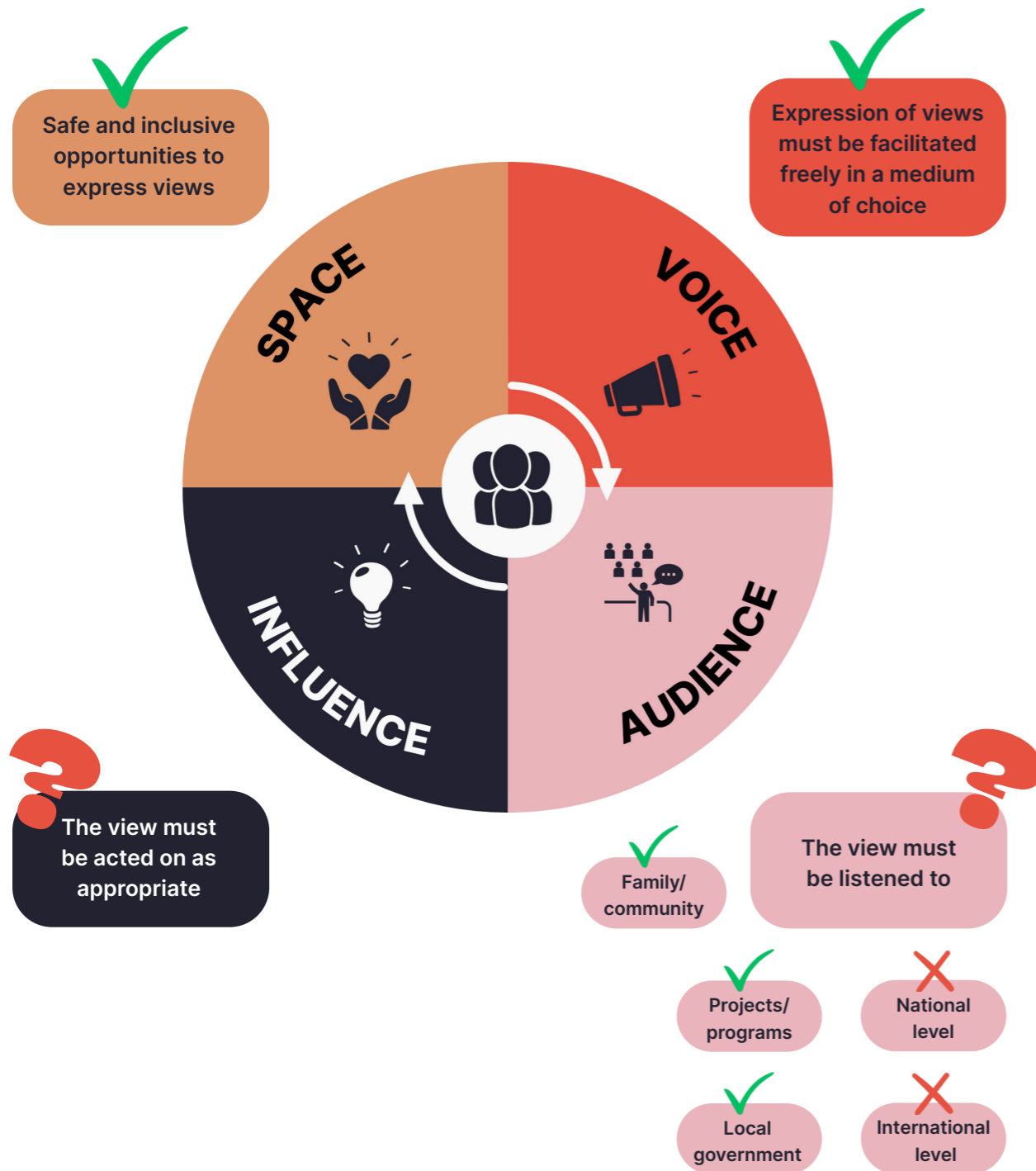
It was recognised that *'consultation with children is important...[because] they help in creating [things] that are more effective with children',*[47] little detail was provided on how the adult *'audience'* listened to children. Little emphasis was placed on how child participation had *'influence',*[48] particularly at national and international levels. That said, practical examples were shared with respect to feedback from children that was acted on by partner organisations at family and institutional levels.

To illustrate a scenario where a child shaped decisions affecting their life, a child staying in a residential care facility in Uganda expressed that *'he did not want to go back home'.* He explained to partner staff at Dwelling Places that he would likely be sent back *'to the streets to beg'.*[49] With the help of several counselling sessions between the mother and child, his wishes were respected. It was agreed that the safest option for him was to be enrolled in a boarding school. Other children in a similar residential care facility influenced things like the menu and decisions around travel planning during the pandemic:
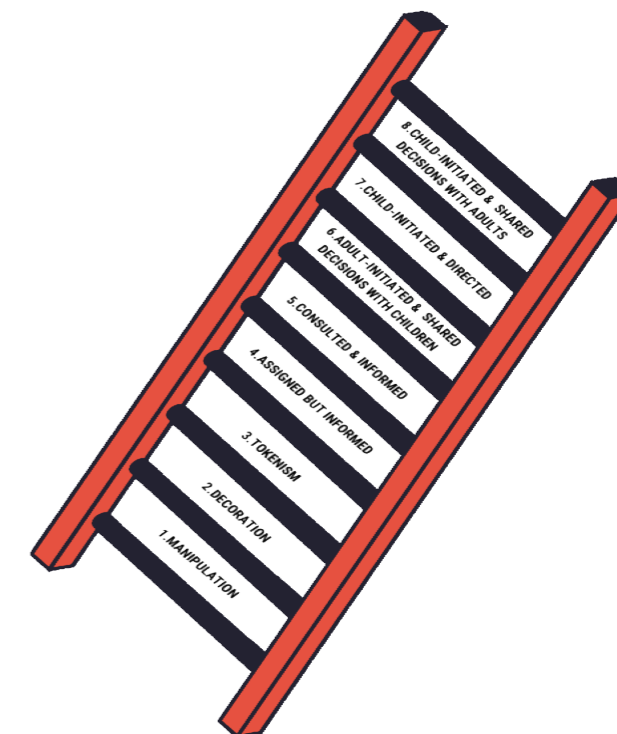
"Children have been involved in feedback sessions, where the feedback given by children has been used to better their systems and services provided in the transition rehabilitation homes."[50]

The examples above demonstrated accountability towards the children who participated in consultative activities. Keeping children informed about what happened with their information and how it is used is important.[51] This is part of having an ethical approach towards child participation by being transparent and providing children with relevant information before, during and after activities.[52] That said, even the experts noted the challenges involved in putting this into practice:

"The real problem is when [...] promises are broken. When young people are involved in research, they are not involved in analysis and the report is not available for over a year. That is difficult. Often, we do feedback sessions, but it might not be immediately.[53]

Clarity and honesty thus also seem to be underlying values that are essential to make child participation meaningful. When reporting on child participation, partners were great in describing the activities, but rarely documented how children were engaged before and after the activities. Moving forward, it would be valuable to have this information captured in some way as well. Of course, moving from one-time activities to meaningful child participation where children are kept in the loop requires time and resources. Two things that came out as additional barriers. This requires a lot of commitment and training.

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46 Key Informant Interview_Staff_3.1

47 Key Informant Interview_Partner_3.1
48 Lundy, 2007
49 Report_2019_4.8
50 Key Informant Interview_Staff_4
51 Delap et al., 2017; JOFA, 2022; OHCHR, 2020, Step Ahead, 2017
52 Delap et al., 2017
53 Key Informant Interview_Expert_5

Children were in favour of collaborative approaches

Some projects and partners were able to move beyond the Minimum Requirements on Child Participation, as observed directly during the data collection and shared by staff, partners and in cross-cutting issues reports. Examples of collaborative processes where children and adults worked together on planning, research, projects, peer education and peer support groups were shared, as illustrated by these quotations:

"During the course, the child/youth representatives developed their own child-friendly modules, methodologies, activities and visuals and demonstrated how they planned to run their respective modules."[54]

"Children, adolescents and youth…participated in five workshops to review and analyse existing laws related to pornography…in which adolescents and children provided their opinions to address sexual exploitation of children. Participating in the law analysis, children opined that …the laws should make specific references to children."[55]

Importantly, collaborative approaches need a balance to be struck in the power and control when undertaking 'pluralistic'[56] action. The data revealed how adult staff undertook to use their connections and resources to contribute funding, coordination and organisation[57] and create opportunities and platforms for children.[58] Having the space to participate allowed children to raise their voices and take part in activities that are relevant to them. Some authors recognise that children may not want to do or have the full responsibility over all types of tasks and that some responsibilities are not appropriate for children to shoulder alone.[59] For example, TdH NL's Core Principles clearly state that children should not be made responsible for stopping child exploitation,[60] as this may be in conflict with the safeguarding principle of 'best interest of the child'.[61]

Children in all four countries confirmed these findings and stressed that they valued collaborative approaches. In some countries, children were more aligned than in others, but in comparison to the other two approaches, collaboration was mentioned in all four countries as a good approach to Child Participation. Children viewed collaboration as the best way, because children felt: 'we cannot do everything by ourselves, because we are underage and are still children, so we need an adult to help us and guide us', and 'children may have less experience in life. The issues should be decided on in collaboration with adults'.[62]

Similar to children, staff, partners and experts recognised the importance of collaborative approaches in the context of child exploitation intervention. When it came to implementing projects, a partner staff member stated that they 'must be involved in every step [from] identification and development of programme to implementation'[63] right 'from the design phase'.[64] These sentiments were shared by staff in other contexts, and the positive influence of children on programming, 'research and studies, implementation and evaluation'[65] was acknowledged:

"Children are participating in projects, in fact, starting from implementation to evaluation. Throughout the implementation, children have been participating effectively and voicing their concerns. They were even participating in different meetings and also during evaluation. At this time, we have good results on child participation."[66]

Figure 6. Participants in Ethiopia sharing their understanding of child participation.

54 Report_2018_3.7
55 Report_2019_1.2
56 Wong et al., 2010
57 Yitzhak Cohen & Ben-Arieh, 2021
58 Bruck et al., 2022
59 Woodman et al., 2022
60 See Core Principle 'Children at the centre' (Terre des Hommes Netherlands, 2023a
61 Terre des Hommes Netherlands, 2016
62 Children's validation workshop_2023
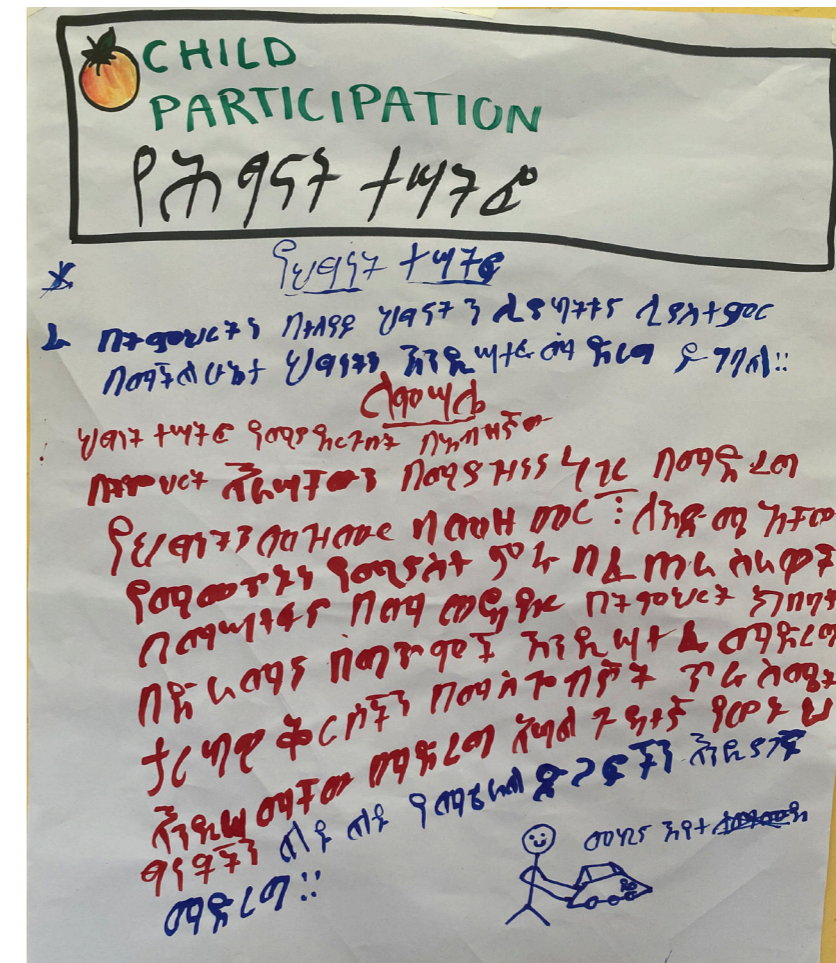
63 Key Informant Interview_Partner_1.2
64 Key Informant Interview_Staff_3.1
65 Staff survey, 2022
66 Staff interview, 2022

THIS IS HOW IT'S DONE:
Child participation at ACD

Association for Community Development (ACD) is a women-founded organisation has included 'young people' on their Board for years. ACD is a partner organisation in Bangladesh that focuses on promoting social justice through developing community care support mechanisms. ACD was an implementing partner on the Girls Advocacy Alliance (GAA) programme. It is located a 45 minute flight from the sprawling capital of Dhaka.

Data were collected at the organisation's headquarters in the city of Rajshahi, on the banks of the Padma River which separates west Bangladesh from India. ACD is involved in a wide range of work, but data collection was facilitated among children who were members of over 40 children's clubs actively engaged in community-level prevention of child marriage. Having decades of experience, the practice of child participation at ACD has simply become the way the organisation operates.
From before projects even start, children are engaged. This ensures that child participation is baked into project design *'throughout the project cycle'*[67] from *'identification, to development of a programme, to implementation'*.[68] Starting children's clubs, for example, begin with workshopping and identification of interested children and other resource persons who might be involved.

"When we develop a proposal, problem or stakeholder analysis…we always first do community consultation or focus groups with children. We need to verify

what the children need… to understand what the problem is, what needs to happen, who can take the lead…and we try to take the children's perspectives and encourage them to do some interventions and activities. They know the context, they know how to solve the problems."[69]

Together group leadership and structure is developed. In some instances the input of ACD is relatively light-touch. For example, having participated in an orientation, **children's club members meet and engage independent of staff** supervision. Acknowledging children's capabilities to lead peer engagement and advocacy, an ACD staff member remarked: '*They catch everything easily, you just have to train them in a proper way'*.[70] Beyond benefiting directly from engaging in activities learning about their rights, how to *'raise their voices'* and *'protect their rights'*,[71] staff explained how children were able to spread awareness about children's rights:

"Children share the learnings with their families first, then local communities and society circle. The child helps disseminate the learnings so that others can also benefit from the learning."[72]

Children proudly explained how their clubs meet at a spot of their choosing with just basic materials like mats to sit on and a book for keeping records.

"Every group has a register book, and they write in Bangla. When they start the staff help them with writing minutes, but after 2 or 3 months the children learn the skills and take over."[73]

Figure 7. Children's club member shares a picture of her club, explaining how they meet in a shady space in her rural community.

The clubs are largely child-led, with support available when needed. Staff *'stay in touch'*[74] using mobile phones and sometimes arrange visits to the clubs for children to *'share field-related information'*.[75] This might happen for example, when the club members identify a girl in their community whose parents are making preparations for an illegal, child marriage. This is sometimes signalled by decoration of the homestead, other times it is kept quiet but difficult to hide from friends and peers. The club members described intervening and stopping these marriages from happening by reporting through a hotline and engaging families and teachers:

"Children in all the clubs try stopping two or three child marriages in a month. The club we observed managed to stop five marriages (existing since 2020)."[76]

Figure 8. A poster from a workshop showing families exchange money in the foreground, while a young girl sits in wedding attire and the police descend having been alerted to the illegal marriage by the children's club.

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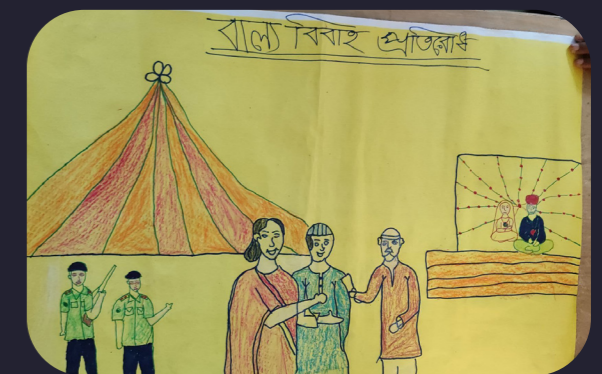
[67] Key Informant Interview_Partner_1.1
[68] Key Informant Interview_Partner_1.2
[69] Key Informant Interview_Partner_1.1
[70] Key Informant Interview_Partner_1.1
[71] Key Informant Interview_Partner_1.2

[72] Key Informant Interview_Partner_1.2
[73] Key Informant Interview_Partner_1.1
[74] Key Informant Interview_Partner_1.2
[75] Report_2019_1.2
[76] Key Informant Interview_Partner_1.2

Periodically, club members take part in **advocacy work in collaboration** with ACD staff. Together child participation activities were directed at making law and other empowering information more accessible to children and their families. To illustrate, staff supported *'young journalists to do press releases and articles'* and have *'their write-ups published,'* by training them and using their *'connections with local journalists'.*[77] In 2019, over 100 children worked on reviewing and analysing *'existing laws'* with a link to OCSE, finding that none of the laws had specific provisions for children.[78] They took action and also proposed to 'insert a paragraph on relation[s] between children and parents' in a Handbook on Safe Internet Use.[79] On their advice the Handbook was *'reprinted [in 2020] incorporating...different messages for children with cartoons and pictorials...in child-friendly language and contains information on how children can seek remedial measures in case of abuse and exploitation'.*[80] Another example was having children help decide on important information to print on 43 000 leaflets on OCSE.[81]

In contrast to the bulk of child participation activity encountered during the study, ACD facilitated children opportunities to engage in driving systemic change. The best example of this has been the annual lobby of the Government by children for funding of child protection.

"Every year the local government budget is declared in June...The adolescents, they do the lobby through various events and submit memoranda on why children need budget on [prevention of] child marriage, child protection... They influence the local government plans."[82]

ACD created a pathway for children to meet with and *'convince'* government stakeholders. This has led to specific reference to *'prevention of child marriage'* and budget allocation of up to five million Taka for child protection.[83] These budgetary commitments come with implementation and reporting commitments for local governments.

These activities might, in a different context and facilitated by a less mature organisation, be risky- possibly putting children at risk. A staff member pointed out that *'our target group can become victimised by government officials'.*[84] This highlights the importance of safeguarding. Here, ACD even extends child participation to child safeguarding activities. They have two elected child representatives as part of the child safeguarding team who *'help make a more enabling environment'* for risk identification and management and to encourage the reporting of violations. As a result of the scaffolding built up by long-standing staff members at ACD and *'change-maker'* peer role models for younger children entering programmes, ACD has been able to demonstrate the possibilities and opportunities presented by deep engagement of child participation.

Children's rights clubs were a setting for child-led action

As would be expected, **child-led** activities were least prevalent. That said, impressive demonstrations of child-led initiatives, specifically child-led clubs, were encountered during data collection. Various children's clubs are active in project areas, in both schools and communities. These were often managed by children and supervised by adults.

"JOFA projects in Eastern Uganda (Bugiri and Busia), are considered to be the best practices for child participation as there are often child-led dialogues conducted through the child-friendly accountability approach where the children conduct research with their peers through interactions with different schools and picking the issues that affect the children. Now the children are being supported on how to make follow-ups on the different 'asks' that the children had."[85]

The club members were trained on various issues related to child abuse and exploitation. The members pass this information on to peers and create awareness, for example *'with regard to child trafficking and unsafe migration using drama and poems for school communities'.*[86] There were multiple mentions of the child clubs having a very powerful effect on children, such as teaching them new skills. These included organisation skills, facilitation[87], writing minutes.[88] They also were felt to have an overall empowering effect, enabling students *'to prevent themselves from trafficking'*[89] and speaking up. These empowering sessions on child protection helped children to raise their concerns and report the incidents of abuse to responsible adults, as well as child protection authorities. Multiple quarterly reports mentioned that awareness, knowledge and even reporting of child abuse cases increased.[90]

The clubs and groups were able to achieve great outcomes with their activities, such as influencing the school and local government, for example:

"19 children were engaged in a consultative process on the development of a child protection ordinance in Iganga. They shared what made them feel safe or unsafe within their schools and communities. This information will be used to inform the process of development of the child protection ordinance within the district."[91]

These findings support the notion that children can be change-makers, especially at the community level. Children's clubs

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[77] Key Informant Interview_Partner_1.1

[78] Report_2019_1.2

[79] Report_2019_1.2

[80] Report_2019_1.3

[81] Report_2019_1.2

[82] Key Informant Interview_Partner_1.1

[83] Key Informant Interview_Partner_1.1

[84] Key Informant Interview_Partner_1.1

[85] Key Informant Interview_Staff_4

[86] Report_2019_2.12

[87] Key Informant Interview_Staff_1.2

[88] Key Informant Interview_Partner_1.2

[89] Report_2019_2.2

[90] Report_2019_2.2; Report_2019_2.10; Report_2021_2.6; Key Informant Interview_Partner_1.1; Report_2019_2.12;

[91] Report_2019_4.7

and groups can organise actions to protect themselves from violence but can also give peer support to protect others. Children were found to be best placed to know the situation in their community regarding children's rights, were connected to other children and knew what needed to be done.

