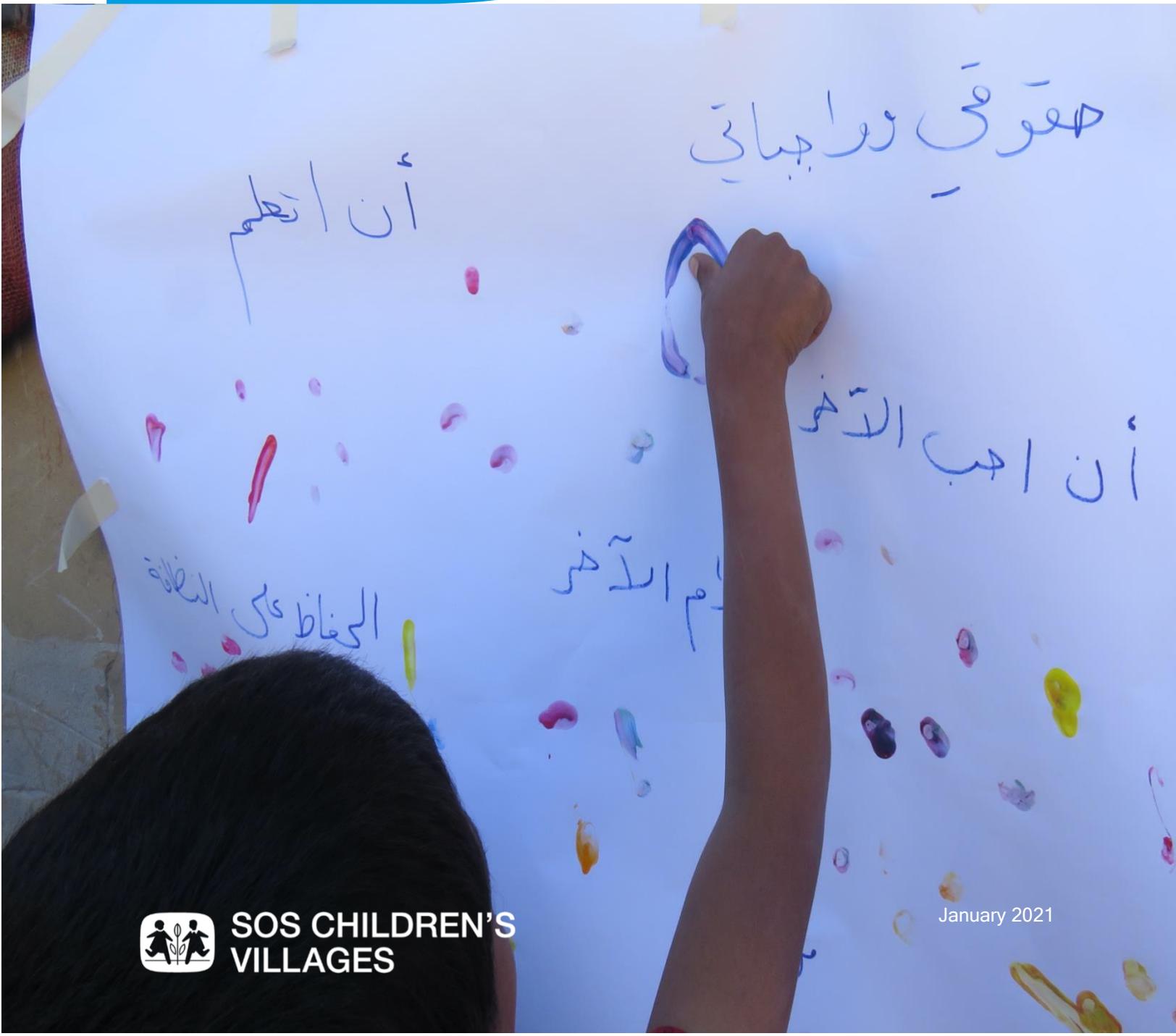# The National Child Protection System and Alternative Child Care in Lebanon

Author: Dr. Chrissie Gale

SOS CHILDREN'S VILLAGES

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Foreword

This report on the National Child Protection System and Alternative Child Care in Lebanon was commissioned by SOS Children's Villages International, Regional Office for CEE/CIS/Middle East. It is part of a series of five reports based on a multi-country desk review, including also Jordan, Egypt, Palestine and Syria. The author is the renowned international child protection consultant Dr. Chrissie Gale. We are glad to share this and the other reports with all interested stakeholders in order to spark further efforts to better protect children without parental care or at risk of losing it and facilitate new effective partnerships. All reports can be accessed here.

The main objective of the review was to increase our knowledge and understanding of the child protection sector in Lebanon, in particular recent developments and reform efforts. SOS Children's Villages alternative care and family strengthening programs operating in the country continuously aim at improving and increasing the positive impact on the lives of children who lost parental care and children at risk of being separated from their families. Understanding the functioning and challenges of the national child protection system is paramount for us to better address the needs of these groups, scale up or launch new initiatives and strengthen cooperation with governmental and civil society stakeholders.

The report thoroughly examines all available academic and professional research literature. It offers an analysis of data and information obtained from open web and official government sources. Presenting a synthesis of compiled evidence, it gives a detailed picture of current child protection practices and the structural and legal building blocks of the child protection system in Lebanon. The report offers rich evidence for sound decision-making in the areas of policy, programming, advocacy and development cooperation.

We hope the report will be useful also for other agencies and organizations active in the field of child protection. May the learnings help us in our work to improve the lives of children and families.

Ms NICOLA OBERZAUCHER
Director Programme EUCM

SOS Children's Villages International
Regional Office CEE/CIS/Middle East

Acknowledgements

Glossary of terms

Abandonment	A situation in which children are anonymously left in a 'public' place by persons unknown e.g. a child is left on the steps of a mosque or in front of a hospital, or on the street.
Adoption	A child who is effectively placed in the legal custody of the person adopting them 'pursuant to a final adoption order, as of which moment, for the purposes of the UN Guidelines for the Alternative Care of Children, the child is considered to be in parental care'.[1]
Ageing out of Care	The time at which a child or young person living in formal alternative care reaches a legally-determined age (usually the age of majority) above which they are no longer entitled to live in a care placement. In most cases, they need to leave care and start their lives as independent adults.
Alternative Care	Children not in the overnight care of at least one of their parents, as parents are unwilling or unable to care for children[2]. The UN Guidelines for the Alternative Care of Children outline several different forms of alternative care including kinship care, residential care and foster care.
Child	A child is any person under the age of 18 years unless the law of a particular country sets the legal age for adulthood younger, as provided for under Article 1 of the United Nations Convention on the Child. [3]
Children without parental care	'All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.'[4]
Kinship care	Family-based care within the child's own extended family or with close friends of the family known to the child.[5]
Family based care	Refers to a short- or long-term care arrangement whereby a child is placed in the domestic environment of a family, as opposed to institutional or residential care.[6] This includes kinship care and foster care.
Formal care	'All care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not the result of administrative or judicial measures[7]
Foster care	'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own

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1 UN General Assembly (2009) Guidelines for the Alternative Care of Children
2 UN General Assembly (2009) Guidelines for the Alternative Care of Children
3 based on Article 1 of the UN Convention on the Rights of the Child (CRC) (UN, 1989).
4 UN General Assembly (2009) Guidelines for the Alternative Care of Children Article III, 29a.
5 UN General Assembly (2009) Guidelines for the Alternative Care of Children
6 European Expert Group on the Transition from Institutional to Community-based Care (EEG) 'The Common European Guidelines on the Transition from Institutional to Community-based Care', November 2012, available under: www.deinstituionalisation.com; hereinafter quoted as: "EEG (November 2012) op. cit."
7 UN General Assembly (2009) Guidelines for the Alternative Care of Children

	family, that has been selected, qualified, approved, and supervised for providing such care.'[8] (Note: In some countries, this now also applies to a formally arranged placement with another family member – kinship foster care). This form of care should be temporary in nature.
Guardian	A guardian is a person, not a parent of the child, who is given legal responsibility to care for a child; this may entail full parental responsibility, including the care of a child or, in some systems, more limited responsibilities related only to making legal decisions on behalf of the child. A guardian could also be someone recognized by the community or traditional authorities as having the responsibility to care for and protect the child. A guardian may be related or unrelated to a child. (please also see definition of legal guardian below)
Informal care	Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ('informal kinship care') or by others in their individual capacity. The arrangement is at the initiative of the child, his/her parents, or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.[9]
Institutional care	'Large residential care facilities,'[10] where children are looked after in any public or private facility, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements, with a large capacity.[11]
Kafala	A means of providing care for vulnerable children, recognized under Islamic law and in article 20 of the Convention on the Rights of the Child and in 2.a and 161 of the UN Guidelines for the Alternative Care of Children. In practice, this may include providing financial and material support to a child in parental or alternative care, or, as referenced in the UN Convention on the Rights of the Child, may be an arrangement closer to adoption or fostering where a child is taken to live with another family[12] As regards children, it is generally defined as a person's (*kafil*) commitment to voluntarily take care of the specific needs, maintenance, education and protection of a child deprived of his/her family (*makfoul*). However, its legal and practical effects differ from country to country, ranging from financial support for children in a residential facility to full-time care by the *kafil* in their family environment
Kinship care	'Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.'[13] Kinship care can be both a form of permanent family-based care and a form of temporary alternative care. There are two types of kinship care. Informal kinship care is: 'any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends … at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.'[14] Formal kinship care is care by extended family or close friends, which has been ordered by an administrative or judicial