Children were focused on engaging at local levels

TdH NL's Listen UP! strategy 2023-2030 is built around three levels that influence the lives of children: the local, national level, and international level.[92] The poster created in one of the children's workshops (see Figure 7 below) illustrates that child participation means that children should be part of decisions made at three levels- with family, in the community and society.[93] Children emphasised engaging audiences close to home, in the ecological levels in which children engage directly.[94] They mostly talked about *'entry-level'* forms of participation in the micro and mesosystems[95] of their families and community. These correspond to the local level emphasised in the strategy of TdH NL.[96]

Partners and children recognised the power of children engaging collectively on issues facing them in their homes, schools and communities. A partner staff member said:

"In order to make change at the community level we need to engage more with children and youth and engage them as change-makers. Engagement with clubs and groups makes plans and actions to protect themselves from violence but they can also protect others. They can give peer support. They know what to do, they know what is the situation in their community. They are connected with other children."[97]

Children also valued the role they could play in peer support and education. For example, children in the Ethiopia workshop recognised their role in engaging and mobilising other children in their neighbourhoods and at school, as well as to *'our families and also to other community members'.*[98]

Although this study was not able to dig into the differences in how children engaged based on intersectional factors like gender or ethnicity,[99] the local focus of children generally was not surprising. Some engagement with local government was referred to, but national and international-level engagement were not raised by children who participated in the study. This finding has implications for practice related to engaging child participation in advocacy to drive systemic change.
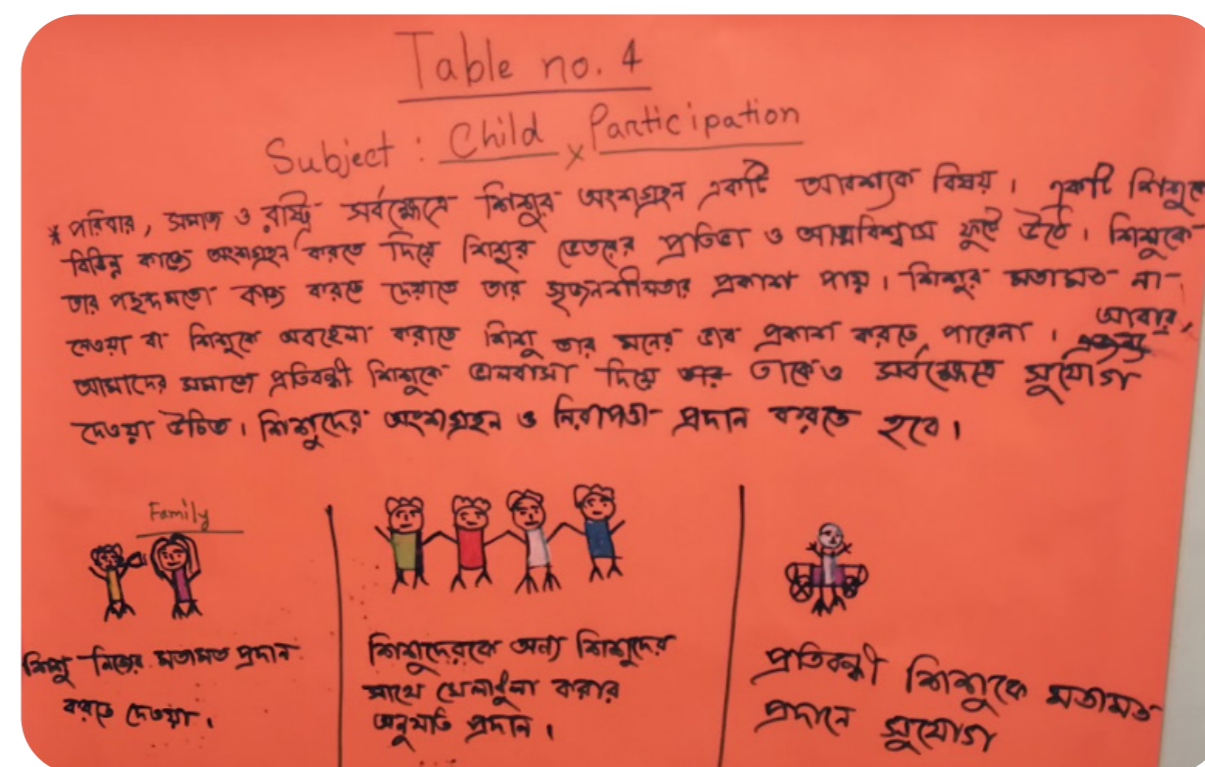
Stories were shared about how children had successfully engaged on issues facing children. For example, children from the workshop in Bangladesh had helped girls in their neighbourhood who were being forced to get married illegally.[101] In addition to these successes, children also spoke about the difficulties in speaking up. According to respondents, the lack of awareness of children's rights, what child participation is and why it is important, contributed to negative views of child participation at family, school and community levels. A staff member explained: *'In our culture, children are supposed to listen only. Even so-called developed families don't understand the importance of listening to [children]'.*[102]

In at least one of the workshops children actively expressed how much they enjoyed the novelty of 'joyful learning' methods that engaged their participation, rather than being lectured at in learning settings as they were accustomed to.[103]

Literature on childhood explains how this negativity perceived by children stems, in part, from traditional views of the adult/child relationship.[104] There is a traditional power distribution between adults and children, where adults hold the power and are seen as superior over children.[105] Children are excluded from conversations due to their age, as children are seen as unable to form valid opinions as they are still developing

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92 Terre des Hommes Netherlands, 2023b
93 Workshop_Children_1
94 Bronfenbrenner, 1986
95 Bronfenbrenner, 1986
96 Terre des Hommes Netherlands, 2023b
97 Key Informant Interview_Partner_1.1
98 Workshop_Children_2
99 See Ben-Arieh & Attar-Schwartz, 2013

100 Workshop_Children_1
101 Workshop_Children_1
102 Key Informant Interview_Staff_1.3
103 Workshop_Children_1
104 Bruck et al., 2022
105 Upadhyay, 2007

into adults.[106] This is called *'adultism'.*[107]

In the workshops, children indicated that age was an important factor when it came to power. Being below 18 years of age automatically means *'you have less power and protection'.*[108] This sentiment emerged from the workshops with children during an activity called the Power Walk. The activity demonstrated that age emerged strongly as a risk factor, leading a child to say: *'Anybody under the age of 18 is in danger, they can face different kinds of problems'.*[109]

Figure 10: Children's workshop drawing of a bird with clipped wings, a metaphor for children exploited by adults, effectively clipping their wings

Respondents cared about making child participation inclusive

Children, community members, partners and staff emphasised the importance of inclusion. For example, the analysis clearly showed a link between children's participation and inclusion of children with disabilities.

"Anybody, any person, any child with a disability should participate in any activity. For instance, when I am a child with a disability, I should be in Parliament as a chairwoman."[110]

Respondents emphasised that a diverse group of children is needed to create meaningful children participation. In the quarterly reports, there was only information on sex and the identification of a few children with disabilities, as was asked by the minimum requirements of gender mainstreaming and inclusion of children with disabilities. No other information was found to assess the diversity in the groups of child participation activities. Besides children with disabilities, they mentioned that children with different gender identities,

ages, and survivors of child exploitation need to be included. A partner mentioned that the consideration of these different groups of children is important, but that children participation activities also need to accommodate different personalities:

"We also also have girls' and young women's spaces. We decided that some children have different personalities or still fear speaking. We have suggestion boxes, where they can drop anything anonymously."[111]

Activities need to be designed in such a way that they are inclusive for a diverse group of children with diverse needs. The interviewed experts also learned that having a flexible and diverse team of facilitators for child participation activities is important:

"Flexibility is very central. Having more than one facilitator. A mix of different people in that partnership, for instance, someone trained as a social worker, but often if you do something art-based, then you might need a completely different facilitator with different skills. It's important to find a good combination of skills across the facilitation team. It depends on what young people respond well to."[112]

Context-specific engagement with risk

Being inclusive means that activities are accessible and comfortable for children with varying needs. This can be challenging at times, especially with vulnerable groups. For example when including children that are survivors of child exploitation, literature suggests that they face additional challenges with participating, such as having difficulty speaking out due to stigmatisation after their victimisation,[113] prior negative experiences with services, discrimination, and negative reactions from professionals. The power dynamics between professionals and children can make it very difficult for children to share their thoughts, especially when it might go against the opinion of the professionals.[114]

Moreover, participation could trigger re-traumatisation due to continuing effects of trauma.[115] Participating can be psychologically demanding, especially when it concerns topics that are linked to their own experiences that could re-traumatise children. Making sure that these children are physically and mentally safe is therefore a priority.[116] Partners and staff identified the need for child-friendly or trauma-informed practices for child participation to be effective. The data revealed that community stakeholders, staff and partners are trained on the child safeguarding policy to safely work with children. There were no mentions of training children on safety measures.

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[106] Morley et al., 2021
[107] Sinclair, 2004; Tao Joiner, 2015
[108] Workshop_Children_2
[109] Workshop_Children_2
[110] Workshop_Children_2

[111] Key Informant Interview_Partner_4.2
[112] Key Informant Interview_Expert_5
[113] Upadhyay, 2007
[114] Brodie et al., 2016
[115] Terre des Hommes Netherlands, 2023b
[116] Upadhyay, 2007

Interviewed experts also mentioned the importance of safety for staff. They mention that *'wrap-around support'*[117] needs to be embedded in the organisation to make sure that staff are looked after.

When done in a safe manner, participating in activities has several benefits for children who have been exploited, such as strengthened communication, negotiation and problem-solving skills. Additionally, it promotes resilience[118] and confidence to speak up and access information.[119] Survivors of child exploitation often faced many Adverse Childhood Experiences and participatory processes where children are heard and their views and wellbeing is prioritised may help children form healthy relationships with adults.[120] By having a say in matters affecting them, they could regain a feeling of control, decreasing feelings of helplessness and powerlessness.[121]

There is thus often a tension between participation and protection. Excluding survivors from participatory opportunities a priori on grounds of risks means that they might miss out on a range of potential positive results.[122] Safety measures need to be in place to protect children and in particular vulnerable children such as survivors of child exploitation.[123] Ensuring that child participation is voluntary, allowing young people to explore their readiness to participate as well as putting in place safeguards to ensure that children are not harmed in the participatory process are some examples of how to avoid re-traumatisation and to mitigate risks of participation.[124]

Children appreciated talking about sensitive topics such as child exploitation

Children emphasised the positive effects of child participation, even when talking about sensitive topics. They indicated that participation creates an opportunity for children to know their rights and responsibilities as it opens their minds to knowing good and bad standards of living. They referred to knowledge as power and felt that participation gave them the opportunity to know their rights and responsibilities. Children suggested that this is what they need for empowerment and development.

"It promotes confidence. We learn about child exploitation and that can be shared with others again. You are further disseminating the information. You can make it known to a child that there are other places to go [besides the big cities]."[125]

This quote illustrates that child participation, specifically on topics such as child exploitation, could have a preventative element to help children make the right choices to protect themselves. In child participation practices of the past five years, it was also found that participation is often used to address child exploitation-related topics, such as unsafe migration, early marriage, harmful traditional practices, child abuse, gender-based violence, child

trafficking and online sexual exploitation of children. Examples of these practices were training youth advocacy groups on these topics, creating child-friendly materials on the matters, training school staff and community, creating school campaigns and peer support groups.

Staff and partners mentioned that child participation should be about topics that children find important. Experts and staff emphasised that it's good to decide the topics, methods and goals of child participation activities with children, as what they deem important and effective might be different than what professionals think.

"Sometimes as adults, we think 'this is the best', but when we consult children, they would give their insights on the best way that is more applicable and practical. We find that when we ask the children, this is really effective."[126]

Figure 11. Children workshop's message to peers about the importance of knowing about child exploitation.
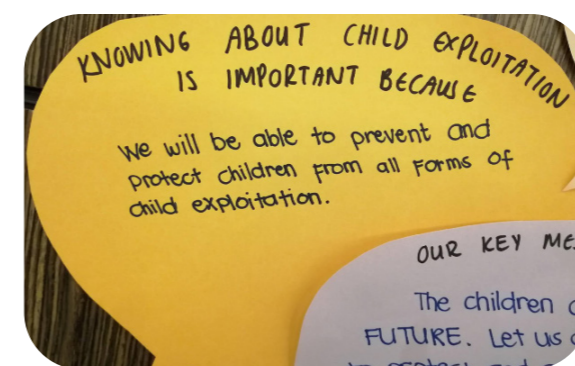
Closing observations

Whilst the minimum requirements were generally met, there was criticism that these set the bar too low for the level of child participation envisioned for the future. Listen Up! Strategy's goal of child participation is to ensure *'children are empowered to participate in building and sharing knowledge on child exploitation'.*[127] Another critique was that the minimum requirements were too similar, not allowing for different and sometimes more meaningful methods of child participation. In the past five years, child participation focussed mostly on getting feedback from children and activities that were not co-designed but arranged for children. Children, however, expressed the need and desire for collaborative approaches. This research has again proven the importance of engaging children in topics that matter to them, as the child participants have taught us important lessons for the future. Other examples are the emphasis on child participation at local levels, such as at home, at school and in the community and that children valued talking about sensitive topics such as child exploitation.

117 Key Informant Interview_Expert_5
118 Bruck et al., 2022; Kasirye et al., 2022
119 Terre des Hommes International Federation, 2019
120 Hallett et al., 2019
121 Bruck et al., 2022
122 Bovarnick & Cody, 2021
123 JOFA, 2022; Lefevre et al., 2018
124 Cody, 2017; OHCHR, 2020
125 Workshop_Children_4.2

126 Key Informant Interview_Partner_3.1
127 Terre des Hommes Netherlands, 2023b

3.2 Gender Mainstreaming Outcomes

Mainstreaming gender is based on the recognition that people have different needs and living conditions, involving unequal access to and control of resources, rewards, opportunities for decision-making, power, money, human rights, and justice.[128]

This means that depending on the context, programming to prevent or respond to child exploitation should be designed with recognition that boys, girls and gender-diverse children face different threats, have distinct vulnerabilities and might have differing needs. Gender mainstreaming entails both developing targeted interventions to address gender-related issues and 'integrating attention to relevant gender equality issues as a regular, routine part of policies and programmes in all areas [by] making policies and programmes gender-responsive'.[129]

Gender mainstreaming emerged as the second most frequently mentioned cross-cutting issue after child participation. To a large extent, the minimum requirements were evidenced by practices found in the data.

Table 5. Summary of progress on the minimum requirements for gender mainstreaming 2017-2022

Minimum Requirement		Practice found in data	Number of Mentions
Partners collect gender-disaggregated data (numbers of females/males)	☺	Binary gender-disaggregated data were collected in all countries.	36
	☺	Few descriptions were found describing how data collection tools or Monitoring and Evaluation systems were revised to capture gender-specific details to guide gender analyses. These revisions allowed for the collection of data beyond 'numbers of males/females'.	2
The Context Analysis and Problem Statement in the proposal to provide data and evidence related to boys/ girls/(sexual minorities where it exists)	☺	A small number of partner staff attended summits and workshops on gender policy and advocacy.	7
	☺	Context analyses and problem statements provided data and evidence and was included in proposals and discussed in cross-cutting issues reports. In all but one country, discussion on the specific vulnerabilities and child protection needs of transgender children were absent.	5
Raising gender awareness and equality should be part of all interventions	☺	High compliance was evidenced by gender equality efforts such as organising training and dialogue events for gender-awareness, targeting children, community and other stakeholders.	47
	☺	Dimensions of gender were generally included in lobby and advocacy messages and issues. However sexual orientation, gender identity, and gender expression were sensitive issues and difficult to raise publically in most countries.	9
		The Philippines was the only country that routinely included training of all staff on sexual orientation, gender identity and expression.	2
Partners to aspire to undertake a gender-analysis of their core work and to develop an approach to address the main gender-issues	☺	Gender analyses were undertaken and provisions ensuring that the specific needs of different boys and girls were met. Countries aimed to provide services without discrimination, however, this was generally limited to non-discrimination against girls.	24

[128] Council of Europe, 2021
[129] UN Women, 2022

Evidence of the range of work undertaken to meet the minimum requirements were established in practice, although the distribution and frequency of these were sparse in comparison to the practice of routinely reporting on the numbers of males and females who participated or awareness-raising about gender-related topics. Notwithstanding, a number of practices beyond the minimum requirements were identified, as summarised in Table 6 below. Most popular among these was targeting men with activities related to awareness raising on gender-related issues (6 mentions, 50%).

Table 6. Gender-related practices found in data by mention and number of countries mentioning the practice

PRACTICE	DISTRIBUTION	FREQUENCY
Inviting fathers and males to attend various sessions tackling gender issues		
Using behaviours change communication to respond to gender issues		
Developing educational GBV materials		
Counsellors for women and children or a gender and development counsellor		
Broadcasting information and discussions about GBV through local TV and radio		
Lobbying for ordinances such as LGBT Code		
Engaging and advertising association for stereotype-free advertising		

In the next sections, emerging themes of gender mainstreaming practices will be discussed. In general, this study found that implementing gender mainstreaming can be challenging. First, despite many mentions of gender mainstreaming practices, lack of understanding of gender mainstreaming was uncovered. Second, it was found that to reach gender equality, men and boys were still specifically targeted to include in projects and programs, despite the notion that girls are often more disadvantaged due to discriminatory gender norms. Lastly, context-specific barriers were found that make gender a sensitive topic to talk about.

Widespread lack of conceptual clarity and understanding of gender mainstreaming

The relative popularity of gender-related discourse in the data collected obscured failure in widespread understanding and practice of gender mainstreaming. Only one concrete example was found in all the cross-cutting issues reports that illustrated that *'consideration has been made to ensure both boys and girls are receiving specific requirements relevant to their gender needs'.*[130] In this example, children who were in alternative care were provided with sanitary towels or shaving kits depending on their needs.

Among many, the concept of gender mainstreaming was vague, and understanding limited. Participants in workshops and interviews generally defined gender mainstreaming either as 'gender equality' or non-discrimination for girls. Raising gender awareness and striving for equality was mentioned more frequently than any other gender mainstreaming practice. Although this was promoted by the formulation of the Minimum Requirements[131] and remains an irreplaceable part of child exploitation intervention, the promotion of gender equality is different to gender mainstreaming.

Tailoring programme design, policy and practice to meet the needs of children most at risk requires an understanding of potential differences in the victimisation of girls, boys and children of other gender or sex identities and orientations. Gender mainstreaming furthermore requires tailoring approaches to ensure the needs of children most at risk are considered and accommodated.

Inadequacy of Gender Mainstreaming policies was a barrier for gender mainstreaming. One of the reasons for this is the lack of gender policies and expertise. For example, staff in one of the surveyed countries mentioned that they do not have a gender policy.[132] Similarly, TdH NL does not have an approved gender policy or dedicated staff to support gender analyses and mainstreaming activities.