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[8] UN General Assembly (2009) Guidelines for the Alternative Care of Children
[9] UN General Assembly (2009) Guidelines for the Alternative Care of Children
[10] UN (2009) Guidelines for the Alternative Care of Children.
[11] NGO Working Group on Children Without Parental Care (2013) Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper'
[12] Cantwell and Jacomy-Vite (2011)
[13] UN General Assembly (2009) Guidelines for the Alternative Care of Children Article III, 29c.i.
[14] ibid. Article 29b.i.

	authority or duly accredited body.[15] This may in some settings include guardianship or foster-care.
Legal guardian	A legal guardian is a person who has the legal rights and responsibilities to care for another person. A child's legal guardian will normally be the child's mother or father unless they have had their parental rights removed by a court order. Children without a legal guardian will require representation in the decision-making process to ensure their rights, opinions and best interests are protected.
Orphan	For this report the term orphan will refer to a child whose both parents have died
Relinquishment	Is a process where a mother and/or father or others with or without parental authority decide not to raise their child and hand over the child to another 'carer' e.g. a child left behind in a maternity ward of a hospital or voluntarily taken to a residential care facility. Relinquishment unlike abandonment is when the identity of the mother or father, or other family members, are known
Residential care	'Care provided in any non-family based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes.'[16] A distinction is often made between different forms of residential care. For example: • *Institutional care*: large-scale facilities where children are cared for in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities. • *Small group homes:* children cared for in small groups, usually with one or two consistent carers, in specially designed and designated facilities.[17]
Separated children	Children who have been separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may therefore, include children accompanied by other adult family members.[18]
Small residential care settings	A 'public or private, registered, non-family based arrangement, providing temporary care to a group of 4 to 6 children, staffed by highly trained, salaried carers, applying a key-worker system, with a high caregiver-to-child ratio that allows for individualized attention for each child, based on the professionally developed case plan, which takes into account the voice of the child.'[19]
Street connected children	Children living and/or working on the streets

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[15] ibid. Article 29b.i.
16 ibid. Article III, 29c.iv.
17 United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395
18 Definition from: Committee on the Rights of the Child General Comment No. 6, Treatment of unaccompanied and separated children outside their country of origin, UN document CRC/GC/2005/6 of 1 September 2005
19 UNICEF (2020) White Paper: The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region. UNICEF ECARO Office

Supervised independent living	Where children/young people live alone or in small groups in a house or apartment but are carefully supported by an adult whilst transitioning from a full-time care setting to independence.
Reintegration	The process of a separated child making, what is anticipated to be, a permanent transition back to his or her family and community (usually of origin) in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life [20]
Unaccompanied children	Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. [21]
Violence	For this report the term violence' will be used to denote all forms of abuse and exploitation including serious neglect and physical, sexual and emotional abuse

[20] (Inter-agency group on Reintegration 2016, p.1).
[21] ibid.

1. Introduction

This desk review of the child protection system and alternative care in Lebanon was commissioned by CEE/CIS/ME Programme Team in SOS CVI.

1.1 Aim and scope

The aim of this desk review was to develop a synthesis of findings drawn from literature relating to child protection systems and alternative care in Lebanon, and provide an understanding of the structural and operational realities, and status quo, of the system in the country.

In this respect, the aim of the research undertaken in Lebanon was to gain an understanding of the following:

- The socio-economic and cultural contexts in which child care reforms are taking place?

- The risks children face that can lead to loss of parental care and placement in alternative care

- The structures and processes governing child protection and alternative care, including the normative (legal and policy) framework, Government and non-governmental structures and their roles and responsibilities

- Provision of alternative care

- The child protection and alternative care workforce

- Attitudes that impact on protection and alternative care of children

1.2 International treaties and guidance underpinning the structure of report

The structure and choice of information to include in this report has been informed by international conventions and guidance. In particular, this includes the UN Convention on the Rights of the Child (CRC), the UN Guidelines for the Alternative Care of Children (UN Guidelines), and the accompanying Handbook 'Moving Forward'[22]. This latter document identifies two basic principles that are described as the 'pillars' of the UN Guidelines: 'necessity' and 'suitability'. It has also been informed by the recent United National General Assembly Resolution on the Rights of the Child [23] adopted on 18th December 2019, which strengthens the commitment of States to children without parental care and those at risk of being so.

The UN Guidelines clearly state that the family is the 'fundamental group of society and the natural environment for the growth, well-being and protection of children' and that 'efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.' This **'necessity' principle** therefore, safeguards children from being removed from parental care and placed in alternative care unnecessarily. The **'suitability'** principle as also laid out in the UN Guidelines, requires a range of good quality alternative care settings be made available so that if care is deemed as necessary, each child's individual needs, circumstances and wishes can be met. It also requires ending the use of unsuitable placements such as the use of institutions and detention centres. The UN Guidelines require the most suitable forms of alternative care be provided under conditions that 'promote the child's full and harmonious development'. All efforts should also be made to return children to the care of their family as soon as possible or, if finally deemed not possible, to find other suitable permanent family-based care.

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[22] Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'.* UK: Centre for Excellence for Looked After Children in Scotland. Available at: www.alternativecareguidelines.org
[23] United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

2. Summary of findings

This section contains a brief summary of some key issues as highlighted during this desk review relating to the child protection system and alternative care provision in Lebanon

- It is estimated that Lebanon has the highest number of children in residential care as a percentage of the child population than anywhere else in the world. Once children are placed in residential care, they often remain there for their entire childhood.

- There is no system of foster care in Lebanon. Only a few children of unknown parentage have the opportunity of being placed with an alternative family.

- There is no evidence of any systematic process for, or implementation of support programmes, that would facilitate family reunification for children that have been placed in alternative care.

- The vast majority of residential care settings currently funded by the Government do not serve children with real protection needs but rather favour children from socio-economically disadvantaged backgrounds. Not only does this contradict global principles, but residential care accounts for the majority of the Ministry of Social Affairs child protection funding. As a result, funding is not being channeled into preventive measures including family strengthening and other support initiatives, or reintegration.

- It has been challenging to find information about the planning for and, the support during, the period young people are ageing out of care

- Only Christian families can adopt and in theory, only Christian abandoned babies can be adopted.

- There is a lack of longitudinal qualitative and qualitative data held in a centralized data base that would indicate the number of children at risk of losing parental care. There is no centralized data base that provides quantitative and qualitative information about children in alternative care. Neither has any data been found that would indicate the number of children that have been relinquished into care by parents as opposed those that have been placed there through the Ministry of Social Affairs or the judicial system.

- There is insufficient legislation specifically related to child protection and alternative care.

- Although there is acknowledgment as to the use of child protection case management in the literature, and development of standard operating procedures, there is a lack of evidence about how case management is being implemented, or if utilized well. In reference to statutory procedures to address child protection risks, families are seeking familial/community customary solutions rather than seeking professional support. For example, reconciliation and mediation in the community is reported to be used extensively rather than reporting a crime to formal authorities.

- It has not been possible to find any detailed information on the use of Care Plans for children either prior to, or during, their placement in care.

- The provision of protection services and alternative care is overwhelmingly managed and delivered by NGOs contracted and funded by Ministries. The Ministries play a role in development of policy and guidance but are not the principal front line providers of alternative care or of child protection case management services.

- Interventions focus on response services, and do not sufficiently address the underlying root causes of violence and other reasons that result in children being placed in care. This form of 'crisis response' is further compounded by a lack of financial resources and a specialized workforce to ensure full implementation of laws and policies, and monitor their enforcement.

- In terms of vulnerability to protection risks, refugee children, and especially those of Syrian descent, are particularly vulnerable. This may be for a number of reasons including restricted access to welfare systems, greater poverty, higher levels stress and less social cohesion especially amongst newly arrived refugee populations.

- There is an unequal access to protection services as many of the Lebanese welfare services are only offered to Lebanese children. An exception is the Lebanese authorities' requirement to provide alternative care for all children although it is reported this duty is not being met. This may be leading to a complexity of multiple child protection systems being operated for refugee children by national and international UN and NGO bodies. Although the Inter Agency Working Group comprised of many of these NGOs have made attempts to harmonize efforts. The Working Group has also played a significant role in the development of child protection case management procedures and documenting protection concerns in certain communities. Overall reports suggest that many existing efforts and approaches to address violence against children remain fragmented and uncoordinated, resulting in a lack of clear division of roles and responsibilities and accountability by all stakeholders.

- Societal attitudes are playing a significant role that result either in children not receiving the support they need in terms of protection risks, and/or the placement of children in care social norms play a significant role in tolerating GBV, violent discipline, stigma and shame etc. Child abuse is either hidden or it is dealt with in the family/community. Efforts are needed to change attitudes, behaviors and discriminatory social norms.

- There is a lack of information on the numbers and actual role of social workers employed within the Ministry of Social Affairs and specific details of departmental responsibility.

- There is an ongoing concern as to the skills and abilities of 'social workers' to implement the standard operating procedures for child protection case management issued in 2015.

3. Methodology

Desk review

A literature search was carried out using the search engines Web of Science, Google Scholar, and Google as well as the websites of such organizations as UNICEF and the Better Care Network. In addition, source documents in Arabic and English were provided by key informants from the SOS National Association in Lebanon.

The literature was reviewed by assessing the relevance of information to key research questions in order to examine all relevant aspects of child protection and alternative care systems including relevant actions of prevention, care placement, reunification and leaving care.

Interviews with key informants

A short interview was conducted with team members of the SOS National Association in Lebanon in order to gain additional information and/or confirm information that had been gathered during the desk review

Limitations and notes

The information in this report has been drawn from documents that could be sourced in English and Arabic. Although a comprehensive search was conducted to find these documents, complimented by reports and other information provided by national teams, it is not possible to guarantee that all relevant published data has been found.

Translating Arabic into English, as well as reading reports produced in English, revealed the challenge that different authors have used differing terminology for the same topics. For example, different reports use variations for the names of government departments, national programmes and forms of alternative care. Furthermore, information sourced in documents has in some instances, proven to be contradictory in nature.

This report does not include an assessment of children placed in 'boarding' schools although it is acknowledged by the author that she would consider these to be residential institutions as defined in the report 'European Expert Group on the Transition from Institutional to Community-based Care: Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe' issued November 2012.

The author of this literature review would particularly like to acknowledge the two documents in particular that were sourced for this study: the Child Frontiers scoping study of alternative care in Lebanon published in 2017, and the joint report between the Ministry of Social Affairs, Child Frontiers and Université Saint-Joseph published in 2012.

4. Context

4.1 Geography

Figure 1. Map of Lebanon[24]

Lebanon, officially known as the Lebanese Republic, is located on a strip of land bordering the eastern shore of the Mediterranean Sea and has total land area is 10,230 Km2 (3,950 sq. miles).

Despite its small size, the country has developed a well-known culture and has been highly influential in the Arab world, powered by its large diaspora. [25] The capital is Beirut.

Population

The Lebanese population are predominantly Arab. Arabic is the official language, although smaller proportions of the population are Armenian- or Kurdish-speaking and French and English are also spoken.[26]

In 2019, the population of Lebanon was estimated to be 5.09 million.[27] This includes a significant percentage of the population that are refugees. Almost ten years since the onset of the Syrian crisis, Lebanon remains at the forefront of the humanitarian crisis in Syria. Lebanon continues to host the largest refugee population per capita in the world, with a 2019 estimate of 1.5 million Syrian[28] refugees (of whom 914,648 were registered with UNHCR at the end of 2019 of which more than half were children[29]). There are a further estimated 180,000 Palestinian refugees in Lebanon, and 28,800 Palestinian refugees from Syria.[30]

According to UNICEF estimations,[31] in 2017, approximately 630,000 Syrian refugee children, 470,000 Lebanese children, and 120,000 Palestine refugee children had been affected by the Syrian crisis. Refugee children are in need of improved access to basic services including those of education, health care, water and sanitation, protection and inclusion (please see Figure 2.).

December 2016:
over 1 million Syrian refugees in Lebanon
52.5 % are women and girls, over half of those displaced are under the age of 18.
52.5%   <18
Source: UNHCR in Lebanon

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[25] L24
[26] Sourced at: https://www.britannica.com/place/Lebanon/Climate#ref279109
[27] L24
[28] L18
[29] L20
[30] L24
[31] L16

Figure 2. Syrian refugees in Lebanon by sex as of 2016[32]

The protracted refugee presence has remained a primary issue impacting political and public discourse in Lebanon, with references regularly being made to the effect on the economy, unemployment, access to basic services and the absence of social safety nets.[33]

Refugee access to basic rights remains severely restricted. They are regarded as foreigners and effectively excluded from most civil and socio-economic rights.[34] The great majority of refugees live under harsh living conditions with high poverty rates, inadequate infrastructure and housing conditions, and limited access to quality services and social protection, in addition to being subject to discriminatory laws and regulations.

A 2019 Vulnerability Assessment of Syrian Refugees [35] confirmed that poverty among the refugee population increased, with 73% of the Syrians found to be living below the poverty line, and 55% living in extreme poverty. Debts have also increased and shelter conditions worsened in an environment where income-generating possibilities have become scarce and the cost of living continues to rise. Refugees of other nationalities have remained in a similarly precarious situation.

Economy

In 2017, the estimated gross national income (GNI) per capita was $ 8,400. [36]Lebanon is considered to be "upper middle income" according to the World Bank country classification. In 2017, Lebanon ranked 80th out of 189 countries on the human development index. [37] At that time, there were an estimated 3.2 million people in Lebanon considered as being vulnerable, which was more than half of the population living on the country. [38] The influx of refugees is reported to have had a detrimental impact on the State's economic position with a strain on provision of social welfare services.

Religion

A distinctive feature of Lebanon's social structure is its varied religious composition. Since the 7th century, Lebanon has served as a refuge for persecuted Christian and Muslim groups. As religion and government in Lebanon are deeply and formally intertwined, the relative proportions of the country's religious communities is a highly sensitive matter. The two largest religious groups are the Shi'i Muslims and the Sunni Muslims, each comprising more than one-fourth of the population. Maronites, a Roman Catholic Eastern rite group that originated in the region, make up more than one-fifth of the population. A number of other Christian communities are also present, including the Greek Orthodox and the Greek Catholics. The Druze constitute a small percentage of the population but reportedly play an influential role in Lebanese society. [39]

Education

The amended Law 686 (August 2011) increased the age of compulsory education from 12 to 15 years (to grade 9). [40] Even though public schools are accessible in all areas of Lebanon, and the Ministry of Education and Higher Education is trying to improve the quality of teaching and learning, there is however, considerable dissatisfaction with the quality of public education and many Lebanese parents are choosing to use private schools for their children – including boarding schools. As a result, the percentage of Lebanese children enrolled in public schools continues to fall.[41]

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[32] L11
[33] L18
[34] L18
[35] ibid.
[36] L24
[37] ibid.
[38] ibid.
[39] Sourced at: https://www.britannica.com/place/Lebanon/Climate#ref279109
[40] L19
[41] ibid.

A strategic plan, 'Reaching All Children with Education in Lebanon' was adopted with the aim of ensuring vulnerable school aged children (3-18 years) affected by the Syrian crisis would be able to access quality formal and non-formal learning opportunities in safe and protective environments. However, despite best efforts of the Ministry and partners, the overall enrolment of Syrian refugee children in particular, has remained very low amongst registered refugees with only 25% of primary school-aged children and less for the secondary level during the period 2014-2015 for example. [42]

Health

Life expectancy is 79 years and infant mortality is 8.9 per 1,000 live births.[43]
Mortality related to non-communicable diseases is 404.4 deaths per 100,000 individuals, with an estimate of 45% due to cardiovascular diseases, making them the leading cause of death in Lebanon.[44]

A report published by UNICEF in 2015,[45] highlighted the severe consequences of inadequate assistance levels for children with disabilities, the challenges faced in accessing services, and the isolation and stigma they experience. The authors also called to account the difficulty in sourcing adequate information on specific needs for children with disabilities in Lebanon. They also noted how Lebanon had not yet enforced Law 220 (2002) for special needs.

[42] ibid.
[43] Sourced at: https://www.worldometers.info/world-population/lebanon-population/
[44] Sourced at: WHO Lebanon 2014 https://www.who.int/nmh/countries/lbn_en.pdf
[45] L19

5.   Child protection concerns and reasons children are at risk of entering alternative in Lebanon

The United Nations General Assembly Resolution (2019) 'Promotion and protection of the rights of children' and the UN Guidelines identify the importance of collating information documenting protection and other risks children face that can lead to loss of parental care and placement in alternative care. Gathering this information provides evidence that can inform actions that prevent family separation, provide access to programmes and services that prevent violence against children and, when necessary, provide suitable care options for the temporary care of children when needed.

Furthermore, it is well recognized that violence in childhood 'can have negative lasting impacts on health and wellbeing.'[46]   Therefore, national child protection systems should, 'prevent, respond to, and resolve the abuse, neglect, exploitation and violence experienced by children'[47].   To do this, such systems should provide violence prevention and mitigation programmes which can avert separation of children from parental care. In this respect, differing international conventions and treaties, including the newly adopted 2019 UNGA Resolution on the 'Promotion and protection of the rights of children'[48], are very clear that all forms of violence against children in all settings are condemned and must be addressed. The resolution urge States,

> to strengthen efforts to prevent and protect children from all such violence through a comprehensive, gender-responsive and age-appropriate approach and to develop an inclusive multifaceted and systematic framework, which is integrated into national planning processes, to respond effectively to violence against children and to provide for safe and child-sensitive counselling, complaint and reporting mechanisms and safeguards for the rights of affected children.