Additionally, whilst terms like *'LGBT+ groups'*[133] and *'third gender'*[134] were mentioned, albeit rarely and only in some countries, gender-related reporting focused almost exclusively on the binary approach to gender (woman/ man). This despite the fact that gender inequality affects boys, girls and gender diverse children, but generally it disproportionately advantages boys. The Special Rapporteur on the Sale and Sexual Exploitation of Children noted that when it comes to children whose bodies and identities, a strategy focused firmly on the gender binary and simultaneously treating gender and the sex assigned at birth as synonymous may have unintended negative effects.[135]

Challenging discriminatory gender norms that disadvantage girls

Much of the work described by reporting on gender mainstreaming work was directed at empowering girls and women, challenging their oppression, and ensuring the participation of girls. These practices were mentioned 47 times in the data. Many of these were *'targeted, women specific policies and programmes'.*[136]

Programming that addressed social norms which disempowered girls were relevant to interventions aimed at prevention or responding to child exploitation. They challenged gender stereotypes, which

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[130] Report_2019_4.10
[131] The third minimum requirement for Gender mainstreaming was 'raising gender awareness and equality should be part of all interventions' (Terre des Hommes Netherlands, 2017b)
[132] Key Informant Interview_Partner_3.1
[133] Report_2019_3.3
[134] Key Informant Interview_Partner_1.1
[135] Special Rapporteur on the sale and sexual exploitation of children, 2012
[136] ECOSOC, 1997

represent culturally defined beliefs about men and women internalised through socialisation:

"At the root of many gender inequalities are gender norms that prescribe different status, power and opportunities to girls and boys according to culturally appropriate versions of masculinities and femininities."[137]

Fugure 12. Illustrations of people and power drawn by children[139]

People with lots of power or 'full batteries'

People with very little power or 'low batteries'
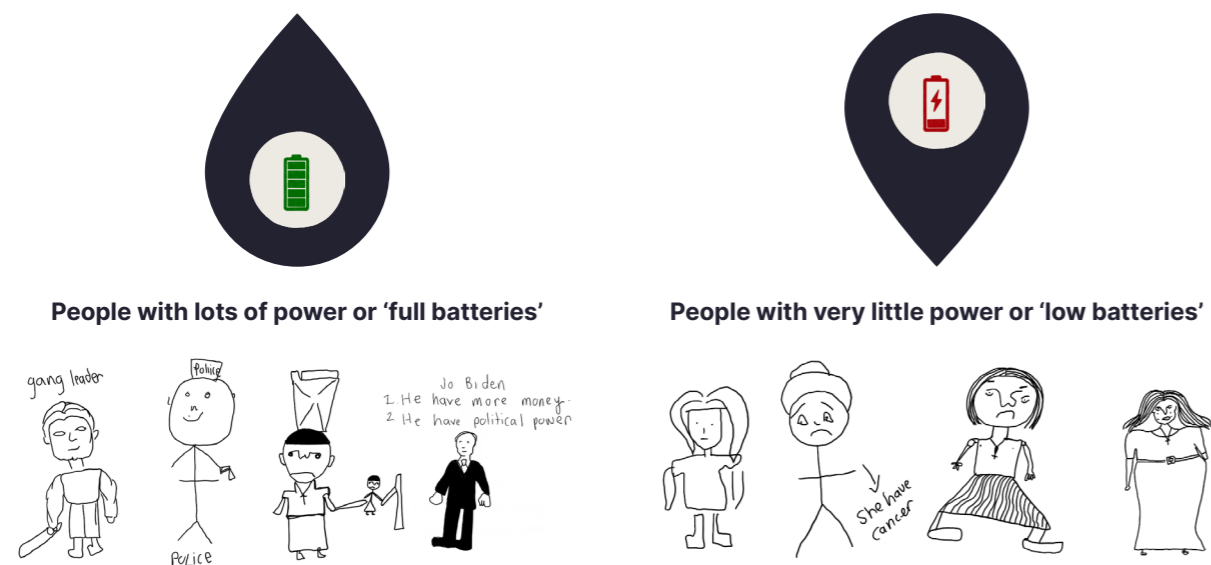
In contrast, the least powerful people with 'low batteries' were labelled with she/her pronouns (*'she is sad', 'she has cancer'*[140]). They associated a lack of power with lack of physical strength or ability, but also with

being a child or woman. In addition, a baby, an elderly couple, a person in a hospital bed and people with disabilities were drawn. Children associated 'low batteries' with heightened risk of exploitation.

These 'versions' of men and women and their relative power in relation to exploitation were illustrated by children participating in the study workshops. When asked to represent powerful people, they drew a policeman with a gun, a male 'gang leader' with a stick, a community captain, 'papa' and a muscular figure.[138] In Bangladesh children drew Joe Biden, saying he had financial and political power. This suggested that they associated power with masculinity, physical strength, money and weapons (sticks and guns).

With enough exposure of children to social cues by the people around them and the media, the way children subconsciously apply labels and traits to gender becomes entrenched, especially in early adolescence.[141] Beliefs, such as those associating women and children with weakness and disempowerment, become beliefs. These, in turn, create stereotypes, inform attitudes and generate prejudice. They also feed into gender roles and finally, gender norms.[142]

Fugure 13. Gender norm cycle.
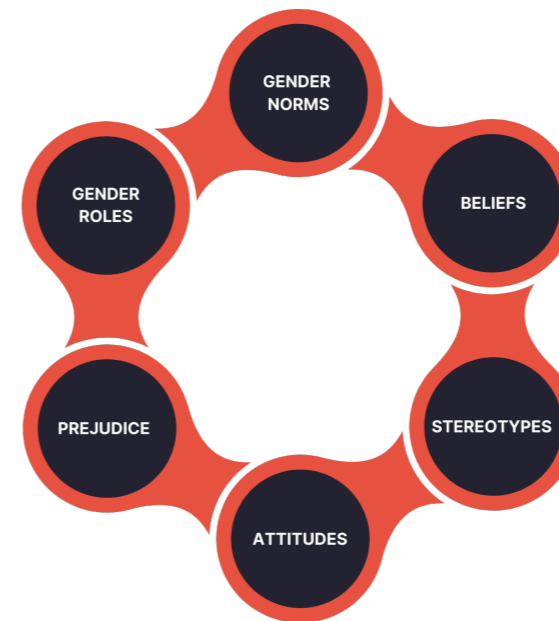
This cycle and its link to power and violence was summed up by a statement from a community workshop:

Community member 1

"When the girl is born it is considered a burden, while having a boy born is an honour...The girl is not treated in a proper way and it is a kind of violence. It puts a mental pressure on the mother and other girls in the community."

Community member 2

"Yes. Boys are strongly valued as they are seen as able to provide economically for the family, while girls are seen as a burden because of dowry[143] and not providing economically for the family."[144]

Encouragingly, examples from multiple projects described the expanding participation of girls, and increasing exercise of direct and collective agency:

"Comparatively speaking, the level of girls' participation has shown an increase in the reporting period specifically in peer-to-peer sessions, community dialogues and review meetings which is believed to have resulted from the regular advocacy work."[145]

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[137] Kågesten et al., 2016
[138] Workshop_Children_3
[139] Workshop_Community_1, Workshop_Children_2, Workshop_Children_3, Workshop_Children_4
[140] Workshop_Children_3

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[141] Kågesten et al., 2016
[142] Stewart et al., 2021
[143] Families pay to have their daughters married to a son from another family, with the understanding that the groom's family will assume responsibility for supporting the bride. [202] Workshop_Community_1
[144] Workshop_Community_1
[145] Report_2021_2.7

"She used not to be outspoken, now she can raise her voice towards officials, with her schools and uphold her rights. She is now a rights activist." [146]

"Child participation in SheLeads, where girls take centre stage in activities and determine the agendas to front and also feedback is collected to better programs for them. SheLeads is gender infused and integrating gender topics is not a problem because by design it tackled gender discriminating roles." [147]

Men and boys were specifically targeted by activities designed to address gender-inequality

The successful implementation of gender mainstreaming acknowledges the 'knowledge, concerns, priorities, experiences, capacities and contributions' of women and gender-diverse people, but also men. [148] Therefore targeting men specifically in work designed to shift patriarchal gender norms was supported. It was acknowledged, however, that implementing programmes to change the *'perceptions and attitude of...the community...requires intensive effort'* [149] and scaling interventions to break harmful gender stereotypes remains a challenge.

Fugure 14. Poster from Bangladesh children's workshop defining gender as a social construct.
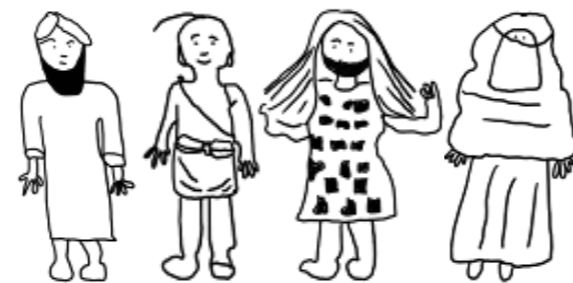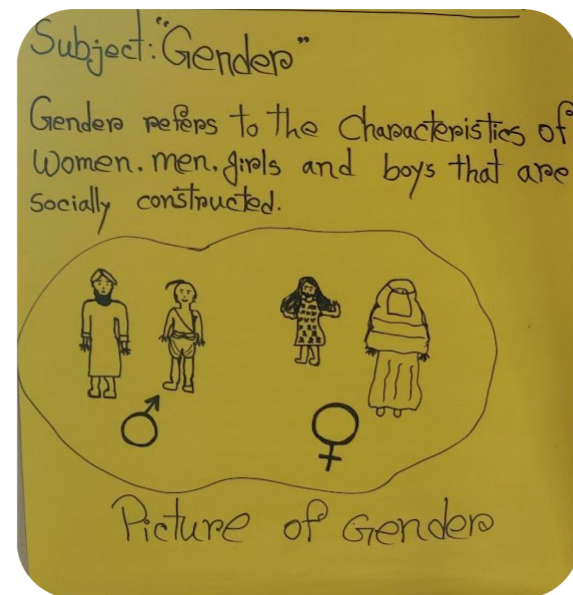
While several gender mainstreaming practices were shared in cross-cutting issues reports (see Table 7), the most frequently mentioned entailed *'consciously inviting fathers and males to attend different sessions that tackle gender issues'.* [150] This strategy was folded into interventions in several settings. This was also identified as a promising practice by one of the experts interviewed:

"Engaging men and boys on positive masculinity, identifying positive role models, talking with them on gender, their privileges, nudging them towards their insecurities, their roles within the family, the burden mothers/ sisters have and recognise their role in inequalities. These are the small scale innovative pilot programs that we are doing." [151]

Context-specific cultural, religious and legal barriers to participation for some children

In addition to stereotypes, cultural and religious beliefs were described as barriers to gender mainstreaming efforts. The sensitive topics related to root causes of child exploitation sometimes resulted in resistance from the community, and restrained child participation. As key informants explained:

"Children's involvement depends on their age and the consent of parents. You may want a child of 10 to participate in your activity, but the parents may say, 'No'. Then it is difficult to engage with that child." [152]

"Community people sometimes create problems if the issue is too sensitive... At the community level, there are brokers who try to convince the parents against the [children's] clubs." [153]

The Church and other religious entities were often said to oppose the idea of gender equality and gender mainstreaming, and especially of the inclusion of the LGBTQIA+ community and children:

"A barrier I have encountered is the church. The Catholic church tried to lobby against certain talks and parts of the ordinance." [154]

In the many settings where TdH NL works, patriarchal societal norms are embedded in discriminatory legislation. In three of the four countries where the study took place, heteronormative national legislation undermined children's rights. In Ethiopia, sexual and gender diversity is criminalised. Children often lack access to safe spaces and support networks. [155] Sexual-diverse children were vulnerable to mental health problems and social isolation due to discrimination and violence experienced from their families and communities. [156] People are denied access to education, health care and employment based on their gender and sexual identities. [157] Likewise, in Uganda, gender-diverse children are often discriminated against in their communities. In the past few years, there

[146] Key Informant Interview_Partner_1.2
[147] Staff Survey_2022
[148] UN Women, 2022
[149] Key Informant Interview_Partner_2.1
[150] Report_2019_3.3

[151] Key Informant Interview_Expert_6.1
[152] Key Informant Interview_Partner_4.2
[153] Key Informant Interview_Partner_1.1
[154] Key Informant Interview_Likeminded organisation_3
[155] Hughes et al., 2020
[156] Hailemariam et al., 2020
[157] Downie, 2016; Overs, 2015

have been many cases where gender-diverse children's shelters were invaded by the police and residents.[158] In these cases, many children were beaten up and detained as Uganda's government continues to push for the prosecution of LGBTQIA+ people. In Uganda, homosexual sex is punishable by life imprisonment. LGBTQIA+ children in Bangladesh also face similar issues, as same-sex acts are criminalised in the country and non-conforming to binary and heterosexual norms is deemed as 'unsocial activities' in the country's Penal Code.[159] This anti-gender and sexual diversity sentiment affects children's everyday lives, as they are more likely to suffer discrimination in school and in their communities, leading to higher rates of drop-out and higher risk of being a victim of sexual violence. Although the Philippines is the only country out of the four mentioned here that does not criminalise sexual diversity, gender and sexual diverse children experience many adversities throughout their lives, such as bullying, exclusion and physical and sexual violence.[160] Additionally, they are also at risk of suicide, due to the emotional, psychological and physical abuse they suffer throughout their lives.[161] In summary, gender and sexual diverse children face barriers in these countries, such as violence and discrimination, that can hinder their participation in community activities.

Creating safe spaces for mixed groups of children to interact

In some contexts having children's clubs at community level which welcomed mixed groups of 'girls, boys and third-gender children'[162] was seen as a challenge to conservative approaches to child-raising. Mixed-gender children's clubs were sometimes still frowned upon:

"In very conservative communities they don't want boys and girls to mix, they think that they might learn bad things…Parents think that they don't allow girls to talk to boys."[163]

A partner staff member explained, for example, that as a child her mother didn't allow her to 'mix' with boys.[164] She observed that fewer parents in the cities still held these outdated views, but some parents continue to try to keep girls away from boys until they are married. An anecdote was shared, illustrating this fear among parents. The story was about a girl who became an 'outspoken activist for children's rights'.[165] After being involved in a children's club and other empowerment activities like training and a karate group, she was 'not supported'

by her family. Whereas 'in the beginning [she] did not dare sharing with her parents what she was doing in the club' at some point she stopped 'censoring herself'.[166] When she was clear with her family that she did not want to get married early, her father was tense…'fearing she was intimate with boys' she met at the children's club.[167]

The practice of 'not allowing boys to talk to girls'[168] was witnessed firsthand at a public event during data collection. The event was to raise community awareness to 'stopping child marriage' in a rural village. Throughout the speeches and presentations there was almost no interaction between the girls and boys in attendance. Boys in the audience sat separate from girls. Rowdy boys jostled and played to the left of the stage, while the girls sat quietly on the right- both performing stereotypical gender roles.

To challenge gender norms that perpetuate gender inequality, partners in most countries found it was important to 'give space for boys and girls to talk'.[169]

"If they meet together, boys might realise that when they tease (harass) girls it is not okay, so they can change their behaviour…Changing mindset and behaviour change can reduce violence against girls."[170]

"We have also integrated the boys into the girls groups. When we have these outreaches, we use dramas for example on how it feels to be forced to marry. The explanation of expectation of roles that sometimes lead to torture. What girls are supposed to do and what boys are supposed to do. We flip the roles, the boys do the girl roles and the other way around. And then we ask how that feels. You see that there is learning. That is one of the lessons that we learned."[171]

A systematic review of literature to understand factors that shape gender attitudes, confirms that puberty is a 'key moment for shaping gender attitudes'.[172] As identified in practice, interpersonal relationships with peers strongly influences gender attitudes and is needed to bring about normative change. Children's groups provided the setting for this, through engagement between children of different genders, but also religions, ethnicities, migration histories and abilities.

158 Keuroghlian et al., 2021
159 UNDP, 2011
160 UNDP, 2011
161 Manalastas, 2013
162 Key Informant Interview_Partner_1.1
163 Key Informant Interview_Partner_1.1
164 Key Informant Interview_Partner_1.1
165 Key Informant Interview_Partner_1.2

166 Key Informant Interview_Partner_1.2
167 Key Informant Interview_Partner_1.2
168 Key Informant Interview_Partner_1.1
169 Key Informant Interview_Partner_1.1
170 Key Informant Interview_Partner_1.1
171 Key Informant Interview_Partner_4.1
172 Kågesten et al., 2016

THIS IS HOW IT'S DONE:
Gender mainstreaming at Bidlisiw Foundation Inc.

Bidlisiw Foundation Inc. is an NGO based in Mandaue City, a short flight from the capital of The Philippines, Manila. Cebu island is a popular tourist spot, almost completely surrounded by coral reefs. It is a place of contrasts. Shiny hotels across the road from informal communities where poverty and criminal gangs impact children who are not lucky enough to be born into powerful families. From here Bidlisiw and its dedicated team of staff and young volunteers operate, with a core team of social workers who have worked together for over 20 years. They are the trusted partners of families and communities to improve quality of life for Filipino children and they are deeply respected by local government officials, Barangay captains and activists alike.

Bidlisiw runs a multitude of programming, including children's rights clubs. These clubs offer safe spaces where children are welcomed regardless of their sexual orientation, gender identity or expression (SOGIE). During data collection activities, both transgender and openly gay children and adults were invited and seamlessly included. This diversity is especially important when working on issues like SEC and SECTT, since gender diverse children are targeted, and their needs must be met by prevention and response programming. The following comment from a child during the children's workshops reflects why girls, boys and gender diverse children might face different challenges and have different needs:

"My understanding about the topic [of child exploitation] is about selling the kids to someone regardless of what their gender is...Also boys are afraid to report, which is kind of disappointing...I think that mostly perpetrators target LGBT."[173]

While much of the focus of the Gender Mainstreaming minimum requirements focussed on ensuring that girls were empowered and accessed TdH NL programming, Bidlisiw offers an example of how gender diversity extends to recognising and including LGBTQIA+ children.

Figure 15: Gender mainstreaming was said to include LGBTQIA+, not only equality between males and females.[174]

It is of course important to consider the context, and the history of LGBTQIA+ rights in the Philippines. Mandaue City might now be referred to as *'the Gay Capital of south Philippines'* and hosted the *'Miss Gay International Pageant since the 70s,'* but this celebration of diversity is the result of hard-won lobbying. Activists explained that the Philippines is a *'patriarchal society'*, but indigenous communities predating colonialism had a more accepting and fluid understanding of gender and sexual identities. *'Women and transwomen were held in high regard...priestesses manifesting the "divine feminine".'*[175] In these communities, people who would today be identified as LGBTQIA+ were often respected and valued for their unique skills and roles. For instance, some were traditionally spiritual leaders and traditional folk healers.

Through Spanish and subsequent American colonisation and the strong influence of the Catholic church in The Philippines,

discriminatory and heteronormative perspectives on gender and sexuality were introduced.[176] This led to the marginalisation, discrimination and increasing stigmatisation. This experience was described by key informants who recalled being 'taunted' when walking down the street for being *'effeminate.'*[177] It was also explained by children in the workshops, who linked gender diversity with vulnerability.[178]

Further, community members described The Philippines as a *'conservative society'* where norms support *'male decision-making and dominance'.*[179] They described how parents might, *'find it hard to accept [their child's] gender. They [children] are beaten up by his parents because of being gay.'*[180]

"Children are often mistreated if they are part of LGBT, because for the others this is not totally acceptable."[181]

Over the past three decades the LGBTQIA+ rights movement in the Philippines emerged in response to this discrimination. In this regard, Bidlisiw were described as 'pioneers' in the 1980s.[182] Together with LGBTQIA+ rights activists and like-minded organisations, they started pushing for greater visibility, equality and acceptance. Some local governments, including in Mandaue City where Bidlisiw is based, have passed anti-discrimination ordinances. A protocol officer in the Mandaue Mayor's Office explained that they *'are now trying to push for an ordinance in the province*

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173 Workshop_Children_3

174 Workshop_Children_3
175 Key Informant Interview_Likeminded organisation_3
176 Yarcia et al., 2019
177 Key Informant Interview_Likeminded organisation_3
178 Workshop_Children_3
179 Workshop_Community_3
180 Workshop_Community_3
181 Workshop_Community_3
182 Key Informant Interview_Likeminded organisation_3

of Cebu that covers the smaller cities and communities.'[183] At the national level, a version of the SOGIE Equality Bill has been proposed in Congress.

Public opinion on LGBTQIA+ rights has also shifted, with surveys showing that almost three in four Filipinos support equal rights for the community.[184] This finding conceals a strong difference in opinions of older versus younger generations. Younger Filipinos are significantly more accepting of equality than their elders, as illustrated by children in the workshops.[185]

There is still much work to be done to achieve full legal protection and social acceptance for LGBTQIA+ individuals in the Philippines, and to protect children most at risk from exploitation. To illustrate, in the recent 2022 round of the Universal Periodic Review of the Philippines, the proposed SOGIE law was dismissed by the current Department of Justice Secretary as being

'"unacceptable" to a predominantly Catholic country'.[186] It is also still not possible for alternative care arrangements to be made with same-sex foster parents.[187]

With TdH NL and others, Bidlisiw will continue *expanding services to LGBTQIA+ kids'* including child protection and gender-based violence services.[188] They engage staff and key stakeholders in gender sensitivity training[189] and partner with others working on LGBTQIA+ rights, for example the Gender and Diversity Office at municipal level.[190] They 'make sure to have inclusivity by mentoring and coaching LGBT groups'[191] who encourage the appointment of marginalised children into positions of leadership, for example in children's rights clubs. They make these spaces safe and welcoming for children by allowing them to 'wear the uniform that match[es] their gender expression'[192] and 'use the restroom they are comfortable with.'[193]

Closing observations

The practices of gender mainstreaming reveal that implementation has been challenging. This is firstly due to lack of full understanding of what gender mainstreaming is. Partners showed that they understand gender-related concepts such as gender norms and gender equality, but weren't able to move beyond the empowerment of girls. As discriminatory gender norms continue to exist and girls are still disadvantaged, programming that challenges these social norms are still relevant in the context of preventing or responding to child exploitation. However, there only seems to be a general

understanding on how gender norms enable exploitation and not the specific mechanisms behind it. A reason for the challenges in implementation of gender mainstreaming could be found in context-specific cultural, religious, and legal barriers for some children, especially with different gender identities, to participate. This study found varying levels of understanding and acceptance towards the concept of gender that led to different departure points for the implementation of this CCI. It is therefore important that we continue our efforts to increase the understanding of gender, be mindful of the context where our programs take place and create safe spaces for mixed groups of children to interact.