It is recognized that children are often victims of multiple forms of violence, which compound their vulnerability, and risk of family separation. The information below therefore, provides a snap shot of a range of protection and other risks that may lead to placement in alternative care in Lebanon.

Violence and neglect

A study published in 2018,[49] provided information gathered from 521 Lebanese and refugee children and young people. These children and young people identified high levels of concern regarding their own protection which included risks of emotional abuse and physical and sexual violence. The magnitude to which these young people perceived these risks is illustrated in Figure 3.[50]

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[46] Kumar, A.K., Stern, V., Subrahmanian, R., Sherr, L., Burton, P., Guerra, N., Muggah, R., Samms-Vaughan, M., Watts, C., & Mehta, S.K. (2017) Ending violence in childhood: a global imperative. Psychology, *Health & Medicine*, Vol. 22 (S1)
[47] Pells, K. (2012) Risky lives': risk and protection for children growing up in poverty. *Development in Practice* Vol.22 (4) pp.562-673
[48] United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395
[49] L15
[50] L15
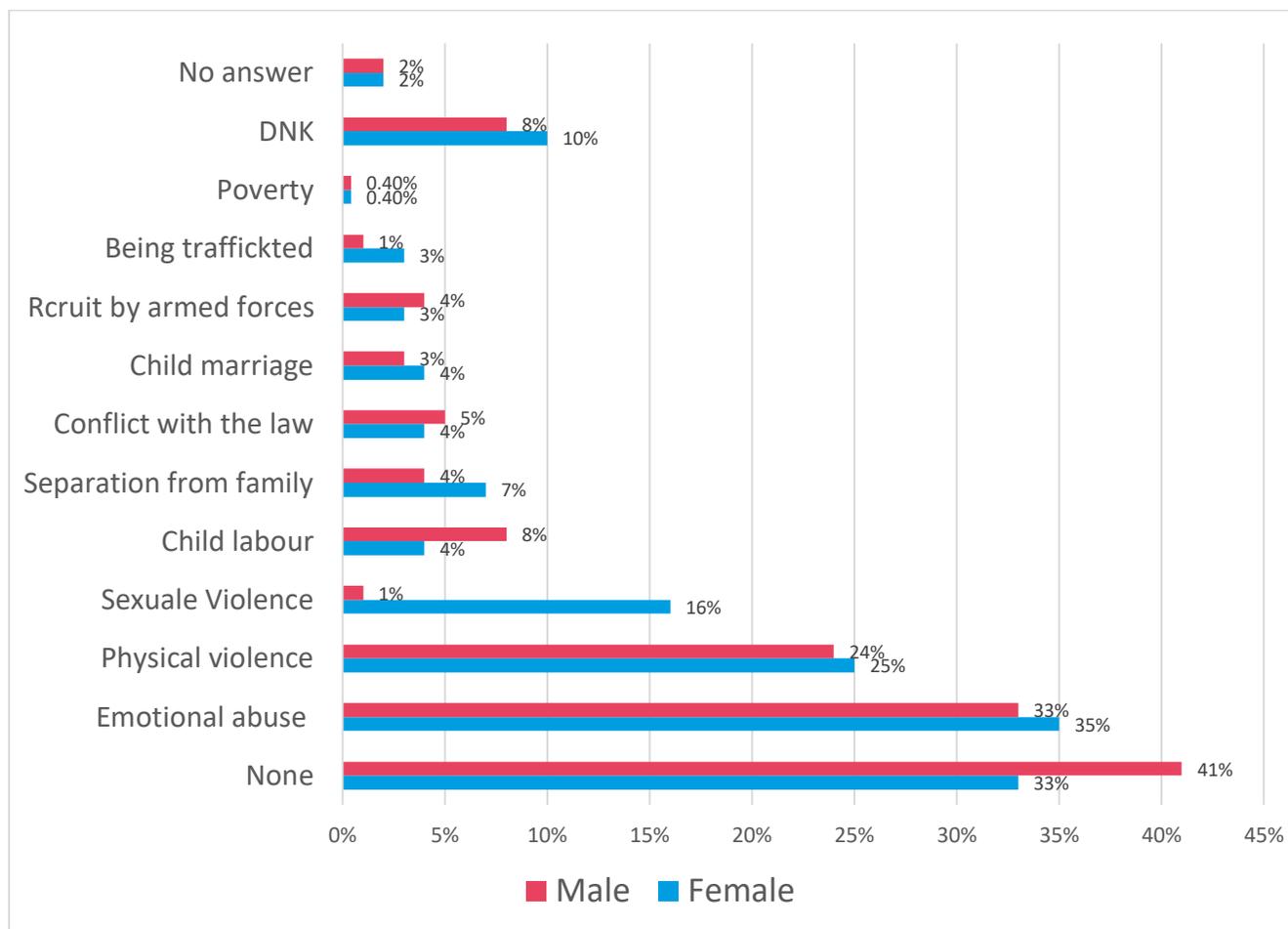
Figure 3. Main risks mentioned by girls and boys (sample size: 521) (2019)[51]

Respondents felt to be at higher risk when out in the wider community (64%), and for refugee children this was particularly outside camps. They felt to be at lesser risk coming from within the family (9%), at work (9%) and at school (5%). Physical violence was mentioned as a concern by 25% of the girls and 24% of boys, with 16% of girls identifying themselves to be at a higher risk to sexual violence than boys (1%). Almost half (49%) of respondents thought incidents of sexual violence, including rape, would be reported, although this was predominantly (58%) children and young people of Lebanese descent. However, 27% of respondents, particularly older adolescents and boys, believed that survivors would not tell anyone and would rather keep it to themselves. In terms of reporting any form of abuse, only 14% of respondents said they go to a law enforcement body. A total of 80% who would report, said they would seek help from parents or another family member, especially mothers and 16% said a friend. [52]

A study conducted in 2017[53] with children and young people of Lebanese descent, found the three highest concerns of boys to be physical and sexual harassment (34%), exploitation (29%) and basic needs not being met (28%). A total of 18% also cited abandonment by parents or caregivers. Girls identified physical and sexual harassment (44%), verbal harassment (34%) and exploitation (30%). More girls than boys perceived themselves to be at risk of sexual violence in the home.[54]

A UNICEF study published in 2012,[55] found 82% of children aged 2-14 years old had been subjected to at least one form of psychological or physical punishment by their primary caregiver or another household member. A total

[51] ibid.
[52] ibid.
[53] L16
[54] L16
[55] L7

of 13% of children had been subjected to severe physical punishment.[56] It was also recognized how the data in the report might not have reflected the true magnitude of protection risks in part due to the lack of national data as well as the practice of families and communities hiding abuse and exploitation. These concerns were reiterated in a further report of 2018[57], which also noted high incidences of physical violence at home, in schools and in the broader community.

Abandonment and orphans

Unlike literature for other countries, there was very little information in the literature sourced for this study, on children who have been abandoned or orphaned in Lebanon. One study[58] did report that in 2009, a total of 2.8% of children aged 0 - 17 years had lost one or both parents, while less than 1% live with non-biological parents[59]. It has also been noted that Article 500. in the Penal Code refers to punishment for the abandonment of a child under the age of 8 years old, whether temporary or permanent, and including if for financial benefit.

There has also been very little information found about the process to be undertaken when an abandoned child is found.

Children born out of wedlock

Stigma surrounding women who give birth out of wedlock around has been identified as the reason some children are left in maternity wards of hospitals, or taken to residential care centres. [60]

Loss of family unity

Children are at risk of losing parental care due to circumstances impacting family unity. Marital breakdown leading to custody battles has been recognized as one way child protection referrals and placement into care are being activated. [61] (more information on this process can be found later in this study). Loss of a parent due to death, especially if the father dies, is also leading to placement of children in care. In addition, some children are relinquished due to remarriage and rejection of children by the new spouse.

Poverty

As will be seen in greater detail later in this study, poverty has been identified[62] as a principle factor directly related to children being placed in residential care. A report published in 2018,[63] found household income and limited access to basic services was resulting in increased levels of stress within households and negatively impacting parents' ability to provide adequate care, protection and support for their children. It is believed that this loss of coping mechanisms is contributing to heightened risk of violence, abuse, exploitation and neglect of children and contributing to increased cases of children participating in the worst forms of labour, and of child marriage.

Child Labour:

In 2019, a report issued by the US Department of Labour[64] found child labour in Lebanon to be on the increase with the situation having worsened since 2011 following the influx of Syrian refugees and a national economic crisis. Child labour is particularly prevalent in Syrian, Palestinian and Iraqi refugee communities.

Results of a study published in 2018, [65] conducted with 521 children aged between 12 and 17 years old, found that 33% of respondents were working. More children of Syria descent were working (41%) than those from Lebanon

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[56] ibid.
[57] L4
[58] L7
[59] ibid.
[60] L1
[61] ibid.
[62] L1
[63] L4
[64] L20
[65] L15

(21%). One third of working adolescents said they had entered the labour markets before the age of 12 years old. Of particular note was the high number of Syrian children working in agriculture in the Baalback Valley. A principle reason child gave for engaging in work was their wish to help supplement their family's income and meet basic needs as a result of high unemployment of caregivers, absence of breadwinners in the family. Lack of documentation of adult family members was also pushing children out to work. Details of the 521 children and young people that participated in the survey and their entrance into the labour market can be found in Figure 4.
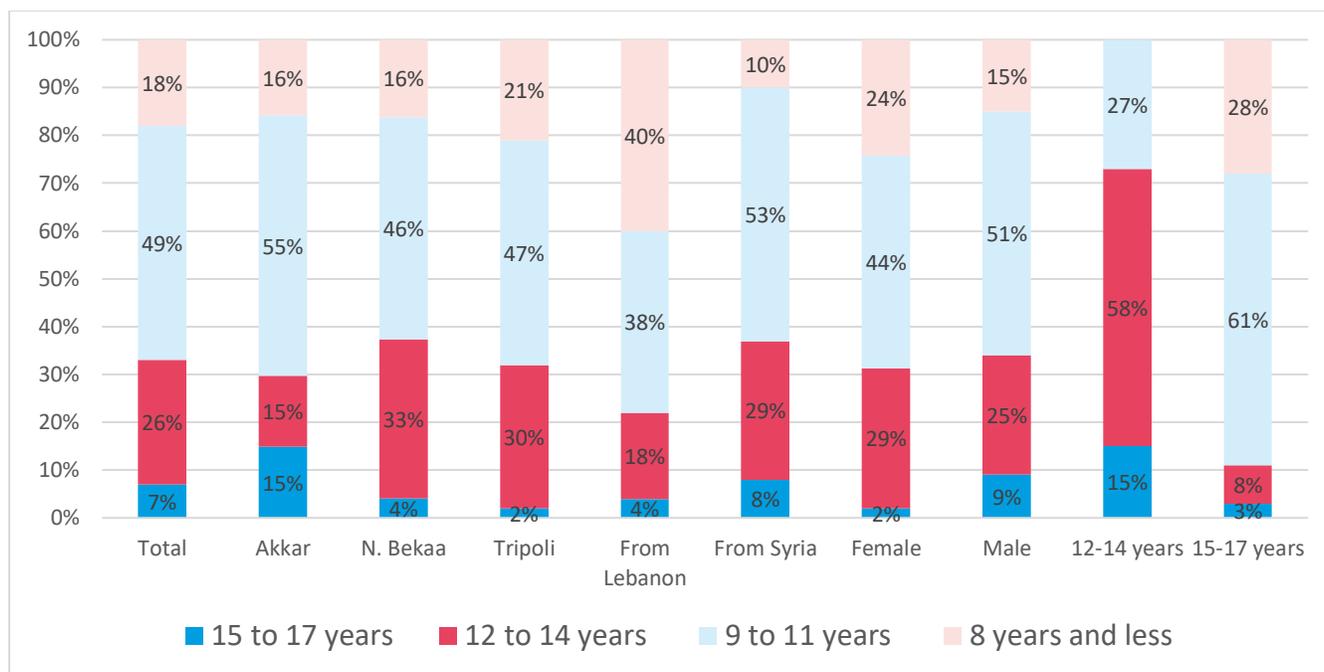
Figure 4. Age of entering the labour market according to region, nationality[66], sex and age (2018)

In 2017, UNICEF conducted a study[67] that included a questionnaire administered with 7,000 households, focus group discussions and interviews. Findings indicated that, of the Lebanese children included in the survey, 5% of those aged 5-11 years old were engaged in economic activity. This rose to 6% of children between 12 and 14 years, and 11% of those aged 15-17 years. There were twice as many boys as girls engaged in work.

The UNICEF report[68] also explained how 4% of Syrian refugee households had children who were working in order to help supplement the family income. Most children were engaged in agricultural activities (25%), working in services (26%) and shops (22%). On average Palestine, refugee children were working 26 hours per week.

Street connected children

In 2015, the ILO reported[69] that 1,510 children were living and/or working on the streets in Lebanon. Those engaged in work were predominantly begging or selling things. As can be seen in Figure 5. almost two-thirds (71%) of street connected children were Syrian.

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[66] L15
[67] L16
[68] L16
[69] L17
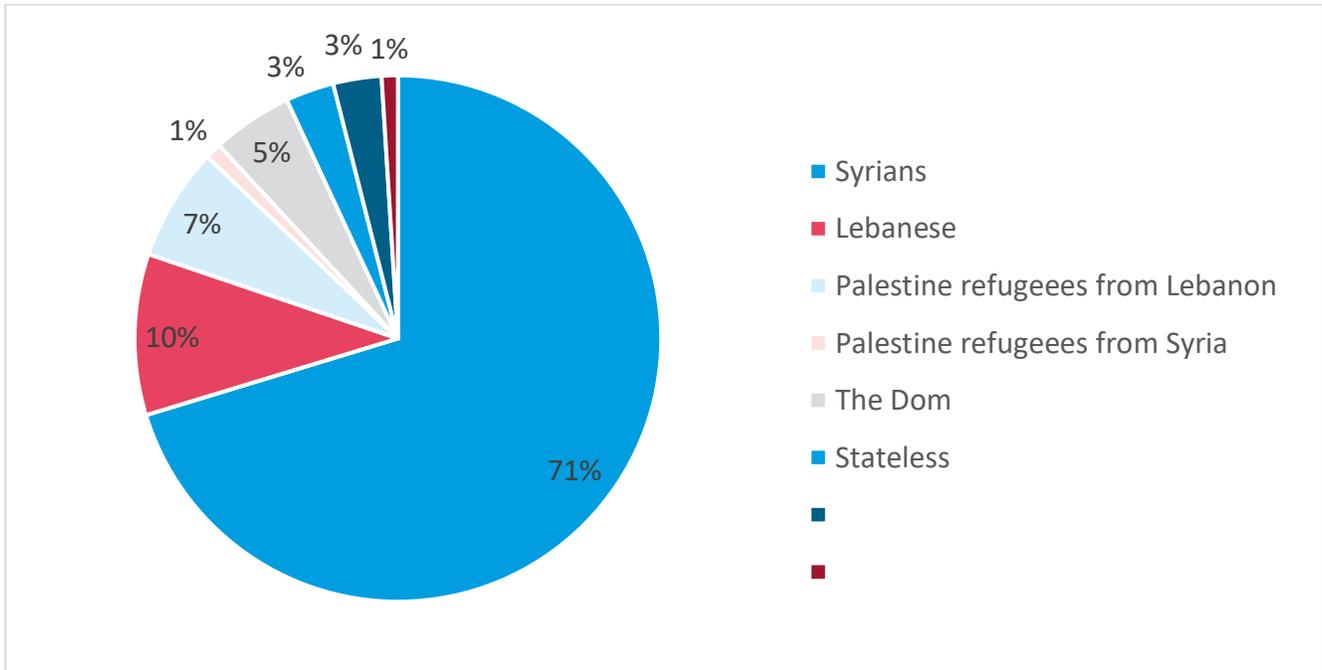
Figure 5. Street connected children by origin (2015)[70]

The study[71] also found that 91% of street connected children remained living with their families, including with extended family. Of the children not living with family members (described in the report as 'strangers'), 31% had no contact with their family. Some children were living alone and some were homeless. Of those not living with their immediate family, 56% had not remained in contact. Of these who are in contact, 10% only, contact their family on a weekly basis, 20% on a monthly basis, and 13% rarely.

In a further report published in 2018, [72] children working on the streets spoke about risks and risky behavior, which included drinking alcohol and taking drugs. They were also at higher risk of being recruited into criminal gangs, and of coming into contact with the law.