3.3 Inclusion of Children with Disabilities Outcomes

Inclusion presupposes that children with disabilities are not excluded and are welcomed to participate and benefit from programming across a continuum of ability. Inclusion means that children lie at the centre.

Children with disabilities are included when they are accepted and recognised as *'people beyond their disabilities'*[194] with the right to be protected and meaningfully participate. The findings showed that many people did not understand the concept of inclusion of children with disabilities.

Contrary to popular belief, child protection programming that incorporates inclusion of children with disabilities is not about implementing projects *'centred on children with disabilities'*[195] or specifically targeting children with disabilities. As explained by an expert key informant:

"The most important thing to remember is that children with disabilities are still children, just like any other child. You should not make a fuss about that one thing (the disability), it does not define them. CwD have personalities, interests, loving families, aspirations just like all other children have. CwD are children. All children are different. All children have their own set of needs and abilities."[196]

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183 Key Informant Interview_Likeminded organisation_3
184 Greenwood, 2020
185 Workshop_Children_3
186 Report_2023_3.0
187 Key Informant Interview_Partner_3.2
188 Key Informant Interview_Likeminded organisation_3
189 Report_2018-2019_3.4
190 Key Informant Interview_Likeminded organisation_3, Workshop_Children_3
191 Key Informant Interview_Partner_3.2, Key Informant Interview_Likeminded organisation_3
192 Key Informant Interview_Likeminded organisation_3
193 Key Informant Interview_Likeminded organisation_3

194 Rimmerman, 2012
195 Staff survey, 2022
196 Key Informant Interview_Expert_7

Figure 16. From exclusion to inclusion[197]

EXCLUSION

SEGREGATION

INTEGRATION

INCLUSION
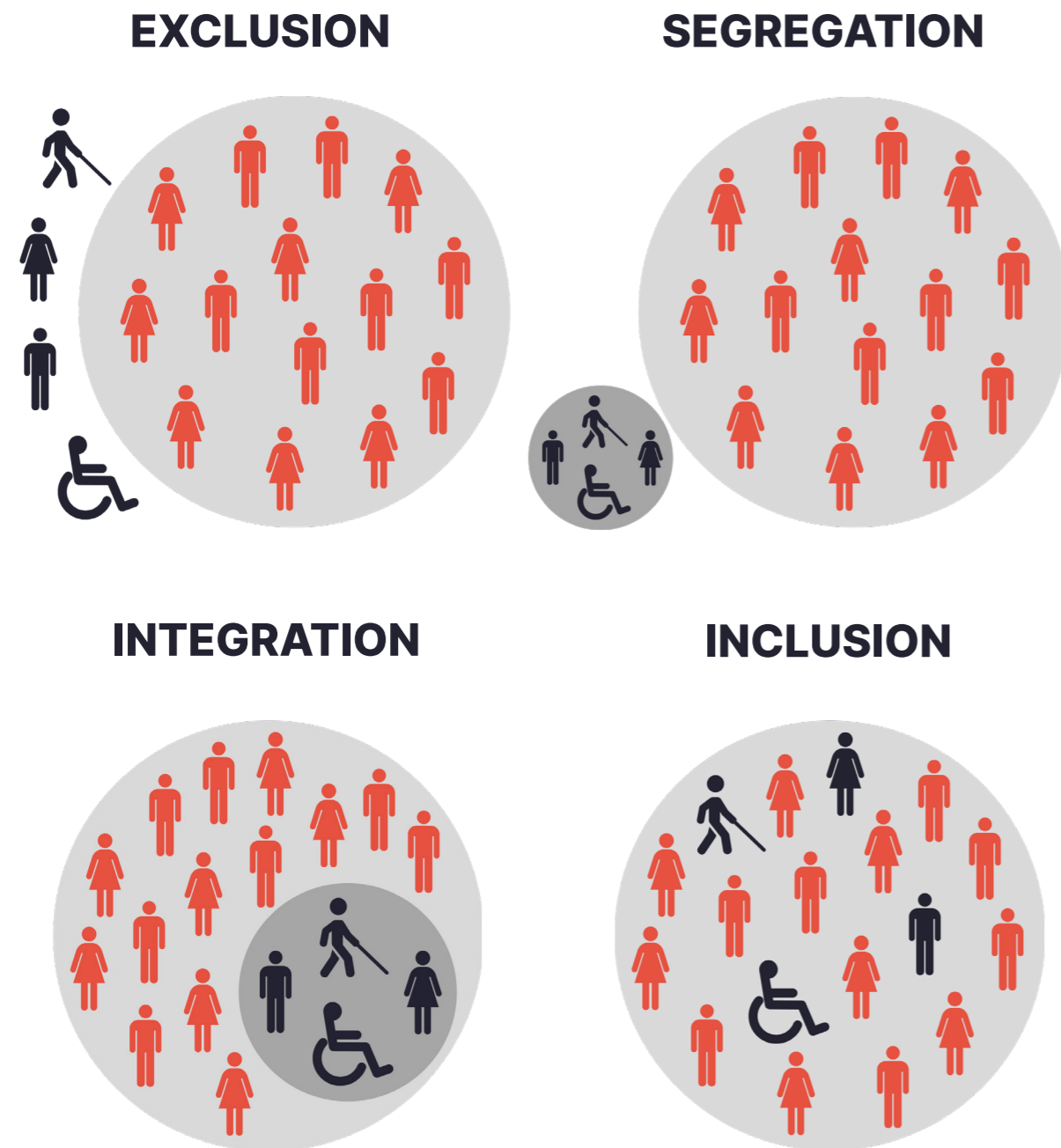
Although there was no evidence of children being deliberately excluded from programming, segregation (through referral to other organisations or services) and in some cases integration of children with disabilities (into parallel services), were

more evident than inclusion (see Figure 11). Inclusion of children with disabilities appeared to be the least integrated cross-cutting issue with the fewest mentions in the data.

197 Model adapted from UN Geneva, 2021

Table 7. Summary of progress on the minimum requirements for inclusion of children with disabilities 2017-2022

Minimum Requirement	Practice found in data	N. of Mentions
The partner is aware of children with disabilities in the community, as proven by the context analyses (and problem statement) in the partner proposal.	Disability was considered in all countries, but just two of four showed a good awareness of why children with disabilities are especially vulnerable to child exploitation and need to be included in target populations for prevention and response intervention. In most settings children without visible or clinically diagnosed disabilities were not identified.	17
Partners strive to ensure that activities/ services are equally accessible to children with disabilities wherever possible, without it becoming an expensive and time-consuming exercise.	Children with disabilities largely remained excluded from prevention and response programming, although efforts were made by all partners to connect children with disabilities to disability-related services (mostly to meet medical, therapeutic or education needs rather than child protection). Few practical examples were shared of how the needs of children with disabilities were accommodated to ensure their inclusion.	14
Partner establishes relationships with organisations working with children (and parents of children) with disabilities in their geographical area, in order to ensure an active referral mechanism is in place, which includes referral and follow-up.	Partnerships were established in all four countries, some for training and advocacy activities, most were for referral. Overall, children with disabilities were more likely to be referred than to be included in activities or services.	56
Partner reviews existing Child Protection and Safeguarding Policy to consider inclusion of issues related to children and people with disabilities in line with International Child Safeguarding Standards.	All partners reported updating their policies to include considerations for inclusion of children with disabilities. That said, little detail about the content or implementation of the policies were documented.	2

Some staff shared that including children with disabilities *'has been a struggle'*[198], *'was not really relevant'*[199] in a project context and *'not well understood'*[200]. In contrast, there were some positive examples of where inclusion was *'well advanced'*[201] and *'going well'*[202]. Additionally the cross-cutting issues reports and children's workshop provided some hopeful signs that providing reasonable accommodations and some extra support to children with disabilities did enable their participation in programming and the data collection. Table 9 summarises some activities and practices partners tried in order to extend programming to children with disabilities (practice column), how often these were mentioned (frequency column) and in how many countries these practices were found (distribution column). The most popular practices related to disability and inclusive practice found in data was to partner with disability organisations (41 mentions, 29%), referral to other organisations (15 mentions, 11%) or mentions about including certain children in activities or services (14 mentions, 10%). Half of the practices were found in three countries or more.

Table 8. Practices related to disability and inclusive practices found in data by mention and number of countries mentioning the practice.

PRACTICE	DISTRIBUTION	FREQUENCY
Partnering with disability organisations		
Referral to other organisations		
Raising awareness about disability and child protection		
Referral for disability-specific services		
Advocacy		
Covering disability-related costs (medical, assistive devices)		

PRACTICE	DISTRIBUTION	FREQUENCY
Inclusion in programme activities/services		
Recruiting children with disabilities		
Addressing discriminatory attitudes/barriers to inclusion		
Supporting families to deal with disability-related stigma		
Providing PSS/mental health services		
Providing assistance or support based on individual needs		
Asking children with disabilities for their opinions on child protection issues		
Collecting disability-disaggregated data		
Using peer education		
Ensuring physical accessibility of buildings		
Updating policies to be inclusive		
Training on inclusion		
Providing interpretation when needed		
Easy-to-read, accessible, child-friendly document formats		
Inclusive, non-discriminatory language		
Creating warm, welcoming and safe child-friendly spaces		

The big themes of inclusion of children with disabilities practices between 2017 and 2022 that emerged from the data will be discussed in the next paragraphs. The first theme is that most often, practices were found where children with disabilities were referred to other organisations, instead of including them in our own organisation. This is in contrast with how important respondents find inclusion of children with disabilities. The latter will therefore be discussed as a second theme. Lastly, it was observed that when reporting on and talking about disabilities, mainly physical or observable disabilities were mentioned whereas there is a wide spectrum of ability. This narrow view on disability obstructs inclusion and is therefore discussed as a third theme.

Outsourcing disability services (segregation) was favoured over inclusion

When comparing the frequency with which various practices were mentioned, building relationships or partnerships with disability-related organisations (41 mentions) and referral of children with disabilities to other organisations (20 mentions) outnumbered mentions of including children in activities and services (14 mentions) sixfold.

Placing children with disabilities in a residential facility or providing disability-specific services as a standalone programme is, however, not inclusion. Rather, inclusive practice is designing and

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198 Staff survey, 2022
199 Staff survey, 2022
200 Staff survey, 2022
201 Staff survey, 2022
202 Staff survey, 2022

running programming that accommodates a broad spectrum of needs. A staff member noted that *'during the design consultations, children with disabilities were given less attention that leads to our projects not responding to their specific needs'.*[203] Skill is required to facilitate this meaningful and inclusive child participation.

Partnerships emerged overwhelmingly as an area where partner organisations in all countries made strides. Whilst positive, the lack of inclusive practice and gaps in understanding of the concept of inclusive practice indicated further work is required to ensure all children at risk have access to prevention and response programming. In the staff survey, a staff member indicated that they were unsure what to do with this cross-cutting issue: *'[Should we] improve our own capacity or only improve our network of specialists?'.*[204]

Another reason could be that partner staff felt ill equipped to work with children with disabilities, feeling they lacked specific expertise.

"Partners or projects are struggling due to the complicated nature of different disabilities which may be a challenge for the projects or partners to address."[205]

"Organisations have made an effort to ensure inclusion. Since they do not have direct support offered, they mostly do referrals."[206]

"We are not experts in this topic and neither do we have experts. But there are strong disability-focused organisations that we can partner with."[207]

There is a huge variety of types of disabilities and severity of impairment, making children with disabilities a complex and heterogeneous group with a wide range of needs.

The sentiment that the child protection needs of children with disabilities cannot be met without specialised skills is not limited to the sector or settings where TdH NL works. The needs of children with disabilities globally are often not accommodated by most services and systems:

"Data show that people with disabilities in low- and middle-income countries are poorer than their nondisabled peers in terms of access to education, healthcare, employment, income, justice, social support and civic involvement, and are more likely to experience multiple deprivations. They encounter inaccessible transport, infrastructure and digital technology."[208]

An illustration of this is captured in a study undertaken among 568 children with multiple disabilities in rural Bangladesh. All of them needed health and rehabilitation

services, yet 80 per cent had no access to healthcare whatsoever. Of the 20 per cent who did access services, all were assisted by NGOs rather than government clinics or hospitals.[209]

Without inclusive services that support families, many are unable to care for their children with disabilities at home.[210] These additional support needs require *'costs and budget to address different kinds of disability…[The partners] have to learn how to adjust their programming and activities to different kinds of disabilities. Help [is needed for] the partners to adjust, to what the dynamics are'.*[211]

Respondents stress the importance of including children with disabilities due to high risk of exploitation and discrimination

Inclusion of children with disabilities appeared to be challenging for partners to implement, yet it was deemed highly important and prioritised by children and

community members. In the workshops with children and community members, vulnerability of children with disabilities was often mentioned. In three workshops[212], for instance, children were asked to come up with an imaginary friend at risk of exploitation. Out of nine characters, eight had a disability. This possibly indicated that children perceived that having a disability had a diminishing effect on power and was key risk factors for child exploitation. Figure 12 below, includes messages about inclusion from one of the characters, Tina:

"Inclusion is giving people the right to participate. Inclusion is important because it is important to make someone feel included and welcomed because some people might feel left out and lonely. For me we should include them because they are not different from us, they are also human. It is important to make people feel included- not only disable people but everyone."

Figure 17. Inclusion as described by children[213]

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203 Staff survey, 2022
204 Staff survey, 2022
205 Staff survey, 2022
206 Staff survey, 2022
207 Staff survey, 2022
208 Rohwerder, 2015, p. 1

209 Nuri et al., 2018, p. 2
210 Kelly et al., 2016, p. 36
211 Key Informant Interview_Staff_3.1
212 Workshop_Children_2, Workshop_Children_4.2, Workshop_Children_4.1
213 Workshop_Children_1, Workshop_Children_3

In all workshops, children underlined that children with disabilities usually have 'low battery', meaning that they are disempowered, highly vulnerable and they need support and protection. Children indicated that children with disabilities *are often not helped'*,[214] or when they have family, *'they do not give him attention'*.[215] In another workshop, participants expressed that children with disabilities will be told *'we cannot play with you'*[216] and were excluded from activities. A disability could even lead to less chances of finding love. In another workshop, the children described the scenario of a 'boy with one hand':

"If I go: 'I love you', they will say: 'Well no, because you only have one arm.' They will leave you there."[217]

The lack of independence was perceived by children and community members as being burdensome, particularly on the family.[218]

"Children with disabilities are not considered in any way. Children with disabilities are not considered as human beings. They are referred to as, when you have a child with a disability, you are always cursed."[219]

"Society prescribes a kind of shame. If I have a child with a disability, I will feel shame."[220]

"There are some myths existing among parents, that they should not let children go to school, not let children [with disabilities] play with their friends. Sometimes the family is cursed, they think. Others say these families are cursed. These are some myths."[221]

These quotes illustrate that children with disabilities are dehumanised and discriminated against due to these widespread stigmatising beliefs. Community members in the workshops highlighted this problem as well and described that children with disabilities *'are often outcast'*[222], are *'left alone'*[223], *'are being neglected in any social gatherings'*[224] and *'do not get enough access to use educational tools'*.[225]

Children, staff and partners also identified the importance of using the right terminology. Children with disabilities were called different words, such as *'lame'*[226], *'differently abled'*[227], *'physically challenged'* or *'special child'*[228]. In one of the countries, the children in the workshops spoke from experience that people *'will use language like he is not normal'*[229] and they stressed the need to *'keep to use the right language when talking about them'*.[230] What language is appropriate can be complicated, as what is preferred *'varies across people and attitudes'*[231], making it person and context dependent. In Ethiopia, for instance, staff and partners explained that *'most of the time, there are bad words [for disability] in Amharic'*[232] words that are considered as 'offensive'.[233]

The participants of the children's and community workshops proved to be highly supportive of inclusion. They agreed that the discrimination and exclusion described above are not right and stated that children with disabilities are equal to other children and should be treated with respect.[234] The children came with various suggestions to improve inclusion such as providing additional personal assistance, inclusion in every activity, showing them love, affection and respect, giving emotional support and addressing discriminatory attitudes.

Figure 18. Children's workshop drawing where children stressed the importance of children with disabilities living a normal life such as other children, being able to go to church, school, have friends and play with others.
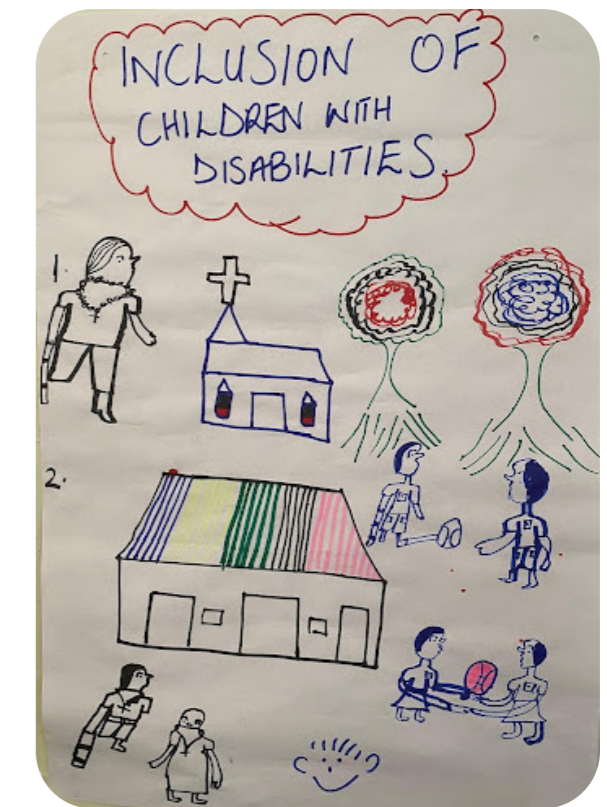
[214] Workshop_Children_4.2
[215] Workshop_Children_2
[216] Workshop_Children_2
[217] Workshop_Children_4.2
[218] Workshop_Children_4.1, Workshop_Children_4.2, Workshop_Children_3, Workshop_Children_2
[219] Report_2019_4.1
[220] Key Informant Interview_Staff_1.1
[221] Key Informant Interview_Partner_2.1
[222] Workshop_Community_3
[223] Workshop_Community_1
[224] Workshop_Community_1
[225] Workshop_Community_1

[226] Workshop_Children_4.2
[227] Workshop_Community_1
[228] Workshop_Children_1
[229] Workshop_Children_4.2
[230] Workshop_Children_4.1
[231] Key Informant Interview_Partner_2.2
[232] Key Informant Interview_Partner_2.1
[233] Key Informant Interview_Partner_2.2
[234] Workshop_Children_4.2, Workshop_Community_4, Workshop_Children_2

Multiple cross-cutting issues reports mentioned that they made efforts to deal with the stigma surrounding children with disabilities, by spreading awareness and talking to parents and community members. Interviews with partners and staff highlighted the same importance of constructively working on addressing attitudes about disability.

"Communities are still learning to be inclusive about gender, disabilities and children with other identifications. It is key to focus more on the practice, belief, mindset aspects."[235]

There were two mentions of a partner providing materials to children with disabilities so they could stay in school or covering disability-related costs. An interviewed expert underlined the importance of family support:

"Families with a disabled member are often amongst the poorest, as they have extra expenses, may not be able to work because of the extra caring responsibilities and may be stigmatised in accessing support."[236]

Family was recognised as a vital stakeholder by various respondents (partners, staff, experts and children), since they can serve as a protective factor against child exploitation for children with disabilities. As one of the children said:

"You should talk to the parents and say that they also need love. Everyone is a person."[237]

"To have them [children with disabilities] engaged fully with their peers and the community also is very challenging. We have to work to break that barrier. [...] If we are going to work at family level first, it will be easier to incorporate those children with their friends and the wider community."[238]

Families also play an important role in the participation of children with disabilities in society and activities.

"Parents may limit the child's potential if they do not understand that they need inclusivity. Some children with disabilities are unschooled because children hurt other children, have aggressive behaviour and fears."[239]

In an interview, a partner explained that they had a child with disabilities who was hidden and was not allowed to participate in activities. In the following quote, the partner explained how they managed to convince the parents that their child should participate:

"We set up the venue for the activity opposite to where the child lived and requested the family again, saying that the venue was very near the compounds and that he would only need to cross to the next homestead. This time the father agreed but kept looking across the fence to see what we were doing. [...] The parent was amazed and saw his child in a different light."[240]

This quote illustrates how the partner put in effort to make sure that children with disabilities are included despite all the barriers that existed. Looking at the data, the goodwill of staff might be an important nuance to mention alongside the difficulties to include children with disabilities. For example, of the 43 children who participated in the children's workshops, 6 (13%) had a disability.[241] In these workshops, staff and peers seamlessly accommodated various needs, indicating that staff know very well how to work with children with disabilities without singling them out. In interviews, an overall inclusive and supportive attitude of children with disabilities was observed among partners and staff. These examples illustrate that not all practices that are important to evaluate the implementation of inclusion of children with disabilities are reported, but they were observed.