Child marriage

A study published in 2018[73] included information gathered from 521 Lebanese and Syrian children aged between 12 and 17 years old. Of these children, 25 said they were married (21 girls and 4 boys) and 20 were engaged to be married (15 girls and 5 boys). Findings also revealed the average age of marriage in the group was 16 years old, although Syrian girls were more likely to get married at an earlier age. Approximately 35% of respondents said their marriage had been an arranged one. In some instances, it was believed this was a tradition to uphold a girls' honor whilst others said it helped relieve some of the financial burden on their families. Some girls were reported to have been 'forced' to marry early and 60% of married girls had had their first child before the age of 18 years. Figure 6. below provides more information provided by the 521 children.[74]

[70] L17
[71] ibid.
[72] L15
[73] ibid.
[74] K15
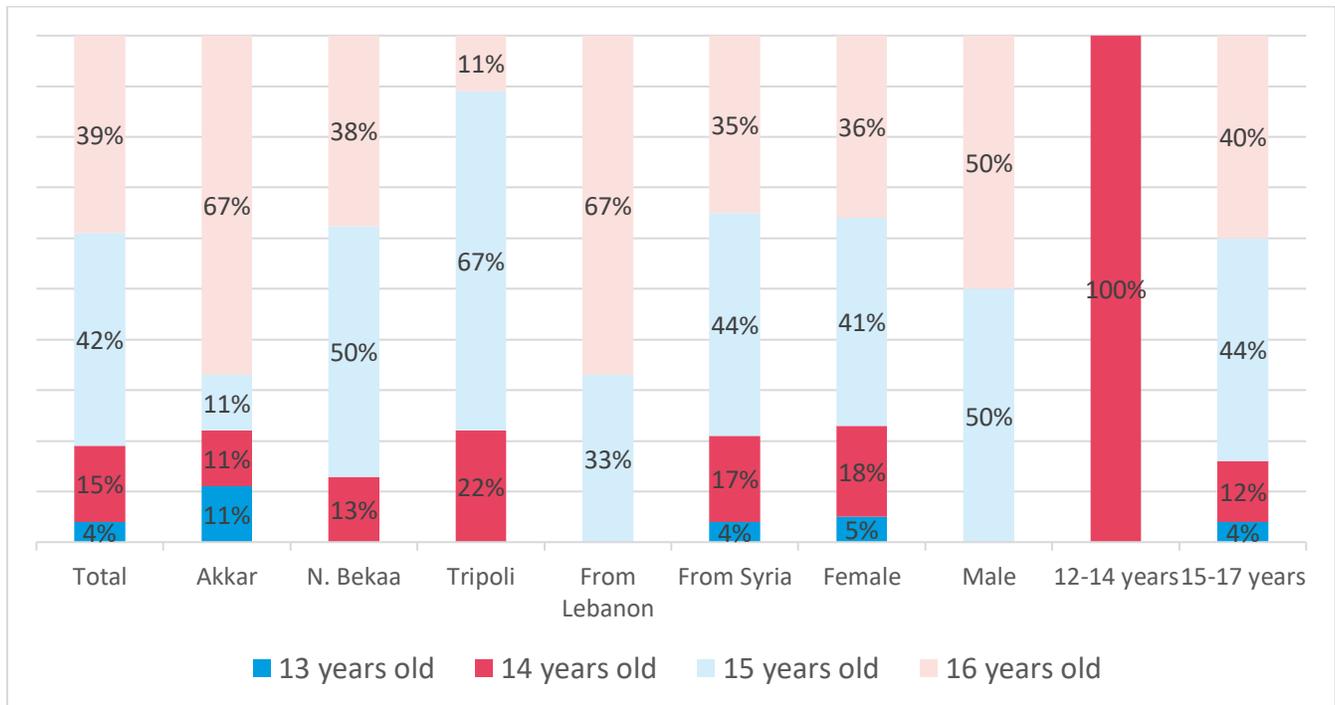
Figure 6. Age at marriage according to region, nationality, sex and age (reported 2018)[75]

[76]A further study published by UNICEF in 2017, [77] found child marriage among the Lebanese population was gradually decreasing with 1% marrying at the age of 15 years and 6% aged 18 years. The report did note however, that among refugees from Syria, child marriage was seen to be a common coping mechanism meant to 'protect girls and better secure their future when faced with general insecurity, poverty, absence of male family members and uncertainty'. [78] UNICEF drew on data from a UNFPA study, which showed 24% of Syrian girls aged 15 and 17 years living in the Bekaa valley were married, while 35% of women aged between 20 and 24 reported to have been married before 18 years old.

FGM

A search has not revealed any data on FGM but there are indications that prevalence is extremely low with some suggestions it does not happen in Lebanon.

Disability

Children with disabilities may be especially vulnerable to a lack of access to services, as few mainstream public schools will accept them in Lebanon. [79] Children with disabilities also experience high levels of stigma and discrimination. This wrote the Committee on the Rights of the Child in 2017, is resulting in alarmingly high levels of institutionalization of children with disabilities.

Participation in armed forces

Some children remain susceptible to recruitment into armed forces including pressure from family and community members, the need to earn money, or for reasons of family status and/or protection. Some also feel it is their moral

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[75] L15
[76] L16
[77] ibid.
[78] ibid.
[79] L1

duty to protect their community.[80] This involvement in armed violence has been recognized as a common feature continuing ever since the county's civil wars between 1975 and 1990. There is also an indication that children from Palestinian refugee camps are particularly at risk of involvement.[81]

Lack of access to quality education

A study published in 2017 [82] acknowledged the lack of access to quality education to be a reason child placed in alternative care. Although public education is free, there are some costs as for example, for books, uniforms and transportation which parents struggle to pay. In addition, there is a common perception that public education is of poor quality. Parents are therefore, placing their children in boarding schools and other residential care settings where they believe the standard of education is higher. However, the study in 2017[83] found the quality of education was not necessarily better in residential settings and indeed, some facilities were not even registered with the Ministry of Education to offer education. This was also creating a further challenge when children leave care as most often the level of education they had received did not allow them to re-enter public schools if they left the residential setting.

Children from refugee communities

Reports indicate children within refugee populations in Lebanon to be at heightened risk to a range of protection concerns. This may be exacerbated as Palestinian and Syrian refugee children are not entitled to access much of the national child protection or social welfare system.

In 2015, UNICEF wrote[84] about the deteriorating security situation in Lebanon combined with poor household livelihoods and negative coping mechanisms resulting in child labour and association with armed groups among the refugee child population. A study in 2017,[85] also noted how poverty was diminishing family coping mechanisms amongst the refugee population and high levels of stress in households, and lack of access to quality education (48% of 6 to 14-year olds were not attending school), were major issues.

A UNICEF report of 2016[86], confirmed high levels of violence against children in refugee populations, suggesting that 82% of Palestinian refugee children and 65% of Syrian refugee children had been subject to one form of psychological or physical punishment by household members in the previous month, compared with 57% of Lebanese children.

In 2014, a report issued by UNFPA[87] specifically on the protection of refugee young people in Lebanon found sexual harassment and sexual exploitation and abuse to be widespread. This abuse was reportedly being perpetrated by aid workers, Lebanese and Syrian coordinators of informal tented settlements, employers at work, and public transport drivers. The latter requesting sexual favours in exchange for money. To avoid such harassment, many females were choosing to walk long distances rather than take public transport, or to restrict their movements altogether. Discord and tension within the family were also concerns raised by young people (62% of those surveyed). Once again, reasons contributing to this familial discontent included stress related to lack of household income, loss of employment, crowded living conditions and lack of privacy. A further factor was loss of social support networks the families would have had back in their original communities. Overall, instability and precarious living conditions in Lebanon was recognized as exacerbating physical, sexual and verbal violence in interpersonal relations.[88]

As reported earlier in this study, child refugees are also resorting to child labour and street connected activities including begging, and living on the streets, which further increases their risk of being placed in care. [89]

In January 2019, the Inter Agency Coordination Group in Lebanon published a report of vulnerabilities facing Syrian refugees in Lebanon with some of the findings represented in Figure 7.

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[80] L16
[81] ibid.
[82] L1
[83] ibid.
[84] L19
[85] L1
[86] L21
[87] L6
[88] ibid.
[89] L1

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| 1) 91.9% of all displaced Syrian families at protection risk |
| 2) 90% of displaced Syrian households having some level of food insecurity |
| 3) 87% of displaced Syrian hoseholds which required primary health care services accessed these services |
| 4) 69% of Syrians living in poverty |
| 5) 73% of displaced Syrians do not have residency |
| 6) 68% of Syrian household have at least one working member |
| 7) 34% non permanent, non residential structures |
| 8) 36% of Syrians children are out of school |
| 9) 42% Syrian, percieve Syr-Leb relations as positive |

Figure 7. Vulnerability of Syrian refugees in Lebanon (published 2019)[90]

A study published in 2019 [91] by the Inter Agency Working Group identified a range of issues specifically placing Syrian refugee children in vulnerable circumstances. This included 79% of displaced children from Syrian families not having had their birth fully registered, although holding some form of documentation attesting to their birth. This is particularly important as having a formal birth certificate is related to legal residency in Lebanon. Furthermore, child labour, was once again recognized as a particular concern for Syrian refugee children as well as the use of violent disciplinary measures. The survey revealed 73% of children in the survey had suffered from violence, 29% of girls aged 15 to 19 years old were married, and only 68% of children aged between 6 and 14 years old were enrolled in school.

UNRWA[92] has drawn attention to vulnerability and risks within the Palestinian refugee population in the region, including those living in Lebanon. This includes issues of poverty, insufficient employment opportunities, overcrowded living conditions and violence in UNRWA managed schools. This situation is compounded by the lack of access by Palestinian refugees to social protection systems in Lebanon. Child labour, early marriage, and gender based violence (GBV) have been identified as matters of concern as well as children leaving school early.