Inclusive programming was compromised by a narrow view of disability

With regards to recruiting and including children with disabilities in programme activities, the cross-cutting issues reports show that there are often only a few children with disabilities included in activities. Staff members also made this observation and noted *'there is always only a very small percentage of children included that have some form of a disability'*.[242] A reason for this low number could be that children with disabilities are often hidden or excluded from society. Another possibility is that staff have a narrow view of disability and only count children with severe and very obvious forms of disability. While examples of children with physical disabilities and a few with sensory disabilities like hearing loss were referred to, the wider spectrum of disability was not acknowledged. In fact, children with disabilities may have *a lot of difficulty or cannot do one* or several of the following things:

- See (even when wearing glasses or contact lenses);
- Hear sounds like people's voices or music (even when using a hearing aid);
- Walk or climb stairs (without assistance or equipment);
- Self-care activities like feeding or dressing themselves;
- Be understood when they speak by outside their households;

[235] Key Informant Interview_Partner_3.2
[236] Key Informant Interview_Expert_7
[237] Workshop_Children_4.2
[238] Key Informant Interview_Partner_2.1
[239] Key Informant Interview_Partner_3.2

[240] Key Informant Interview_Partner_4.1
[241] Functional difficulties that children had were with mobility, concentrating, learning, understanding and communicating.
[242] Staff survey, 2022

- Learn things (when compared with children their age);
- Remember things (when compared with children their age);
- Concentrate on an activity that they enjoy doing;
- Accept changes in their routine; control their behaviour (when compared with children their age); and/or make friends;
- Children with mental health conditions often or daily feel very anxious, nervous or worried; and/or very sad or depressed.[243]

Furthermore, children may have other chronic health conditions that require support or accommodations to make participation accessible to them.

Data from the workshops with children and community members and interviews with experts reinforced literature that describes *'children with disabilities are amongst the most marginalised and discriminated against children in the world'.*[244] A trove of research describes how disability exacerbates vulnerability and why *'children with disabilities in all settings should be viewed as a high-risk group'* for experiencing violence and abuse.[245] However, interviewed respondents indicated that it is difficult to find children with disabilities to include. Many are *'not officially registered as having*

disabilities; they are underdiagnosed'[246] or *'hidden'.*[247] The hiding of children with disabilities was often mentioned by different respondents. Sometimes, children with disabilities were not even counted as children:

"When people come and they ask, 'How many children do you have?' They say: 'I think I have five and then we have the other one who is lame', as if it is not one of the children."[248]

"They forget sometimes. They have to be reminded that that one is also their child sometimes."[249]

Another staff member noted that they felt inclusion of children with disabilities is not well understood, as partners often report that *'there were no children with disabilities in this quarter'.*[250] This might point to a lack of understanding for the wide spectrum of disabilities. Collected data on types of disabilities of children in programmes showed that the far majority of disabilities that were reported on were children with physical disabilities. Less visible or invisible disabilities were hardly present in the data.

"39 children with disabilities (22 girls and 17 boys) are visible in the quarter beneficiary lists. 26 were physically disabled and 6 of them were with minor mental illnesses, 2 vision problems and 5 were with mild hearing impairments."[251]

A respondent from the staff survey indicates that *'better screening for mild disabilities among existing beneficiaries'*[252] is needed. This might increase the number of identified children with disabilities. As we can see in Table 11, the children often chose to draw avatars with a physical disability (n= 6) over a mental impairment (n= 2). Child participants in one workshop indicated that one of the main takeaways of the workshops was that there are also invisible disabilities.[253]

Figure 19. Children's workshop avatars with disabilities

Four avatars with a physical disability (arms or legs)

[243] Adapted from Washington Group/UNICEF Module on Child Functioning, age five to 17, 2022, pg. 1-3
[244] Rohwerder, 2015
[245] L. Jones et al., 2012
[246] Key Informant Interview_Partner_3.2
[247] Key Informant Interview_Partner
[248] Workshop_Children_4.2
[249] Workshop_Community_4
[250] Staff survey, 2022

[251] Report_2020_2.14
[252] Staff survey, 2022
[253] Workshop_Children_2

Two avatars with a sensory impairment (vision)

Two avatars with cognitive impairments (difficulty with learning and communication)

The narrow view on disability works through in other activities, such as ensuring access. The data present mostly mentions about ensuring physical accessibility, only a few mentions of providing additional assistance with interpretation and no other types of access. Since multiple quarterly reports of

four partners were analysed, this indicates that these activities were not done by all partners in every quarter. It could however be that accessibility was already ensured without any additional services.

THIS IS HOW IT'S DONE:
Inclusion of children with disabilities by ANPPCAN-Ethiopia

African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) is a partner organisation in Ethiopia that focuses on child protection and various topics such as the rehabilitation and reintegration of children in difficult circumstances, education, positive parenting, livelihood and empowerment. With TdH-NL, they implemented GAA and the Paths to Safer Childhood project. During the research period, the organisation deliberately made *'safe and responsible efforts'* to prioritise children with disabilities, protecting them and successfully including them in services and programming.[254]

Staff were interviewed in their project office in North Gondar, a city in the Amhara region of Ethiopia, and used to be the home of the Ethiopian emperors. In the interview, staff showed great awareness of the importance of focusing on children with disabilities and stressed the need to move beyond the minimum requirements in order to achieve inclusion:

"We need to think beyond [minimum requirements]. As community practitioners, we can do so many activities for meaningful participation and include children with disabilities."[255]

The same notion was found in the CCI reports, early in 2019 during the GAA project. ANPPCAN already recognised that including children with disabilities in their activities *'should be the regular way'*.[256] This resulted in ANPPCAN reporting on the **inclusion of almost 900 children** with disabilities during the study period- almost **ten times** the number reported on by other partner organisations.

This great number was undoubtedly achieved by the observed prioritisation of children with disabilities within ANPPCAN. In the interviews, staff often mentioned children with disabilities in the same breath as child participation. Moreover, staff repeatedly showed how inclusion should be

[254] Report_2020_2.13
[255] Key Informant Interview_Partner
[256] Report_2019_2.10

ingrained in our thinking in every aspect of our lives:

"Even when you build a house and other facilities, we need to take the issue of disability into account. In our context, we may let them participate in everything if we improve our thinking, if we improve our awareness towards disability."[257]

Having children with disabilities top of mind resulted in extended opportunities for children with disabilities to participate in children's clubs and training programmes. In this way, children with disabilities were not only referred to other organisations that may have more expertise on disability-specific service provision, but active efforts were made to make sure that children with disabilities were engaged in the activities of ANPPCAN. This demonstrated an inclusive approach rather than segregation.

An example of such efforts is the introduction of a *'quota system'* to **reserve and secure places for children with disabilities** on training courses.[258] In an awareness-raising campaign, ANPPCAN reported the following:

"Three children with disabilities participated during a video show. This video show was organised to bring awareness to children on the effects of unsafe migration. In this show, children with disabilities

found in the target schools were given priority to participate."[259]

After each project, ANPPCAN checked the list of children who participated to make sure that enough children with disabilities were included.[260] They also used their own insights to promote inclusion among other organisations, by communicating to stakeholders *'beneficiary selection criteria'* that included children with disabilities. This led to 17 children receiving services in a single project.[261] These measures show that ANPPCAN made it an explicit priority to have children with disabilities participate in all they do.

Besides participation, ANPPCAN showed great awareness of disabilities in general. Disaggregated numbers were not required in the minimum requirements, however ANPPCAN gave comprehensive reporting on children with disabilities included, disaggregated by sex and sometimes also by type of impairment. This was a great first step to understand the diversity of the group. ANPPCAN also showed that they were able to support this diverse group with specific needs.

Whilst child protection organisations often cite a lack of understanding of disability as a reason, they hesitate to include children with disabilities, ANPPCAN built understanding by deliberately recording what kinds of disabilities were prevalent and what the needs were of children enrolled in their programming. When the concern of other organisations was raised during the interview, ANPPCAN agreed that a

lack of knowledge and hesitation exists among duty bearers, often because of *'high turnover'*.[262] Therefore, the duty bearers turn to ANPPCAN as *'they feel like we are better than them in the perception, knowledge and skills for children with these challenges'*.[263] On duty bearer level, ANPPCAN was therefore recognised as a capable and knowledgeable partner on inclusion. When asked if they feel they have enough resources to provide training on children with disabilities, they said:

"The first and most serious thing is commitment. If we are committed and devoted to supporting them [children with disabilities], nothing will stop us."[264]

In this way the staff of ANPPCAN demonstrated the importance of the mindset and attitudes of staff in believing that inclusion is important, but also possible and achievable:

"To really get organisation-wide change (on inclusion) you have to demonstrate it yourself, put champions in place, and it is very helpful to have staff with a personal conviction and understanding of the importance of making something inclusive. It often starts with an individual that is particularly motivated…

Good practice of inclusion of children with disabilities is mainly about people's

attitudes. If they are positive, welcoming, this is the best. If they expect a lot of children rather than assuming they can't do things, assume that they can, be flexible and adaptable, and be accepting of what they are able to do. [Staff] will need to adjust the way they work a bit, like realising that not all children go to school and some might have no literacy training. You might need to use visual aids instead of giving them things to read.

Inclusion of children with disabilities asks people to throw away their assumptions and to see every child as a child."[265]

This commitment is necessary, as in the interview, staff emphasised the difficulty of the stigma surrounding having a child with a disability. They mentioned that there are *'myths'*[266], such as that *'families are cursed'*[267] which leads to parents excluding their child with a disability from playing with their friends and going to school.

"Parents, if they have a child with a disability, they will hide it rather than try to sort out the problem. To have them engaged fully with their peers and the community is also very challenging. We have to work to break that barrier."[268]

[257] Key Informant Interview_Partner
[258] Report_2019_2.11
[259] Report_2019_2.10
[260] Report_2019_2.1
[261] Report_2019_2.4

[262] Key Informant Interview_Partner_2.1
[263] Key Informant Interview_Partner_2.1
[264] Key Informant Interview_Partner_2.1
[265] Key Informant Interview_Expert_7
[266] Key Informant Interview_Partner_2.1
[267] Key Informant Interview_Partner_2.1
[268] Key Informant Interview_Partner_2.1

The CCI reports confirmed the commitment of ANPPCAN, as they continuously took active steps to address these attitudes at various levels, using awareness-raising, training and creating spaces for children with disabilities to represent their views. At family level, they actively reached out to households to *'break barriers'.*[269] At community level, they *'enhance the awareness of the community members [...] using training, dialogues and campaigns.*[270] Lastly, ANPPCAN targeted the local government, training 52 people to build their capacity to *'effectively implement policies and proclamations related to disabilities'.*[271]

The efforts undertaken by ANPPCAN led to many wonderful outcomes that clearly aided the empowerment of children with disabilities. For example, ANPPCAN has been successful in including children with disabilities in the school club leadership.[272] Additionally, two children with disabilities became members of the child parliament committee at Gondar City Administration. This was the first time this ever happened.[273] Through the continuous awareness and prioritisation of children with disabilities, ANPPCAN Ethiopia shows that it is possible to break barriers and seamlessly integrate children with disabilities in activities.

Closing observations

In comparison to the other cross-cutting issues, inclusion of children with disabilities seems to be difficult to implement. The difficulties largely stem from an overall lack of attention to and awareness of disability in general. There are cultural and social beliefs surrounding disability that make it difficult for children with disabilities to participate in society and therefore also in TdH NL activities. Partners do their best to identify children with disabilities, but report that this is often difficult. The goal for our programs needs to be that it would

be accommodating for diverse needs of all kinds, of which ability is a very important factor. Broadening the focus from solely physical disabilities to also more less visible disabilities could help in widening our reach and enrich our programming. In the past five years, the activities for children with disabilities remained largely on a level of a very low number of children with disabilities participating in our programs, focussing on physical disabilities and referring children to partners that seem to be better equipped to do justice to the needs of children with disabilities.

3.4 Minimum Standards of Alternative Care Outcomes

Children who are not under the custodial care of their parents are considered to be in some form of formal or informal alternative care.[274] The Global Guidelines for the Alternative Care of Children, adopted by the United Nations in 2009, provide the most comprehensive, globally agreed guidance on children's care.[275]

Since 2017, the TdH NL minimum requirements focused specifically on promoting safe and quality residential care in projects that included shelters for children, with little emphasis on other forms of alternative care (for example foster or kinship care). This emphasis was informed by literature that demonstrates how entering or continuing in alternative care is common among children who have experienced exploitation.[276] Additionally, in 2017 a residential care assessment was undertaken by TdH NL.[277] It was recognised that children, specifically children with

the traumatic history of exploitation, have specific needs of alternative care, yet are able to achieve positive outcomes.[278]

Figure 20. Alternative care as summarised by children[279]
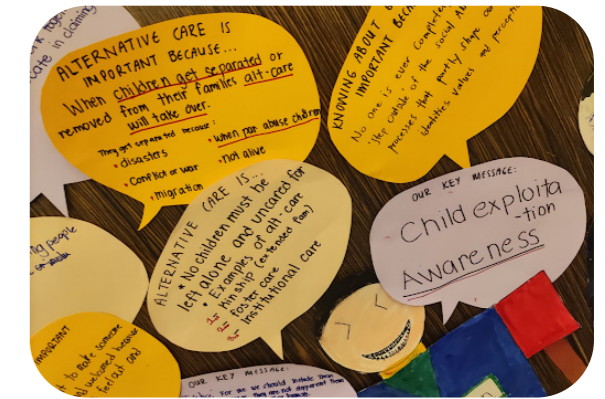
When looking at all the mentions of the practices in the data, minimum standards of alternative care was mentioned less often than gender mainstreaming, and considerably less than child participation. However, despite residential alternative care not being part of all projects, they were mentioned more often than inclusion of children with disabilities (see the summary in Table 12 below). Where partners or projects included alternative care, the Minimum Standards were generally met. Generally, however, residential care was found to be expensive and a difficult service to provide safely and with quality.

[269] Key Informant Interview_Partner_2.1
[270] Report_2019_2.10
[271] Report_2020_2.13
[272] Report_2019_2.11
[273] Report_2019_2.12

[274] UNGA, 2010a
[275] UNGA, 2010a
[276] Child Frontiers, 2017; Cody, 2013
[277] Child Frontiers, 2017
[278] (UNESCO, 2014), UNCRC Art 6(2)
[279] Workshop_Community_3

Table 9. Summary of progress on the minimum standards of alternative care 2017-2022 disabilities

Minimum Requirement		Practice found in data	N. of Mentions
The residential facility abides by national minimum requirements/ standards for residential and alternative care.	😊	All projects that included residential alternative care for children reported compliance with applicable national minimum standards. In some settings this was verified by monitoring visits from government inspectors.	19
	😐	Child safeguarding policies were infrequently mentioned but were implemented to ensure safety and wellbeing of children in alternative care.	4
The residential facility actively implements gatekeeping mechanisms.	🙁	Overall, gatekeeping mechanisms that keep children out of residential care and favour family- or community-based alternative care arrangements were rarely mentioned explicitly.	1
	😊	Case management was described including family tracing, admissions and exit planning, resettlement/reunification and follow-up.	35
The partner supports the core values and principles of the 'Guidelines for the Alternative Care of Children'.	😊	Child participation emerged as a linked theme, with partners describing how child participation was part of the way residential care homes worked.	22

Partners providing residential and other forms of alternative care worked to put the Minimum Standards of Alternative Care into practice. General experience on the ground was that children need a safe place to stay overnight, especially after being 'rescued' following experiences of trafficking or sexual exploitation. Several recurring practices were distinguished, as listed in the table 10 below, accompanied by in how many countries this practice was found (distribution column, ranging from one to four countries) and how often these practices were mentioned (frequency column). Popular practices were consultative child participation in the context of alternative care (ten mentions, 20%), orientation or training of prospective foster parents (seven mentions, 14%), focus on children with disabilities (five mentions, 10%), and counselling sessions (five mentions, 10%). Most of the practices were only found in one country, except for attention to childrne with disabilities, which was mentioned by three countries.

Table 10. Practice related to alternative care practices found in data by mention and number of countries mentioning the practice.

PRACTICE	DISTRIBUTION	FREQUENCY
Consultative child participation		
Orientation/training of prospective foster parents (in person and online)		
Focus on or attention to children with disabilities		
Counselling sessions		
Children involved in decision-making		
Economic empowerment for caregivers		
Pilot project for foster care of adolescents		
Training for staff on child safeguarding		
Family time sessions		
Use of child-friendly materials to explain journey *'from rescue to reintegration'*		
Creative ways for children to share opinions and experiences		
Support services for survivors (legal assistance, home visits, family therapy)		
Training of caregivers		
Access to education for children in alternative care		

Children, community members, key informants and some experts emphasised the importance of securing a safe place for every child to spend their childhoods. In contrast, sentiment among staff was mixed. One in three Staff Survey respondents could not see the relevance of quality alternative care to the work of TdH NL.[280] Institutionalisation is, however, treated as the default practice for survivors of exploitation, despite major challenges with capacity, resources and safety. Moreover, literature suggests that institutionalisation should be treated as a last resort. Child participants also stressed that children should be living at home and not in alternative care. Partners did show that they prioritise family and clearly show effort to address the needs of children in their care. This is largely achieved through the incorporation of other CCIs, especially child participation.

[280] Staff survey, 2022

Living outside of family care needs to be better recognised as a risk factor for child exploitation

One in three staff indicated that they did not see the relevance of alternative care to the prevention or response to child exploitation.[281] Specifically, they did not see the relevance of this issue in their projects. This insight might have to do with the lack of understanding of what alternative care entails. On the interview question which CCI made the least sense, staff and partners most often answered minimum standards of alternative care. In the CCI reports, alternative care was often not reported on or marked as 'not applicable for this project'. In the workshops with children and the community, there was confusion on what alternative care was as well. For instance, when children were asked if they were familiar with the subject, nobody responded in the Philippines and an elaborate explanation and translation had to be given to children in Uganda.

Facilitator: "What is your opinion about [minimum standards of alternative care]". No one was able to share their ideas about the topic, because they were unfamiliar with it."[282]

The reported lack of relevance and difficulties applying alternative care by staff members might be because they associate the Minimum Standards strictly with residential care of children. Alternative care forms an essential part of prevention of exploitation, but also a necessary element of child protection response programming. Some respondents did see the value of this issue but reported having some difficulties applying it. For example, one staff member reported: *'I usually struggle with this CCI, I rarely see it and when I would think of how to improve, I find this really hard'.* [283]

The lack of awareness is in contrast with what children indicated were the most important factors that contributed to risk of child exploitation. Tallying the mentions of vulnerability characteristics throughout the workshops leads to 19 different factors. Figure 14 shows all 19 factors, where the bigger the factor, the more it is mentioned in the workshops with children. From the figure, it can clearly be seen that family and living situation is the biggest vulnerability factor, with (almost) twice as many mentions (101) as other vulnerability factors such as economic situation (62), disability (51) and gender (46), and three times as many as factors such as education (36) and age (33).

Figure 21. Factors mentioned by children that contribute to risk of child exploitation[284]

The vital and protective role of family care emerged strongly in data analysis in general. 'Family' was the second biggest code in all the data, coded 265 times. Children's views were in agreement with the literature which outlines the vulnerability of children without parental care to abuse and exploitation.[285] For example, an intersectional factor closely associated with empowerment of children was having *'no parents'.*[286]

Facilitator: "What leads to… less protection from child exploitation?"

Child participant: "Being an orphan and having no family to stay with leads to less protection"

Facilitator: "Okay, so this is a family situation."[287]

When asked to create a backstory for their 12-year-old character, Tadlah, children from Ethiopia described how *'not having any family members'* led to her *'living in the streets'* where she was exposed to abuse and sexual exploitation.[288]

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[281] Staff survey, 2022
[282] Workshop_Children_3
[283] Staff survey, 2022

[284] Workshop_Children_1; Workshop_Children_2; Workshop_Children_3; Workshop_Children_4.1; Workshop_Children_4.2
[285] See Kaur et al., 2018; Konstantopoulou & Mantziou, 2020; Kvrgic & Jovovic, 2003; UNICEF, 2014)
[286] Workshop_Children_2
[287] Workshop_Children_4.2
[288] Workshop_Children_2

Figure 22. Children's workshop drawing of avatar Tadlah, a 12-year-old girl living on the streets

Institutionalisation as the default practice for exploited children, despite lack of capacity and safety

According to a 2017 Residential Care assessment carried out by TdH NL, institutionalisation seems to be the default practice for abused and exploited children who have been separated from their families. Often this is due to a presumption by social welfare agencies or care providers that residential care is essential for abused or exploited children, but sometimes the decision is connected to a lack of alternatives.[289]

"Residential care facilities caring for abused and exploited children sometimes provide emergency or short-term provision, and this also has implications for the delivery of high-quality care.

Figure 23. Children's workshop drawing of avatar Keya, having low power because she does not have the support of the family

For example, after a short stay in an emergency shelter, children are often referred to other agencies to support their longer-term care and eventual family reintegration, making strong record keeping and case management essential. [...] Such short-term shelters may not need to have a full range of services available for children but would need specialised staff who can quickly develop a relationship of trust with children."[290]

Children in institutional care and children experiencing homelessness are targeted because of this vulnerability. Children with disabilities are disproportionately represented in both these groups.[291] Young girls with learning disabilities in institutional care are more likely to be sexually exploited than their non-disabled peers.[292]

That institutionalisation is treated as the default practice for survivors of exploitation is worrying, as a number of research studies document the widespread exposure of children in alternative care to violence, exploitation and abuse. Institutionalisation should be the last resort and in the best interest of the child as institutionalisation even when there is a surviving parent may lead to developmental delays in children and make them more prone to abuse, developmental delays and elevated abuse.[293] Children placed in alternative care generally come from vulnerable backgrounds and are hence more prone to exploitation. Children living in all forms of alternative care may be more at risk of having their human rights violated.[294] For example, they may be isolated from their families and communities, lack the suitable care that meets their individual needs and best interests, suffer from unstable relationships, and be at higher risk of experiencing violence and abuse, including sexual exploitation and sexual abuse.[295]

Corporal punishment is the most common form of violence against children and is often perpetrated by caregivers and normalised in many contexts.[296] Research relating to extended-family care indicates significant levels of violence and abuse.[297] Children in institutional care can be easy targets for traffickers seeking to exploit vulnerabilities for their own gain. Children

are trafficked out of institutions into other forms of exploitation including sexual abuse, forced labour and forced criminality, or for the purpose of illegal adoption, which may subsequently involve other forms of exploitation.[298] Child sexual abuse is the reality of institutional care.[299]

In our data, multiple barriers for appropriate alternative care arose. For instance, the issue of corruption in shelters: *'The shelter homes run by the government. There is a lot of corruption, children are beaten there'*.[300] As this theme often came up in relation to child trafficking. It would therefore be interesting to explore the connection between Trafficking in Children and minimum standards of alternative care.

Lack of resources emerged as the primary barrier for partners to maintain minimum standards of alternative care. Participants in all four countries mention lack of residential centres[301], of both general staff and of expert staff (such as psychologists or other experts)[302], capacity issues[303], lack of funding and external support.[304]

"But it is not very easy to maintain the minimum standards. Like the ratio of children to staff- 1 to 8. It is not easy. Donors are not interested in funding this because it is very costly."[305]

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[289] Delap et al., 2017
[290] Delap et al., 2017
[291] Coltof, 2021; Fuentes-Peláez et al., 2022; Rubenstein et al., 2022
[292] Coltof, 2021

[293] van IJzendoorn et al., 2020
[294] Council of Europe, 2021
[295] Council of Europe, 2021
[296] Global Initiative to End All Corporal Punishment of Children, 2020
[297] See, for example Bald et al., 2022; Font & Gershoff, 2020; Sanchez-Gomez, 2012
[298] Office to Monitor and Combat Trafficking in Persons, 2018
[299] Wickramarathne & Gunaratne, 2019
[300] Key Informant Interview_Staff_1.3
[301] Workshop_Community_3; Key Informant Interview_Staff_1.1; Key Informant Interview_Partner_2.1
[302] Workshop_Community_3
[303] Workshop_Community_3
[304] Key Informant Interview_Partner_2.1; Key Informant Interview_Staff_2; Key Informant Interview_Staff_1.1
[305] Key Informant Interview_Staff_1.1

Additionally, lack of government policies and regulations related to children living outside of family or parental care was reported as a barrier to meeting the standards and protecting these children.

"Not all the project's actions are relevant. There is a lack of opportunities for alternative care. There is a need for more capacity-building efforts for the partners and capture learnings. There is no standard operating system by the Government policies."[306]

Lastly, closely linked with the lack of resources, is the lack of or the presence of few minimum standards of alternative care possibilities. Participants mention several issues such as the illegality of foster care in Bangladesh[307], the government closing alternative care facilities in the Philippines[308], as well as barriers in implementing alternative care options other than residential care.

"It was difficult to implement these three options: foster care, adoption and institutional care. There are limited options for who is providing this care."[309]

Respondents indicate that families should be prioritised

The last paragraph shows the gap between theory and practice, as literature suggests institutionalisation should be the last resort, but in practice it is used by default. In recognition of the importance of families coming first in alternative care, Governments and others, including TdH NL programming should prioritise efforts to prevent unnecessary separation of children from their family and support family reintegration or kinship care should be explored as options.[310] Evidence from all countries indicated that this was being practised. The families of children in alternative care are traced and if possible, the children are reunited with their families. If this is not possible, safe alternative options are looked for such as foster or community care.

"There is a nice project where children get to be reunited with their families (if the conditions permit) but have the option to be in a safe space while things get to be worked out with their relatives."[311]

Partners made sure that reunification with parents was a priority, on the condition that this was safe. Multiple examples were found

where partners assessed the capability of parents before reunification, or where they followed up on families that were living together again.

"Bidlisiw [Foundation] developed guidelines and tools for alternative care. The tool will assess the parents' capacities on parenting and another tool is to assess whether the child will be referred for either foster care, kinship or shelter. Bidlisiw already identified seven candidates for piloting the alternative care program together with [the State]."[312]

"17 boys and 16 girls have been followed up and technically supported after reunifications and they are found well-integrated and adjusted with their respective families."[313]

In Uganda, the partner mentioned multiple times that they provided extra support for parents to make sure that the children were well looked after. Their priority is that the place where the child will stay after being in their care home is a 'sustainable'[314] option to avoid multiple transfers afterwards. These extra measures consisted of providing 'psychosocial support'[315] and 'economic empowerment'[316] for families.

In the Philippines, similar attention was paid to enhance the quality of foster care. The partner organised 'orientations on the Foster Care Program'[317], where they 'raised awareness'[318] about this type of alternative care and 'gauged the interest of the community'.[319] These sessions led to a better understanding of the importance of foster care, the realisation that preparation is needed before fostering or adopting a child and participants expressing interest in becoming a licensed foster parent.[320] In a later quarter, a survey was conducted to assess people's capability to foster children rescued from exploitative situations.[321]

Children also voiced that they find it important that a child can live with their families. Children in all countries made comments about how being able to help your family means that you are more empowered. Living at home with family was unanimously described as a protective factor by children. Disruptions to parental *'protection', 'love and affection'* caused by things like *'domestic conflict'* or *'divorce'* were seen by children as an intersectional factor closely associated with disempowerment of children.

This sentiment was so strong among the children in one of the workshops that they felt TdH NL should stop focussing on alternative care as a CCI, because the only place children should be is with their families. They were concerned that if parents know that money goes

[306] Staff survey, 2022
[307] Key Informant Interview_Staff_1.1
[308] Workshop_Community_3
[309] Key Informant Interview_Staff_2
[310] UNGA, 2010a
[311] Staff survey_2022

[312] Report_2019_3.3
[313] Report_2020_2.14
[314] Report_2021_4.5
[315] Report_2021_4.5
[316] Report_2019_4.2
[317] Report_2019_3.3
[318] Report_2019_3.3
[319] Report_2019_3.3
[320] Report_2018-2019_3.4
[321] Report_2019_3.3

towards children living in alternative care options, they would stop caring for their children. This would thus lead to less protection for children. The group therefore recommended that TdH NL should focus on minimum standards of *all care* instead of just *alternative care*.[322] In light of this recommendation, some practices related to providing support to families were found. This included training caregivers on risks related to child exploitation and providing them with training on economic empowerment.

Figure 24. Children's workshops' exercise whether to stop (pink sticky note) or continue (green sticky note) with each CCI
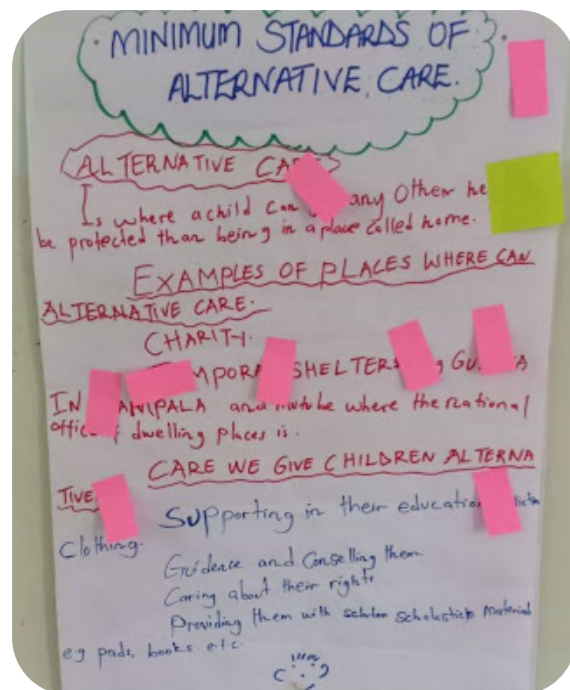
Despite challenges, partners make sure children's needs are met in care, often through incorporation of the other cross-cutting issues

Despite the above outlined challenges, partners were still able to provide appropriate care for children. All partners that reported on alternative care mentioned that they make sure their facilities abide by national standards and guidelines.[323] Additionally, one partner indicated that they get court orders to legally be able to take care of the children.[324] Besides necessary things such as shelter, food and medical care, there seems to be several ways in which children are supported. These include counselling sessions, schooling, and provision of legal assistance, home visits, care conferences and family therapy sessions. Generally, all partners showed that they have a great sense of responsibility to make sure the needs of children in their care are met.

A reason could be that they paid close attention to incorporating the other CCIs. Many examples of child participation were found, five mentions of inclusion of children with disabilities and one mention of gender mainstreaming. To start with the latter, one partner reported that *'boys and girls have separate homes, with separate facilities to enable them to have privacy and be able to enjoy their spaces.'*[325] To ensure that gender

was still mainstreamed, they included and mixed children from all genders in activities and interventions *'to ensure gender equity and creation of gender awareness.'*[326]

Five times a specific focus on and attention to children with disabilities was mentioned. It is of particular importance to pay attention to the link between alternative care options and children with disabilities.

"[Children with disabilities] have often been left until the last group of people that are de-institutionalised."[327]

Although this expert did report that she has the feeling this 'changed a little bit'[328] work still needs to be done. Interviews and CCI reports from two countries showed that professionals often feel that the additional needs of children with disabilities can only be met through institutionalisation. For instance, a study in 2015 found that 17% of children with disabilities were placed in residential care in comparison to 7% of their non-disabled peers.[329] In a study undertaken in Northern Ireland, children with disabilities were typically placed in the care system for a long period (over five years), separated from their siblings and primarily because their families were unable to cope.[330]

There were both mentions of including children with disabilities in the homes as making partnerships or referral systems so that children with disabilities can get help elsewhere.[331] For inclusion, children with disabilities were part of activities in

alternative care and received (specialised) services.[332]

"Children with disabilities (CWDs) were our focus of attention in all the project activities and in the process, 39 children (22 girls and 17 boys) in total with various kinds of disabilities including the likes of hearing, physical and mental impairments (26 of them were with physical disabilities, 6 with minor mental limitations, 2 vision problems and 5 children with hearing impairments) have been involved and actively participated in trainings, dialogues, reunifications and service provision."[333]

The highest mention of practices besides minimum standards related to the participation of children. Many examples were found of child participatory activities to enhance the care given in facilities and listen to children's needs. Practices mentioned included involving children in decision-making, encouraging them to share their feedback and teaching children to share their opinions creatively. In two instances, reports mentioned practices of taking newly rescued children through pictorial flow charts illustrating a child's journey from rescue to reintegration and enrollment in school.

During an interview, a partner described

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[322] Workshop_children_4.2
[323] Report_2020_2.14; Report_2019_4.2; Report_2019_2.1; Report_2021_2.6; Report_2019_3.3
[324] Report_2019_4.2; Report_2019_4.3; Report_2019_4.4
[325] Report_2019_4.2

[326] Report_2019_4.2
[327] Key Informant Interview_Expert_8
[328] Key Informant Interview_Expert_8
[329] Kelley et al., 2015, p. 38
[330] Kelley et al., 2015
[331] Report_2014.5; Report_2018_3.5
[332] Report_2020_2.14
[333] Report_2020_2.14

how child participation was incorporated into decisions around admission to residential care for children with a history of sexual exploitation. Bearing in mind that this was only possible in cases that were *'not a matter of life and death'* it was described that children were given 'time to decide' if they would like to be placed in the home.[334]

"Once referred to our shelter, we allow a transition period, children can stay one night in the shelter, then a couple of days to observe and meet other girls before they decide if they want to stay. This strategy helped us mitigate cases of escape and understanding the child's fears, anxiety in the shelter and thoughts in separation with her family."[335]

Not only were examples found where children were consulted on the care received, but partners showed that they collaborated with children to 'run the residence together with the children.'[336]

"During monthly meetings with the children who live in the residential facility, policies are being set forth, reviewed and evaluated together with the children, to check if it is still applicable or if there is a need to modify. This is how we run the residence together with the children."[337]

Lastly, evidence was also found that partners took accountability for improving their services based on feedback from children. This helped to gain trust and to empower children.

"Children and youth gain confidence to express themselves in a child friendly manner knowing that their issues raised on crucial matters will be treated with urgency and action will be taken seriously, for redress with the set framework and protocols."[338]
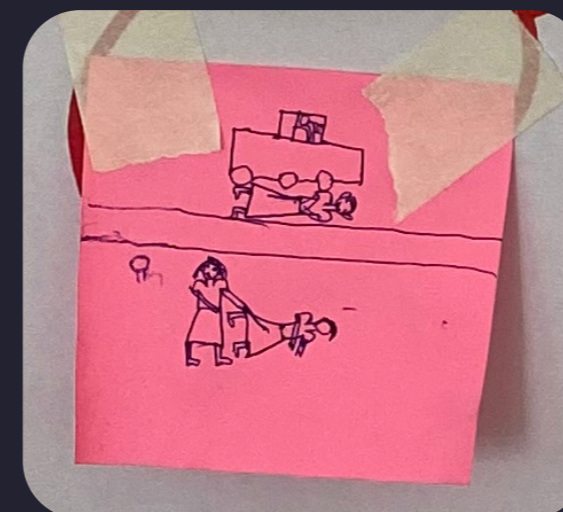
THIS IS HOW IT'S DONE:
Alternative Care at Dwelling Places

Dwelling Places is a partner organisation in Uganda that focuses on the rescue and rehabilitation of street-connected children in Uganda and reconciliation with their family. Dwelling Places implemented GAA, the Sustained Response to Child Trafficking and Unsafe Migration in Uganda and the Community Action to End Child Trafficking and Sexual Exploitation in Napak District.

Child trafficking is a big problem in Karamoja, where the implemented projects were situated. Children in the workshops often talked about child trafficking, mentioning children running away from home and children being taken to big cities such as Kampala and Nairobi. They mentioned that this is a dangerous situation for children, as they face difficult circumstances there.

Figure 25. Children's drawing of children getting abused and getting hit by a car while migrating to Kampala

Dwelling Places also recognised this problem, rescued children from these situations and provided services to enable children to return to their families and communities. In the reporting period, Dwelling Places had two transitional homes (residential alternative care) where they provided these services. Due to the pandemic, they were forced to close one of the homes.[339] With over 20 years of experience focusing on street-connected children, they have excellent examples on providing safe and quality care for children in alternative care settings.

For each child, Dwelling Places obtained court care orders for legal authority to care for the children. Simultaneously, they continued to trace family members with the ultimate goal of family reunification. Where this was not possible, other alternatives were sought such as community care or (temporary) foster care.[340] When a suitable solution was found, an individual and sustainable exit plan was made. If a child was reunified with family, additional care measures are taken to ensure safety of the child:

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[334] Key Informant Interview_Partner_3.1
[335] Key Informant Interview_Partner_3.1
[336] Key Informant Interview_Partner_3.1
[337] Key Informant Interview_Partner_3.1
[338] Report_2021_4.6

[339] Report_2021_4.5
[340] Key Informant Interview_Partner_4.1

"We have an active case management committee that [...] links families with relevant social networks in the community for safeguarding against unnecessary separation." [341]

Dwelling Places also conducted *'pre-tracing and resettlement visits'* [342] to ensure a safe reunification and continued to follow-up with children that left their facilities.

What stood out from observations, interviews and CCI reports was the comprehensive and individual-focussed approach that Dwelling Places took to the care of each child. First, extensive time was taken to build trust with children. Trust was highlighted in the expert interviews as essential when working with children who have been exploited:

"Trust and relationships are crucial while doing projects in CE which includes elements of betrayal and trust. Building that trust is essential, CP cannot happen without it..."

There is an assumption that children that have gone through the same experience will trust each other. That is not necessarily the case. We need to be very careful about the assumptions that we make. One child said 'I'm sure you are all very kind, but I don't trust anyone'. [343]

When a child was placed in the home, Dwelling Places held *'orientation meetings'* to *'create rapport'.* [344] Our partner paid special attention to make sure the children *'understand and appreciate their rehabilitation process at Dwelling Places'.* [345] In 2020, this was enhanced by developing *'the Child's Journey', 'to be used to explain Dwelling Places' goals and activities, and children's expectations in a child friendly manner'.* [346] The Child's Journey was displayed at all the workstations and on walls in the children's homes to help children understand what to expect during the rehabilitation process. [347]

Dwelling Places indicated they have a committee that regularly came together *'to review individual children's cases, discuss, develop and review individual care plans to guide our interventions so that we meet individual needs.'* [348] Throughout their stay in the transitional homes, staff continued to pay attention to each of the children and teach them to voice their opinion in individual and group sessions as well encouraging them to talk to staff whenever they had something on their mind. Dwelling Places used different types of sessions to empower children and to make sure that they had space to express their views on the services they are receiving:

"Within the quarter, we had two orientation meetings, seven open heart sessions and seven family time sessions to create rapport with the children and create

a safe space where the children can share their opinions, feedback, concerns on progress, challenges and areas of improvement in our programs and services. Children were encouraged to open up in sharing their likes and dislikes in residential care." [349]

For the open-heart sessions, the house mother in charge of the home invited all children to sit in the dining room. Depending on what was going on at that time, a topic was introduced by the house mother and children were *'invited to freely share their opinions on the topic, and what they feel needs to be done differently.'* [350] When the house mother sensed that children were not yet ready to share, they would start with a game to *'help create a safe space for open sharing.'* [351] Combining different methods for sharing (in a group with peers, with family or one-on-one with social workers) ensured that children with different personalities and needs had opportunities to open up that suited them and their *'journey'.*

Dwelling Places placed a lot of emphasis on the importance of empowerment and safety, but also made sure that they were accountable to do something with the feedback received to enhance their care. For example, information gathered during the open heart sessions *'is compiled and shared with the line department for consideration and improvement.'* [352] In the quarterly reports, Dwelling Places always included the feedback received from children and

what they had done with that feedback. This resulted in a culture where *'children and youth gain confidence to express their voice in a child friendly manner, knowing that their issues will be taken seriously.'* [353]

For example, Dwelling Places noticed that name calling was an issue among the children. They decided this could be a teaching moment for the children to both tackle the issue and to enhance their leadership skills.

"The children, guided by the house parent, agreed to have leaders among the group who would be able to inform and encourage others to behave appropriately. It was decided that this role would be rotated among the children to ensure that everyone got a chance to lead." [354]

The partner thus shows an incredibly proactive attitude in making sure that children under their care felt heard and received appropriate services. They held *'bi-annual home management meetings'* with the local government to ensure the quality of their homes was sufficient. [355] Staff were also regularly updated and trained on important measures to ensure safety. For example, visitors, volunteers and interns were *'required to sign before interacting with the children.'* [356] Additionally, Dwelling Places participated in the trauma informed care training organised by TdH NL. They also recognised that after high turnover rates, training was required for staff that

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[341] Report_2019_4.1

[342] Report_2019_4.2

[343] Key Informant Interview_Expert_5

[344] Report_2019_2.2

[345] Report_2019_2.2

[346] Report_2021_4.6

[347] Report_2021_4.6

[348] Report_2021_4.5

[349] Report_2019_4.4

[350] Report_2019_4.9

[351] Report_2019_4.9

[352] Report_2019_4.9

[353] Report_2019_4.10

[354] Report_2021_4.5

[355] Report_2021_4.5

[356] Report_2019_4.9

worked directly with children:

"In-depth training was conducted for the staff working directly with the children every second week after realising that the majority of the staff were new and needed to receive in-depth training on child protection."[357]

In their homes, Dwelling Places created a family-like environment where staff pay individual attention to the needs of the children. This was combined with provision of services and educational sessions to *'empower children on their rights and responsibilities. For example, it talks about the right to education, survival, participation, free learning environment and a right to protection.*[358] Besides teaching these topics to children, observations and analysis clearly showed that Dwelling Places is modelling this empowering environment themselves. They do not only provide shelter, food and medical care, but clearly go beyond the basic needs of children to make children happy and help them grow.

Just as a family would do, children were taught various important topics that are needed for adulthood and independence, such as *'hygiene'*[359], *'appropriate behaviour'*[360], *'the use of magic words so that they can live peacefully with others*

in the community*[361], *'stress and anxiety management and coping mechanisms'*[362], *'learning about different body parts and their purpose or usage and some body changes that happened during growth and development'.*[363] You could even say that these lessons went beyond what a family provides for, as it is done in a structured and professional manner.