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[90] L12
[91] ibid.
[92] L2

Unaccompanied and separated refugee and migrant children

Refugee and migrant children become separated from family care for a variety of reasons. These include cross border regulations and restriction on movement that can result in families becoming separated. Children may be sent over the border into Lebanon to work, especially Syrian children being sent to work in the agricultural sector in the Bekaa valley for example. Lebanon may also be a place of transit for children seeking refuge or employment in a third country. Children have also have been sent into Lebanon to live with relatives but for some reason this offer of care did not materialize upon arrival.[93]

It has not been possible to find recent numbers of unaccompanied children in Lebanon, a situation also recorded in another recent report on refugee children.

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[93] L4

6. Prevention

The United Nations General Assembly resolution[94] on the 'Promotion and Protection of the Rights of the Child' recognizes the importance of children being raised in a 'family environment'. Furthermore, the resolution calls on the State to offer families all the support necessary whilst expressing concern,

> that millions of children worldwide continue to grow up deprived of parental care, separated from their families for many reasons, including but not limited to poverty, discrimination, violence, abuse, neglect, trafficking in persons, humanitarian emergencies, armed conflict, natural disaster, climate change, migration, death or illness of a parent and lack of access to education, health and other family-support services

The Resolution also recognizes that,

> financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from the care of his or her parents or primary caregivers and legal guardians, for receiving a child into alternative care or for preventing his or her reintegration, but should be seen as a signal for the need to provide appropriate support to their family, benefiting the child directly.

In this respect, it is incumbent on States to invest in combatting the multi-faceted factors that can lead to loss of parental care and making certain that everything possible is done to maintain children with their families in a safe and caring environment. This requires addressing issues of material poverty and lack of access to basic services, including social security, health and education, housing and employment. It also means combatting the discrimination and marginalization that families face on the basis of ethnicity, gender, disability and birth status. If these factors are not recognized and tackled, many children will enter the alternative care system unnecessarily. This approach is grounded not only in the fundamental spirit of the CRC but also in many specific CRC provisions, such as a right to health (Article 24), education (Article 28), support for the role of parents (Article 18), conditions for separating a child from parents (Article 9), right to social security (Article 25) and protection from discrimination (Article 2).

The author of this study acknowledges the need for this wide ranging multi-sectoral approach however, the topic of prevention, could in itself, necessitate an entire report on the different social welfare, education, health and other sector programmes needed, developed and implemented across Lebanon. However, as the literature search for this report was specifically focused on the child protection and alternative care system. It is to be noted therefore, that whilst there are many relevant programmes being delivered in Lebanon by other sectors, this study has only taken into consideration the literature relevant to the particular research remit.

It is understood that in part, due to the established reliance on, and normalcy of, use of residential care in Lebanon, there are very few agencies working on family support and assistance to address the root causes that perpetuate family separation and enable children to remain with their parents.[95]

The literature review for this study has however, revealed a few reports containing examples of programmes with a focus on family support and unity. Before briefly describing a few of these initiatives, it is important to acknowledge the specificities of the context of Lebanon where the social welfare system, access to education and other support services depends on nationality. In the main this means access to services offered by -a struggling - State system is in the main only for Lebanese citizens. Support for Syrian refugees is mainly provided and/or supplemented by UNHCR and other non-governmental agencies whilst provision for Palestinians comes from UNRWA.

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[94] United Nations General Assembly Resolution 'Promotion and Protection of the Rights of the Child', December 2019 'A/74/395
[95] L7

A study in 2017,[96] explained how the child protection and care system in Lebanon is primarily reactive rather than preventative. In this sense, interventions do not sufficiently address the underlying causality of violence, including the social norms that 'tolerate'[97] such attitudes as violence as a punishment, or gender-based violence. Where prevention efforts are being made, there are reportedly 'patchy' with more efforts needed to prevent children entering alternative care.[98]

One example of work to support vulnerable children is provision by the Ministry of Social Affairs of Social Development Centres situated across the country and providing a range of support services for local children and families. There are also reports of day centres run by NGOs on behalf of the Ministry of Social Development. A report in 2012 identified the specific goal of these centres is to 'maintain children within their families rather than being sent to residential facilities.'[99]

The aforementioned study of 2017[100] also highlighted a small number of examples of promising practice. These included the use of child protection case management, which, although reported to be fragmented, is now being used by some agencies to identify and support outreach work with families to try prevent separation. The use of kafala in order to support children within their own family is also acknowledged. The Sunni NGO El Hayaa El Islamia lal Riaya is specifically mentioned as an example of having reached 3,000 children through this scheme. The study[101] also highlights the work of the Shia NGO Mabarrat, an organization offering financial support to families in order to prevent entry into residential care. Furthermore, national NGOs such as AFEL and Himaya, both agencies that work in partnership with the Ministry of Social Affairs, are recognized as working to respond to and prevent child abuse with an aim of preventing entry into care. Interventions include awareness raising campaigns, intensive work with families, and parenting programmes. Some organisations have ceased their provision of residential care completely and are focusing efforts on family support projects. Two NGOs are mentioned in particular: Himaya and the Imam Sadr Foundation.[102]

Respondents in a survey on child protection published in 2012[103], were asked to identify the degree to which they thought programmes and projects focused on prevention and response. As seen in Figure 8. respondents thought 66% of programming primarily delivered prevention services. However, it was also noted that respondents classified the provision of residential care as a prevention mechanism because they perceived this to be a way of mitigating potential future risk to a child.

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[96] L1
[97] ibid.
[98] ibid.
[99] L7
[100] L1
[101] L7
[102] L1
[103] L7
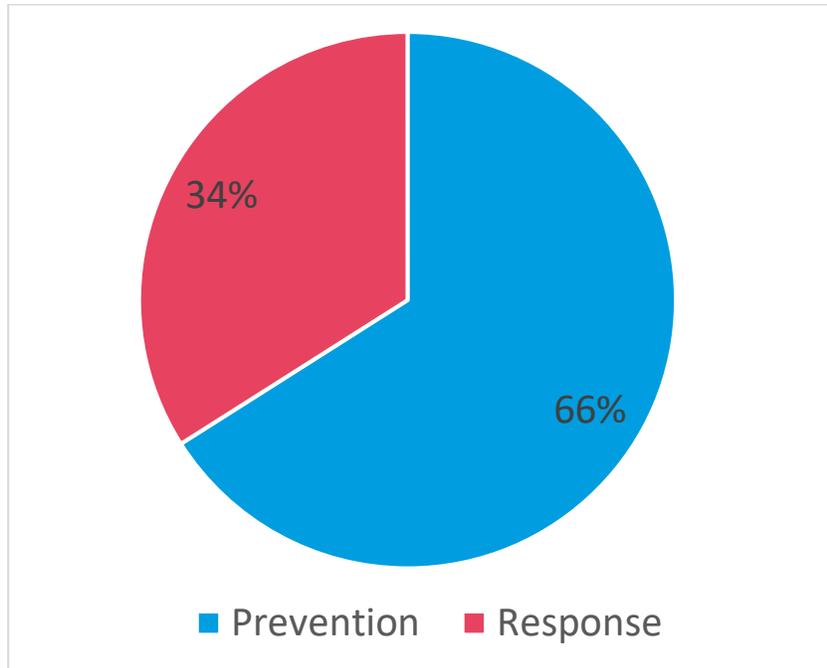
Figure 8. Respondent perceptions on focus of child protection services (published 2012)[104]

Although as mentioned earlier in this study, other policies, programmes and schemes such as those to alleviate poverty, have not been covered in this review, it is important to recognize mention of some of the projects and programmes are being implemented by government and non-governmental agencies in relation to protection. This includes a national poverty fund administered by the Ministry of Social Affairs and initiatives developed by the Ministry of Education such as those to prevent violence in schools and adopting a child protection policy.

7. A national child protection system and alternative care

Alternative care should be an integral component of a national child protection system. Within the sphere of national and international programming, the desire to ensure a more comprehensive approach to the reform of national child protection systems has increased across the world. This includes working towards a multi-sectoral and holistic approach to protect children from all forms of violence and neglect. It also means shifting to a more systematic approach when building a child protection system and addressing all components simultaneously. Years of trying to fix just parts of the system has proven ineffective. It also requires a holistic view of childhood, understanding and mitigating all factors that place children at risk, and working in partnership with the State, children, families, communities, and NGOs to build a protective environment.

A child protection system is comprised of differing components as outlined in Table 1. below.