The great amount of effort that Dwelling Places placed on the wellbeing of each child and constantly improving their practices resulted in their exceeding minimum standards of alternative care. Feedback from the children showed how grateful children were and most importantly, how much impact the effort of Dwelling Places has on them. This varied from a girl describing her bed as *'paradise'*[364], to another child expressing gratitude for learning skills such as *'making snacks like chapati, cakes and doughnuts.'*[365] The observation that children expressed both positive and negative feedback indicated that children really felt free to voice their opinions and were empowered to speak up.

"The children also shared how they had seen notable improvement in their self-worth and image, as a result of the counselling sessions that helped them to appreciate their value and worth."[366]

Ultimately, this empowering aspect also aids towards preventing recidivism, as children are *'encouraged to ensure that they remained at home [..] and that they stayed focused on their education once schools opened up.*[367] Children also expressed

that *'they were looking forward to going back home and staying home, not on the streets.*[368] This learning is incredibly important for the sustainability of the help for children that remain(ed) in alternative care.

Closing observations

In the last five years, Minimum Standards of Alternative Care was less often included in projects and programs to prevent and respond to child exploitation. This could stem from multiple identified challenges such as lack of facilities, capacities and resources. Additionally, there seemed to be a lack of understanding of what alternative care is. Institutionalisation is often treated as the default option, whereas there are other options such as community or foster care that are less explored. Partners also indicated that they often did not see why alternative care is relevant in the context of child exploitation. Children, however, were very clear. The most important empowering or disempowering factor is a child's family or living situation. They agreed that all children

deserve to be cared for properly, whether that be in their own family or in alternative care. Focussing solely on alternative care could then be tricky, as one of the groups of children highlighted. Children were afraid that if attention would go to alternative care options, parents would take less good care of their children in order to get help. Broadening the focus to minimum standards of all care options would then be best. The partners that did have an alternative care element in their programs clearly showed their sense of responsibility to provide appropriate care and paid attention to the needs of children with different genders and disabilities. It was great to see that child participation was often used to improve the care in residential facilities, which even led to empowerment of children.

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[357] Report_2021_4.5
[358] Report_2019_4.10
[359] Report_2021_4.5
[360] Report_2019_4.9
[361] Report_2019_4.4
[362] Report_2021_4.5
[363] Report_2021_4.5
[364] Report_2021_4.6
[365] Report_2021_4.5
[366] Report_2021_4.5

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[367] Report_2021_4.5
[368] Report_2021_4.6

3.5 Insights gained from five years of experience

After five years of implementation of the CCIs, we have gathered many promising practices and lessons learned that we can take on moving forward. This last section of taking stock will therefore provide four insights that are gathered from how the CCIs were introduced and implemented. In short, we have seen that a couple of things are needed for effective implementation of a framework such as the CCIs. These include:

- Having time for partners and country teams to familiarise themselves with the CCIs
- Content and skills training
- Adequate resources and management support
- Link to strategic goals.

Additionally, as TdH NL works globally, there are different contexts to consider. A framework should be adaptable to context and improvements. The fact that not all CCIs were as well implemented, is therefore unlikely to be a consequence of lack of effort, but rather stemming from the methodology of the CCI framework.

The following paragraphs will explain these insights further that will be the foundation for the recommendations moving forward, outlined in chapter 4.

Embedding lasting change requires leadership, rather than instruction

Overall mixed outcomes in cross-cutting issues implementation were found, partly because of how their introduction and implementation was managed. Reflecting back, a staff member remembered their 'last minute' inclusion. After months of development of a multi-country programme, with many implementing partners, they were added shortly before programme inception:

"CCI started in 2017 and we started the GAA programme in 2016, I clearly recall that in the first week of 2017 my line manager informed me about the CCIs. We had a kick-off meeting on the eighth of January and on the seventh of January we got a document that we needed to include this in our implementation."[369]

This contributed to issues with acceptability[370] and a feeling among staff that the CCIs *'stalled at the... minimum standard stage rather than being fully embraced and adopted'*[371] or mainstreamed. Consequently, and despite efforts to address this,[372] the CCIs largely remained something that was imposed by powerful actors in the organisation, on programme staff and implementing partners, without adequate management of resources or support.[373] One of the expert key informants interviewed stated that leadership is *'part of good practice'* and support of approaches to practise, like child participation and intersectionality require understanding *'from the top'*:

"If the leadership isn't committed to reflect and change on how things are done it's too much to ask that from staff because they don't have the power and influence to affect change on a systemic level.

...Often the problem is that there are workers that are very keen to do it, but on the top it isn't understood how much time and effort it takes...Actual understanding at the top makes a massive difference."[374]

As a consequence, the cross-cutting issues were perceived to be an additional burden rather than a strategic imperative.[375] To institutionalise new ideas into policy and practice across a dynamic portfolio of projects and partners, the responsibility for making *'concrete steps, mechanisms and processes'* needs to be *'organisation-wide and at the highest levels.'*[376] Successful operationalisation further requires the prioritisation of resources and expertise to support implementation. On reflection, in the case of the CCIs, this was systematically absent.

Circumstances during the five-year period entailed much organisational change and uncertainty. Between 2017 and 2022, three distinct strategies were developed for the organisation,[377] only one of which included the four cross-cutting issues as they were articulated in 2016. Aside from the CCIs, neither the Fit for the Future nor the Exposing Hidden Forms of Exploitation strategies were implemented. Additionally, a complete turnover of leadership occurred in 2021 and 2022 and an organisational restructuring was initiated.

In the early years of the period reviewed lack of partner capacity and resistance to the CCI Framework were noted.[378] Later, as the need to embrace child participation, gender, inclusion and alternative care were recognised, Country Offices and implementing partners raised questions about expectations, resource, capacity and training needs.[379] These went largely unmet. Capacity strengthening and technical support were neither prioritised nor budgeted for in strategic or operational planning. With limited capacity, Technical Advisors within the organisation attempted to promote the comprehensive implementation of the CCIs, as evidenced by the Framework[380] and curricula[381] developed, and position papers drafted by the working groups. However, these were not strategic priorities and remained in draft format.

369 Key Informant Interview_Staff_1.1
370 Terre des Hommes Netherlands, 2019a
371 Staff survey, 2022
372 Key Informant Interview_Staff_0.2

373 Key Informant Interview_Staff_0.1
374 Key Informant Interview_Expert_5
375 Key Informant Interview_Staff_0.2
376 ECOSOC, 1997
377 Terre des Hommes Netherlands, 2018, 2021, 2023b
378 Terre des Hommes Netherlands, 2019a
379 Key Informant Interview_Staff_0.1
380 Terre des Hommes Netherlands, 2019b
381 Terre des Hommes Netherlands, 2018

They were not finalised, approved or fully implemented.[381]2

Working on child exploitation globally calls for approaches that are adaptable

As TdH NL works globally, there are different contexts that need to be considered. Although all four CCIs are aligned with international human rights frameworks, they were particularly difficult to implement in some contexts where TdH NL works. As described in the Listen Up! Theory of Change, a root cause of child exploitation is *'a historical system of injustice and inequality'* that has resulted in *'harmful norms'* which oppress children on the basis of intersecting factors *'such as their age, gender, disability, where they were born, in which households, and whether they go to school'.*[383] Implementing the cross-cutting issues required challenging local norms and constructions of childhood, gender and disability.

Although generally uncontroversial in liberal Western societies, in some contexts the approaches put forward by the CCIs ran counter to traditional ideas about:

- Children (especially girls) speaking up, participating in civic life and exercising agency in 'adult' spaces.
- Gender equality and recognition of children's rights regardless of their sexual orientation, gender identities or expression, or sex characteristics.
- Disability and myths and misconceptions surrounding it.
- Deinstitutionalisation, and what is in a 'child's best interests.'

Context-specific cultural and social norms and practices varied greatly, resulting in each Country Office, and to some extent each project, having a different departure point for implementing the CCIs. For example, whereas in some communities girls enjoyed relative freedom and were safe to move around, go to school and participate in community life, in others they were considered a *'burden'* on their family and all but hidden from public life.[384] Whereas the municipality of projects in the Philippines had a mayor-appointed team lobbying for LGBTQIA+ ordinances and running Pride campaigns,[385] similar activities were illegal or extremely stigmatised in other settings.

The minimum requirements stipulated that a '*Context Analysis and Problem Statement [be included] in the proposal to provide data and evidence related to boys/ girls/ (sexual minorities where it exists)'*, and that *'aspire to undertake a gender-analysis of their core work.'* For inclusion, one of the requirements was that *'context analysis (and problem statement) in the proposal to reflect partners' awareness of children with disabilities in their project area/community (including attitudes and practices towards children with disabilities.'* In retrospect the depth and sustained engagement with these analyses was lacking and insufficiently supported by training and resources.

Besides the lack of differentiation of the minimum requirements per context, the lack of adaptability over time also proved to be a challenge. Whereas it was the idea that the minimum requirements were a starting point that was going to be evolving, this was never executed. This may have to do with the many changes in strategy and not embedding the CCIs in the different strategies. The unintended

consequence of this introduction of the minimum requirements contributed to the perception that the CCIs were an *'ineffective..box-ticking exercise'.*[386] This was exacerbated when the cross-cutting issues were integrated into the quarterly review dashboard system, shifting the minimum requirements from being *'a starting point to an end goal'.*[387]

While there were instances where country teams and partners far surpassed the minimum requirements, this was inconsistent and went unrecognised. Furthermore, staff surveyed and interviewed found the *'minimum standards were in many cases not sufficiently ambitious to be meaningful.*[888] Some hoped for *'proactive engagement in programming'* and for CCIs to *'be more than compliance to...standards.*[889] The reporting system with accompanying 'traffic light' scoring system didn't leave room for this proactive engagement or additional efforts. Any practices related to the CCIs that might have been very promising or effective and went beyond the minimum requirements were thus not recognised. The varying starting points thus need to be considered and the CCI framework with accompanying minimum requirements should have been adapted to those. Additionally, adaptability of these minimum requirements should happen on a more regular basis than every five years.

Significant gaps in understanding of basic concepts related to children's rights, child exploitation and CCIs persist

An overarching theme for all CCIs was that there is a lack of conceptual clarity. For each CCI, one of the key themes identified was linked to gaps in understanding. For child participation, it was the focus on consultative activities, and lack of meaningful activities that were collaborative or child-led. For gender mainstreaming, the theme was the focus on sex versus gender. For inclusion with disabilities, the theme was a narrow view of disability which mostly focussed on physical disabilities. And with alternative care, there was a focus on institutionalisation instead of other care options.

Part of the unclarity could stem from the minimum requirements that were set in 2017. Two staff members indicated that for instance for Child Participation, the requirements were too similar, as 'they all ask for feedback, except child friendly materials.'[390] As was explained in the Child Participation section, asking for feedback is only one way of participation. For Gender Mainstreaming, a split between boys and girls was asked, whereas gender encompasses a broad spectrum of gender identities. For the inclusion minimum requirements, the emphasis was put on partnering with and referring children to other organisations and for alternative care a focus on residential facilities. The focusses of these minimum requirements could lead to misinterpretation of what the cross-cutting issues truly mean.

When talking with children about the four themes, questions came up about the core concepts of the CCIs, mainly about alternative care and gender. Additionally,

382 Key Informant Interview_Staff_0.2
383 Terre des Hommes Netherlands, 2022
384 Key Informant Interview_Staff_1.1
385 Key Informant Interview Likeminded organisation_3

386 Staff survey, 2022
387 Key Informant Interview_Staff_0.2
388 Key Informant Interview_Staff_1.1
389 Informant Interview_Staff_3.1
390 Staff survey, 2022

the concepts mainstreaming, and inclusion needed explanation. For example, in the workshop in Uganda, the facilitators noticed that the translator had to explain what alternative care was, suggesting that not all concepts in English are directly translatable. Another example is that in the CCIs reports, inclusion of children with disabilities is commonly understood as participation. In Figure 11, we have shown that this relates more to integration rather than inclusion.

At community level, a lack of awareness of what the CCIs are sometimes linked to diminished feelings of importance of the cross-cutting issues or misconceptions. For instance, for Gender Mainstreaming, 'in very conservative communities, they don't want boys and girls to mix. They think they might learn bad things,'[391] for Child Participation, 'at the community level, there are brokers who try to convince the parents against the [children's] clubs.'[392] This was in some cases a barrier to being able to implement the CCIs.

"Children's involvement depends on their age and the consent of parents. You may want a child of 10 to participate in your activity, but the parents may say no. Then it is difficult to engage with that child."[393]

Besides the unclarity of the CCIs, there was also some confusion about child exploitation. Across groups of respondents, child exploitation was mostly explained as child labour. And within that link, there was often talk about child abuse and or household chores that would constitute child labour.

"We talked about child labour. Parents who tell their children to do heavy work, carrying big jerry cans and you cannot refuse. You will get beaten."[394]

Figure 26. Drawing of a participant of the children's workshop about child exploitation
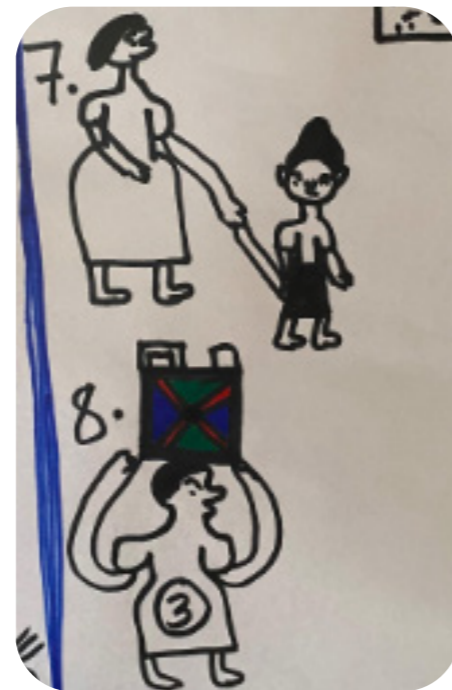
Early marriage and trafficking were sometimes mentioned, but SEC and OCSE were almost never spontaneously identified as child exploitation. This suggests a low level of understanding of child exploitation and child rights.

For effective implementation of the CCIs, it is necessary that staff and partners are on the same page. This regards clarity on what child exploitation, the risk factors for child exploitation, and cross-cutting issues mean as well as understanding why these concepts are important and how they

can be implemented. Through program implementation, the clarity on these topics as well as the urgency to address them needs to be spread to children and the community. This requires regular training of staff and partners and continuous support. Intersectionality provides a framework to incorporate and expand on the CCIs

The four distinct CCIs represented a combination of approaches that are all relevant to the work of preventing and responding to child exploitation. However, this also proved to be limited. The data revealed that in addition to factors addressed by the CCIs (like age, gender, disability and parental care), multiple other and important factors need to inform programming. Moreover, when speaking to children about the risks of child exploitation, they rarely spoke about one factor but always factors in conjunction with others. For example, in the children's workshops, children were asked to come up with an imaginary friend (avatar) that was at risk of child exploitation. Afterwards, they were asked if one specific factor led to more or less risk of child exploitation for their avatar. If they took a step back, this meant less protection. If they took a step forward, it meant more protection.

F: If we think about age, is our new friend less or more protected from child exploitation?

All groups move one step back indicating less protection.
F: Why does age lead to less protection?

P1: For our girl, she is blind and living on the streets. She

is only 10 years old, so she is less protected.

P2: Kindu is a boy with a disability with support from TdH. He is 9 years old. Even though TdH is supporting him, he has been abused before so that's why we took a step back.

P3: With us, he is 49 years old with a disability. Even though he is above 18, he is still highly vulnerable, because he has a disability and has been discriminated against.

F: And if we are only looking at age?

Participants with the older avatar take a step forward towards more protection.[395]

This example illustrates a situation that happened often. When asked why they chose one or the other, children often mentioned multiple factors in their reasoning and some even found it hard to single out one factor.

"Disability can make girls more vulnerable when combined with other characteristics such as age, living conditions and economic background."[396]

This indicated that just focusing on singular factors might not be the best way to speak about risk of child exploitation. Table 14 below tabulates the relative number of times children mentioned factors that they identified as being important and related to child exploitation.

391 Key Informant Interview_Partner_1.1
392 Key Informant Interview_Partner_1.1
393 Key_Informant_Interview_Partner_4.2
394 Workshop_Children_4

395 Workshop_Children_2
396 Workshops_Children_2

Table 11. Intersectional factors that inform risk of exploitation as identified by children[397]

Factor	
Parental/family care	
Economic situation	
Disability	
Gender	
School enrollment and education	
Age	
Previous experience with violence	
Mental health	
Appearance (including body size and skin tone)	
Health (including sexual and reproductive health)	
Religion	
Personality	
Social Status	
Migration status	
Ethnicity	
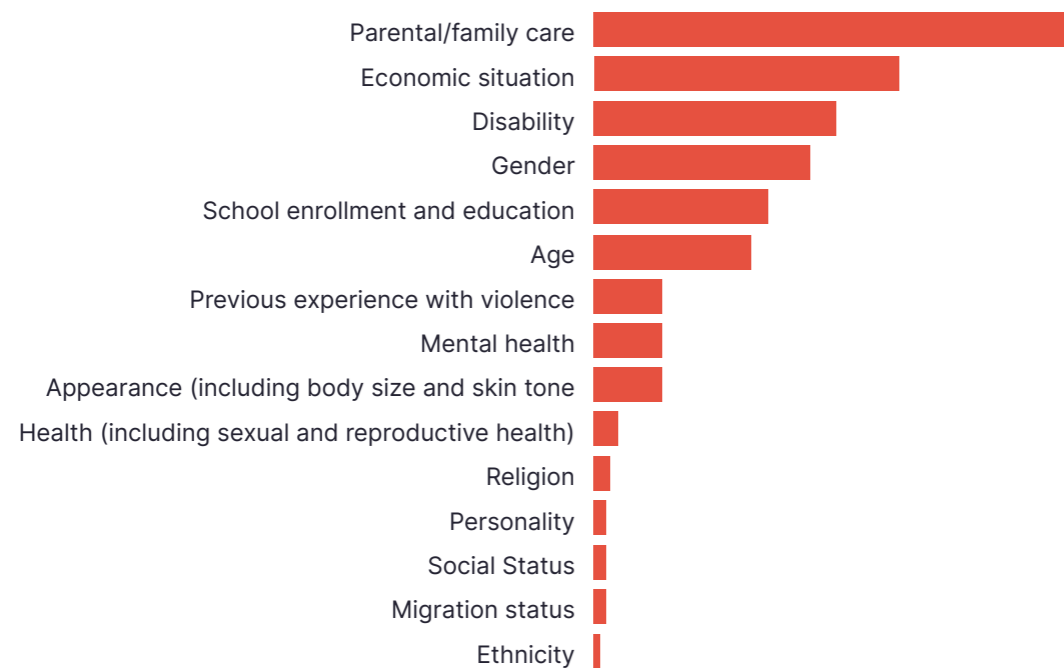
Vulnerabilities expand with compounding marginalisation across intersections of multiple factors related to children's identities. A partner staff member described this as *'multiple discrimination'*.[398] Whereas the single factors tackled by each CCI are important, they were understood and applied in isolation and sometimes to a limited extent. For example, Gender Mainstreaming was applied using a gender binary approach, limited to interventions for boys or girls. This framing did not allow for consideration of gender-diverse children, but also how marginalisation on account of being a girl might intersect with having a disability, or being in alternative care, and the impact of all these factors combined on risk of exploitation. Similar observations were made for inclusion, where a staff member from a partner organisation shared that *'we are leaving so many things out'* because *'we only focus on the disability part'* of a child and ignore *'other factors'* like their access to *'education…age, their ability'*.[399]

A partner staff member critiqued the CCIs because they saw the issues as *'highly interrelated,'*[400] while others suggested a more *'comprehensive'*,[401] a consolidated approach should be considered. In order to incorporate and expand upon the CCIs it was suggested that the conceptual framework of Intersectionality might be helpful.[402]

Intersectionality was first introduced by feminist author Kimberlé Crenshaw, who studied the overlapping oppression faced by black women, on the basis of both gender and race.[403] Intersectionality provides a lens to ensure that all the factors are acknowledged and brought into the response to a particular group.[404] The concept is included in the Listen Up! Strategy as follows:

"Intersectionality is a theoretical framework that helps us think about overlapping or intersecting factors that can be empowering or oppressive. Over the past three decades the concept of intersectionality has broadened from considering the compounded oppression of gender and race to a limitless set of factors, including socioeconomic class, age, sexual orientation and disability."[405]

It was evident in interviews that intersectionality and child participation were recognised as part of the new strategy, as illustrated by a country office staff member who stated:

"New strategy is child centred. This needs to be emphasised in programming and the intersectionality approach as a principle."[406]

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[397] Workshop_Children_1; Workshop_Children_2; Workshop_Children_3; Workshop_Children_4.1; Workshop_Children_4.2

[398] Key Informant Interview_Partner_3.2

[399] Key Informant Interview_Partner_4.2

[400] Key Informant Interview_Partner_2.2

[401] Key Informant Interview_Partner_4.2

[402] Key Informant Interview_Expert_7, Key Informant Interview_Partner_2.2, Key Informant Interview_Expert_6.1, Key Informant Interview_Partner_4.2, Key Informant Interview_Staff_3.2, Key Informant Interview_Partner_2., Key Informant Interview_Staff_3.1

[403] Crenshaw, 1989

[404] Crenshaw, 1989

[405] Terre des Hommes Netherlands, 2023b

[406] Key Informant Interview_Staff_3.1

CHAPTER 4

CHARTING A WAY FORWARD

4.1 Introduction

The chapter makes recommendations for decisions about the way forward. These recommendations were informed by the consolidated lessons learned from reflections on the CCIs implementation. Additionally, three core principles of the TdH NL Theory of Change 2022 and five strategic goals of the TdH NL Listen Up strategy 2023 - 2030 were carefully considered.

Moving forward, rather than continuing with the four distinct CCIs, it is strongly recommended that these are replaced by a focus on intersectionality, gender and children at the centre, in line with the ToC and Listen UP! strategy 2023 - 2030. For this to be achieved, **consistent and structural leadership, clear lines of accountability** and **sufficient resource allocation** will be needed. Further, **policies, guidelines, training and learning** need to be supported structurally by **appointed focal points** with clear mandates and in collaboration with the various Heads of Programmes.

4.2 Reccomendations

There are five key recommendations discussed (informed by the research findings) with key propositions for adoption by management to inform organisational direction and policies.

1. Embed important principles for effective programming in strategic goals and core principles as opposed to stand alone cross-cutting issues

As pointed out in the findings section (Chapter 3), the CCIs were not explicitly linked to strategic plans, and neither were they prioritised in annual plans. As such, not much effort went into ensuring proper resource allocation for their implementation. Their significance showed up during the reporting period and only because they were incorporated into the monitoring dashboard. Their importance and significance in understanding and tackling child exploitation was largely reduced to a compliance exercise.

The research findings point out the limitations of having a singular factors/issues focus that limit the understanding of child exploitation. Children during the study workshops pointed out a number of factors that expand vulnerability. Similarly, partners and TdH NL staff mentioned that the CCIs are interrelated, describing multiple discrimination which calls for a more comprehensive and consolidated approach to understanding vulnerability to child exploitation. This finding confirms that **taking an intersectional approach is recommended**.

Embedding important principles for effective programming in the core principles and strategic goals will ensure relevance to the strategy and systematic inclusion into the design of programmes and operations. The strategic Goals and Core Principles already provide the thinking and framework for achieving this: structurally embedding child participation and intersectionality.

The Theory of Change and the Listen Up! Strategy 2023-2030 incorporates the ambitions of child participation (as children at the centre), gender, disability inclusion and alternative care (as intersectionality and power awareness) into core principles and some of the goals. As detailed in Table 10, the first three core principles and elements of five of the eight Goals (Goal One, Three, Four, Six and Seven) include direct links to the ambitions of the CCIs as we know them.

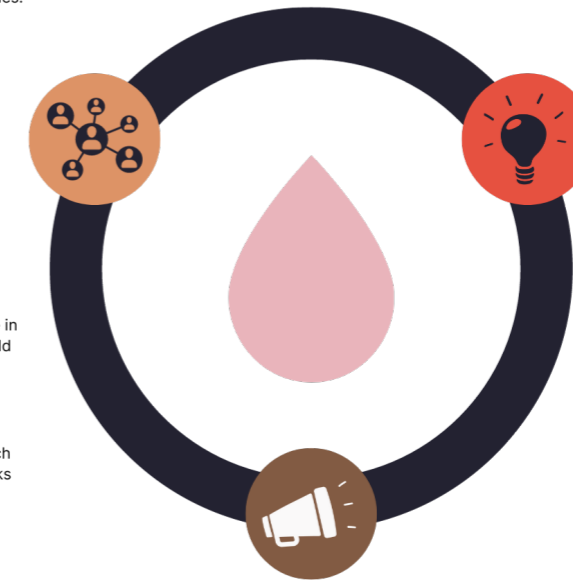**Figure 27**. Core principles and strategic goals with links to the CCIs

Core principles with links to CCIS

Safety & wellbeing

Children at the centre

Intersectionality & power awareness
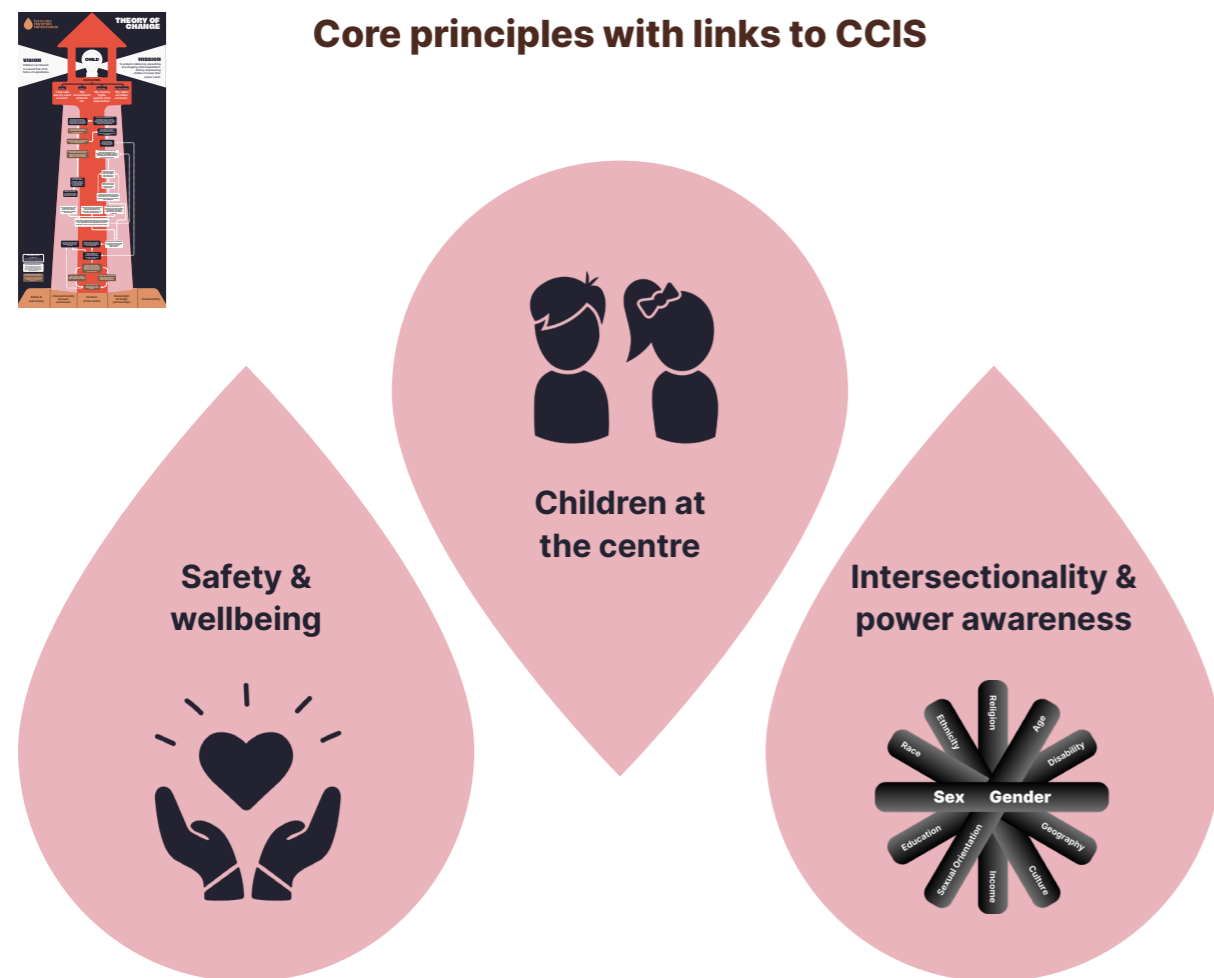
1. Accountable partnerships
TdH NL engages in meaningful partnerships that always remain accountable to children and communities.

INFLUENCE SUSTAINABLE CHANGE

GENERATE AND SHARE KNOWLEDGE

3. Child participation
Children are empowered to participate in building and sharing knowledge on child exploitation

4. Insight
TdH NL uses an intersectional approach to generate new insight into what works to prevent or stop child exploitation

6. Action
TdH NL supports the implementation of evidence-based, scalable and sustainable programmes to stop child exploitation in a systemic way

7. Advocacy
TdH NL engages in evidence-based advocacy with and for children at local, national, regional and international levels to prevent and stop child exploitation

Aligned to this recommendation, the proposed way forward is to:

1. **Replace the four CCIs with a focus on children at the centre and intersectionality.**
2. **Define, in policy, the TdH NL approach to child participation, gender and sexuality, disability, children deprived of parental or family care, children from marginalised groups, children on the move and children in humanitarian emergencies**.

2. Provide stable leadership and accountability

Rapid changes in organisational strategic direction and staff and management turnover hindered the meaningful adoption of the CCI framework. With consistent leadership, the seven-year Listen Up! Strategy allows time for change to come about and ambitions to be realised. The opportunity exists for leadership to drive change, and for restructuring of the organisation to align the skill of the workforce in order to deliver on the ToC and strategy.

It is therefore recommended that:

1. **Leadership continues to provide consistency and ensure organisation-wide accountability to bring about desired change.**
2. **Lines of accountability are clarified, so that it is understood who is responsible for embedding child participation (children at the centre) and an intersectional approach to programming. This applies to delivering on the goals and objectives of the Strategy, but also the Core Principles.**

Leadership and accountability will ensure that child participation (children at the centre) and intersectionality are championed and structurally resourced including skilling of the workforce to deliver on them.

3. Support implementation

Significant long-term investment is needed to embed new ways of working, at scale. As summarised by a staff member, in the complex environment of their implementing partners *'extra care, time, and preparation'*

was needed where approaches were in opposition to local norms.[407] It is recommended that resources needed include time, funding and technical support.

During the research, participants shared that projects that are *'just for one, two or three years'* do not allow time for new approaches to *'stick'.*[408] Timelines for implementation should account for the time needed for children, families and communities and partner organisations to be *'orientated'*[409] on new concepts and for attitudes to shift. It was observed that even where partner organisations found it *'difficult to integrate'* new approaches, *'as the years went by, they integrated it well in terms of implementation and project design'.*[410] An expert interviewed emphasised that 'time is really important' to build solid partnerships:

"With some partners we have worked for a decade, investing and building trust, building a shared understanding. Often our perspective starts to align and materialise as part of the project."[411]

As such, three interrelated recommendations follow:

First, **longer-term investment in partnerships is recommended**, approaching bringing about systemic change as a *'journey'*[412] together. Activities that include child participation, empowerment and advocacy are processes that take time. Implementing meaningful child participation that moves beyond consultation, to collaborative or even child-led work, must unfold at a pace that does not compromise safety and well-being. In some contexts, this may take years, as one partner staff member put it: *'we do not rush children,'* especially if they have been victimised and their reason for engaging with the organisation includes *'healing and recovery'.*[413] An expert interviewed explained how working with partners and children long-term enabled them to progressively challenge the tension between child protection and participation: *'As part of this journey, the risks that we have been able to take increased over time'.*[414] Furthermore, realising advocacy outcomes also takes time. For example, a like-minded organisation described how after extensive lobbying, an ordinance *'eventually passed after...years'.*[415]

Secondly, **budgeting should take into account the material and human resources required** to deliver. Some participants recommended ring-fenced budgets, for example a key informant suggested that it was good practice that *'UNICEF is mandated to spend a minimum 15% on gender equality activities.'*[416] Another suggestion was to budget to accommodate the specific inclusion needs of some children, for example, budgeting for them to be accompanied by a peer to assist them, an interpreter, extra staff or space.[417] Finally, some staff expressed that they simply needed more time to engage and support work in the field, which indicates a need for human resource management at country and programme level:

"I wish that we could invest more, and we have more time at the country level to improve the quality of the work we do. I was very much in the field, talking, listening to people's stories and asking them what they think... but now we have one or two people in the Country Office, and that makes it impossible to spend time supporting partners or building quality."[418]

Lastly, it is recommended that **dedicated focal point roles be implemented** to support policy and practice. Focal points were identified within some partner organisations, for example a gender focal point was identified in projects in two countries and in some places partners worked closely with gender and disability focal points in local government.[419]

Focal points should provide subject-matter expertise to programme design, and technical advice during implementation. Focal points should coordinate policy and guideline development and support training and learning for integration of policy into practice.

Based on the Listen Up! Strategy it is proposed (to the extent possible) that **focal points roles** might include:

- **Child participation** (children at the centre)
- **Safety and well-being** (including trauma informed care and safeguarding implementation)
- **Intersectionality and power awareness**
  ◦ Age
  ◦ Gender and sexuality
  ◦ Disability
  ◦ Children out of parental or family care
  ◦ Children from especially marginalised (ethnic, caste or religious) groups
  ◦ Children on the move
- **Child protection in humanitarian emergencies**
- **Climate change and child exploitation**

It is possible that these focal point roles could have overlaps with some thematic Programme lead roles, for this reason, it is **recommended to have a clear RACSI matrix** that resolves overlap. It is also recommended to have clear objectives for the focal point roles, ensuring time allocation through performance management for structured implementation support to teams.

Some topics are new, and others are controversial in prohibitive social, religious or cultural contexts where social norms that undermine children's rights. Problems like sexism, ableism, ageism, classism, racism and homophobia, to name a few, make it difficult to have open discussions about gender and intersectionality. This will require us to develop methods to generate and share methods that are respectful yet effective. It is therefore suggested that a **phased approach** be taken.

4. Provide structured, ongoing training and learning opportunities

Findings from the study in Chapter Three (Insights Gained from Five Years of Experience) highlighted a lack of clarity and knowledge gap in understanding

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[407] Key Informant Interview_Staff_1.1
[408] Key Informant Interview_Staff_1.3
[409] Key Informant Interview_Staff_1.1, Key Informant Interview_Partner_1.1
[410] Key Informant Interview_Staff_3.1
[411] Key Informant Interview_Expert_5
[412] Key Informant Interview_Expert_5
[413] Key Informant Interview_Partner_3.1
[414] Key Informant Interview_Expert_5
[415] Key Informant Interview_Likeminded organisation_3
[416] Key Informant Interview_Expert_6.1
[417] Key Informant Interview_Expert_7

[418] Key Informant Interview_Staff_1.1
[419] Key Informant Interview_Staff_1.2, Report_2018_3.5, Report_2019_3.3

the key concepts in almost all the four cross-cutting issues and how they relate to child exploitation. In some cases, child exploitation was also not clearly understood. Across groups of respondents, **child exploitation was conflated child labour or physical abuse.**[419]

For effective implementation of the Core Principles and Strategic Goals with links to the CCIs, it is necessary that children, communities, partners and TdH NL teams are all on the same page. This regards clarity on:
- What child exploitation is;
- Risk factors for child exploitation;
- Core principles in the Theory of Change and their relevance in addressing child exploitation, and;
- Concepts in Strategic Goals with links to cross-cutting issues (children at the centre, safety and wellbeing, intersectionality - to include gender, disability, children deprived of parental or family care, children form marginalised ethnicities or castes, children on the move).

It is recommended that **clarity on these topics as well as the urgency to address them should spread to children and communities.** This can be achieved by having structured awareness and training sessions organised for and by children and communities through inclusion of training sessions in project and programme design. As projects and programmes are being implemented, they also take into account awareness on these important issues.

Secondly, **structured and ongoing training and learning opportunities should be offered to TdH NL staff and partners. Continuous support should be provided** as part of the training follow up to overcome

issues with staff turn-over. All staff and partners should be systematically trained on the Core Principles and Strategic Goals with links to cross-cutting issues as part of knowledge building on child exploitation. All staff and partners should participate in training (in person and online) as part of programmatic induction into the TdH NL way of working. The training for staff and partners should be accompanied by a toolkit with templates to enable them to put in practice the knowledge and skills gained, as well as a framework for tracking progress and evaluating the benefits of this training.

5. Adaptable framework

Although the CCIs stipulated context analysis at proposal development stage, sustained engagement with the analyses was not always reflected throughout the project or programme implementation phase. All the same, implementation of the CCIs varied from country to country to accommodate differences in cultural and social norms. This finding demonstrates the need for an adaptable framework that provides for flexibility in application of the principles for effective programming. In a sense **process and progress is recommended rather than compliance with minimum requirements**.

Using an adaptable framework calls for appreciating the different contexts where children and communities live, and the different manifestations of child exploitation. This approach is well aligned with Goal One in the Listen Up! strategy as it contributes to having meaningful partnerships. It is highly recommended that application of the Core Principles and rolling out of the Strategic Goals prioritises a **context-informed approach**. This means that the framework should not be rigid but should allow for

different departure points and speed of implementation. As much as possible, a co-design process with children and communities is highly recommended. This calls for a recognition of what is contextually relevant, where the children and communities are (both strengths and gaps) and also the potential for challenging social and cultural norms that could potentially hinder the full realisation of child rights.

Figure 28. Children in Bangladesh sharing their understanding of alternative care.
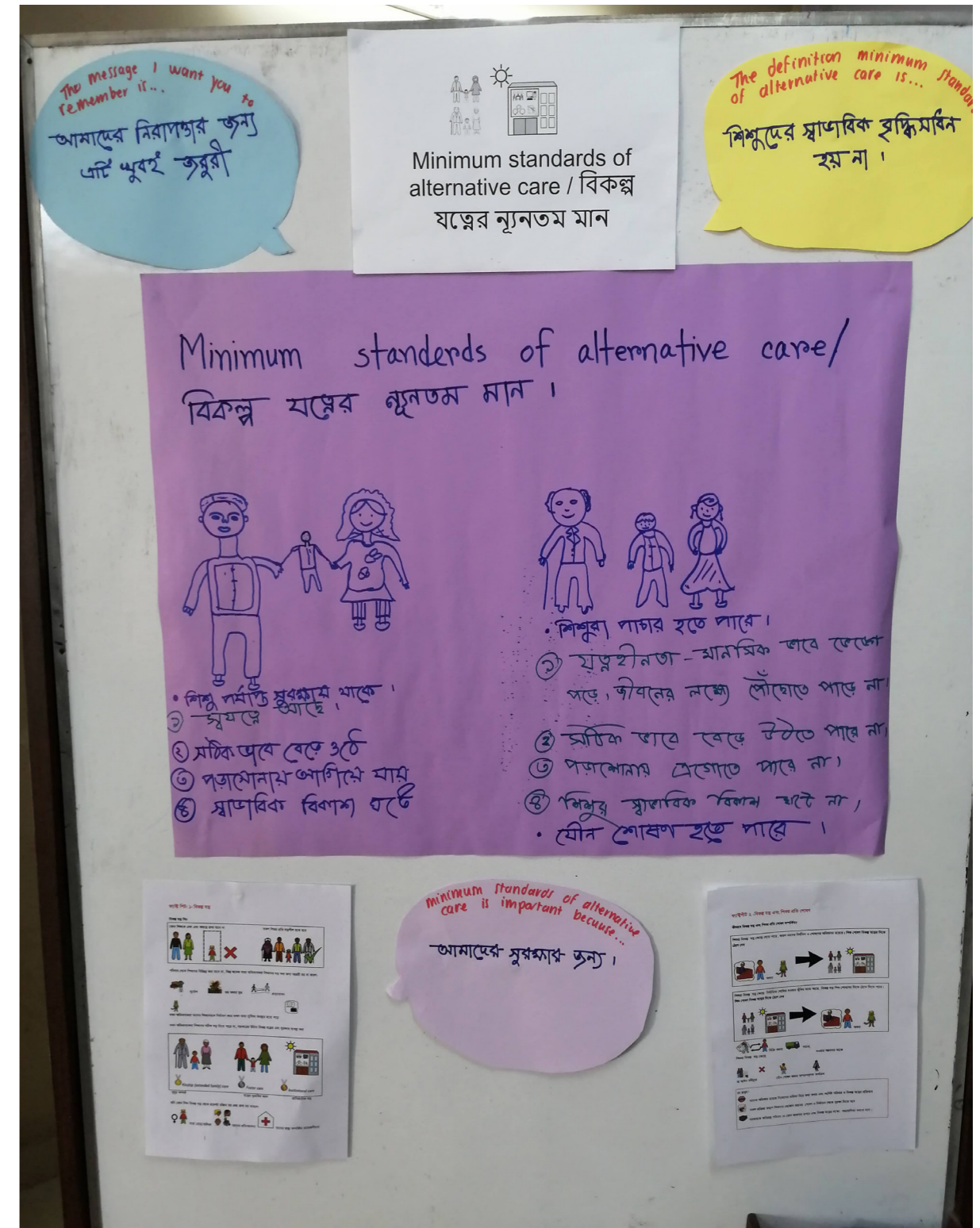
419 Workshop_Children_1, Workshop_Community_1, Workshop_Children_2, Workshop_Community_2, Workshop_Children_3, Workshop_Community_3, Workshop_Children_4.1, Workshop_Children_4.2

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