COMPONENTS OF A NATIONAL CHILD PROTECTION SYSTEM	
Normative Framework	- Legislation and Policy - Strategic Plans - Statutory Guidance - Regulations and Standards - Inspection Framework - Monitoring and Evaluation Framework
Data collection and management information systems	- Systems of rigorous quantitative and qualitative data collection and analysis upon which inform planning and programming - Data to inform monitoring and evaluation systems
Structures for system delivery, coordination and oversight	Structures at national, regional, local and community level for delivery of child protection and alternative care system: - Structures/departments of staff and resources defined and managed by Government for the functioning of protection care system and services within MOSA and other relevant government bodies - Roles and responsibilities of national and local government departments - Budget allocation and resource management to ensure all elements of the system is adequately staffed and resourced - Contracting of non-governmental agencies and services - Roles and responsibilities of national and local non-governmental/community bodies - Interaction with international bodies - Monitoring and evaluation - Coordination across governmental and non-governmental agencies and service providers i.e. social services, education, health, justice, social protection and finance - Coordination at and between national and local level - Coordination between formal and informal systems - Accountability for the development, quality, delivery and monitoring of child protection and alternative care system
Gatekeeping tools, and child protection case management	Case management tools and mechanisms including: - Early detection and early intervention plans for children at risk of family separation - Referral mechanisms and processes - Care and protection assessments for well-informed participatory decision making - Decision making, inter-sectoral case planning and individual case management and monitoring - Case monitoring and review

Continuum of protection and suitable care services	• Promotion of community-based family support services • Provision of a range of suitable family and community based alternative care options • Reintegration services • Leaving care services • Adoption services • Deinstitutionalization as per UN Guidelines as per UN Guidelines-deinstitutionalization strategy, with precise goals and objectives, which will allow for their 'progressive elimination'

Skilled workforce	• Sustainable systems of education, training and skill capacity building of social service workforce and all relevant sector workforce including access to:
	   o Higher Education and professional qualifications
	   o In-service training
	• Supervision and care of workforce
	• Optimal number of skilled workforce employed to meet needs of the children and families

Attitudes and awareness raiding - building a protective environment	• Challenges to attitudes that place children at risk and endorse institutionalization • Evidence of building on positive attitudes and actions to create a protective and caring environment for children

Table 1. Components of a national child protection system

This report aims to provide information found as a result of the desk review on each of these components as they relate to the national child protection system and alternative care provision in Lebanon.

8. The Normative Framework

In line with the Convention on the Rights of the Child, national laws, bylaws and regulations, policies and statutory guidance should guarantee children's right to protection from all forms of violence, abuse, neglect, and exploitation. It should reinforce the primary responsibility of parents for the care, protection, and development of children and obligate the State to support families to intervene if and when necessary to support and protect a child.

An effective legal framework for child protection is one that:

- Designates a government agency with clear mandate, authority, and accountability for the management, coordination, and delivery of children's services
- Stipulates a continuum of prevention, early intervention, and response services to prevent and respond to all forms of child neglect and abuse
- Sets standards, criteria, authority, and procedures for decision making in regard the best interests of the child, setting of thresholds that determine which interventions are appropriate in individual cases
- Requires that all decisions regarding compulsory protective services, the separation of a child from his/her family, and out-of-home care are made by a designated government authority and subject to judicial review
- Ensures separation of a child from parental care is a measure of last resort
- Includes a binding regulatory framework for compulsory registration, accreditation, monitoring, and inspection of all government and non-government service provider.

In this manner, the normative framework of a country comprises the legislation, regulations, decrees and statutory guidance and standards that mandate and direct the work of both government and non-governmental bodies. It is important therefore, that any organization offering support to children, has a full understanding of the provisions in the law and other statutory guidance that governs programming for child protection and alternative care.

Table 2. Lists a number of international conventions and treaties that have been ratified by the State of Lebanon.

Convention	Year ratified
International Covenant on Economic, Social and Cultural Rights	1972
International Covenant on Civil and Political Rights	1973
Arab Charter on Human Rights	1990
United Nations Convention on the Rights of the Child (UNCRC)	1991
CEDAW - Convention on the Elimination of All Forms of Discrimination against Women	1997
CAT - Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	2000
ILO Convention on the worst forms of child labour (No.182)	2001
CRC-OP-AC - Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (signed but not ratified)	2002
CRC-OP-SC - Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	2004
Convention against Transnational Organized Crime and Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children	2005
CRPD - Convention on the Rights of Persons with Disabilities (singed not ratified)	2007
CAT-OP - Optional Protocol of the Convention against Torture	2008

Table 2. International Conventions

Table 3. Lists some of the relevant laws pertaining to child protection and alternative care in Lebanon.

Legislation	Year
Penal Code 1943 with amendments	1943
Personal Status Law 1951,	1951
The Constitution of Lebanon adopted in 1926	1962
Amended Constitution of Lebanon	1990
Decree No. 5734 of 29 Sept 1994 (Regulation and Organization of Ministry of Social Affairs)	1994
Decree N° 700 (1999); Anti-Trafficking Law 164/2011 and Decree N° 8987 (anti-trafficking laws)	1999
Law 220/2000. (covering issues of disability)	2000
Law 422/2002 on the protection of delinquent minors and children at risk	2002
Law 293/2014 Protection of Women and other Family Members from Family Violence. (forms part of the legal framework for the judicial protection of children in Lebanon)	2014
Labour Law 23 September 1946, amended 2010;	1946/2010
Law 164 of 2011 on human trafficking	2011
Law No. 293 of 4/1/2014 "Law for the Protection of Women and Other Family Members from Domestic Violence	2014
Law No. 6. Protection of the child deprived of, or at risk of being deprived of, the family of origin (this law has been mentioned in a report but it has not been possible to find and verify its content)	

Table 3. National legislation

UNICEF, while recognizing how the legislation in Lebanon 'generally provides for the protection and promotion of children's rights as required by the Convention on the Rights of the Child' [105] also recognized gaps. Furthermore, in the domain of family and child welfare issues, 'religious communities' [106] are seen to be given significant autonomy in matters such as child custody, and to take decisions based on local cultural norms and practices.

The Constitution of Lebanon

The Constitution was adopted in 1926 and amended in 1990. Contained within the Constitution are principles such as respect for social justice and equality of rights and duties among all citizens, without discrimination. There is no mention of the role of family in the Constitution.

Law 422 of 2002 Protection of Minors in Conflict with the Law, or at Risk

Law 422 (2002) is the principle legislation that contains some provision for children at risk. It establishes the judicial process for dealing with violence against children and outlines the responsibilities and powers of social workers and judges in the provision of protection orders. However, as will be seen from further details below, it is primarily a juvenile justice law and not a comprehensive child protection/child rights law. The Law is divided into chapters with only one chapter specifically relevant to children at risk. There is also some confusion with this Law as it

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[105] L19
[106] L7

merges, and speaks inter-changeably about, procedures for children in conflict with the law and children at risk. In this manner, it lacks clarity in terms of articles referring to children in conflict and their applicability to children at risk.

Other concerns include the limitations within the text of the law for the protection of children identified to be at risk, as well as the reference that children need protection from physical violence only when it exceeds the limits of non-harmful discipline as permissible by custom. Furthermore, the law suggests that children who are begging, or considered to be vagrants, might be considered within the category of delinquency, especially as the Penal Code criminalizes actions associated with begging, living and working in the streets. The Law 422 offer little constructive guidance to decision makers, including judges. There is reportedly a continuing debate whether to amend this law or create a new specialized child law. [107]

Chapter 3 of Law 422 specifically mandates for children of any age that are at risk. A child is considered at risk (Article 25) if they are:
▪ Found in an environment that exposes them to exploitation or threatens their health, safety, morals, or the conditions of their upbringing
▪ Subjected to sexual assault or physical violence that exceeds the limits of what is permissible by custom, of forms of non-harmful discipline
▪ Found as a beggar or homeless - a juvenile is considered a beggar within the framework of this law if they become proficient in begging by any means, and is considered homeless if they leave their home to live in the streets, or if they do not have a home and are found in any of the situations described above

Article 26 allows the judge to take measures for children in any of these situations. Decisions should be for the child's benefit and to protect them. The judge should intervene in these cases based on the 'complaint' of the child, one of his parents, guardians, persons responsible for him, the social worker, or the Public Prosecution or based on other information. The judge should automatically intervene in cases that require urgency. The Public Prosecution or the juvenile judge should be given results of, or order, a social investigation (assessment) and listen to the child and one or both of their parents, or the legal guardian, or the persons responsible for him, before taking any measures. If there is an urgency then it is possible to take the appropriate measure before completing the aforementioned procedures. If it is appropriate before completing the aforementioned procedures, it is also possible to seek the assistance of the judicial police to investigate the case.

Articles 26 and 27. allows the judge, after hearing from one or both parents, to make a decision whether or not the child can remain in their usual 'environment' The judge can nominate a designated person or social institution to observe and provide advice and help to the primary caregivers with the upbringing of their child. This person or body has to submit periodic reports to the judge upon which they will decide whether the child can remain in their family care and whether it is necessary to 'impose' actions on behalf of service providers, such as education and health care, to provide support. This Article therefore, places emphasis on a child remaining with their parents or other primary caregiver.

The judge can also revoke or amend their decisions, and take further steps on behalf of the child in situations where the child is at risk of delinquency that may lead to a criminal offense, including cases of begging or homelessness (Article 28). Article 29. stresses the ongoing responsibility of parents, and anyone else with an obligation to support the child, even when measures have been ordered by a judge. The remainder of the Law reverts to being more specifically about children in conflict with the law. There is no mention in the law of removal of parental rights (nor in any other legislation or regulations reviewed for this study), or who has legal rights to make decisions on behalf of a child whilst in alternative care.

Figure 9. has been extracted from the Standard Operating Procedures for the Protection of Juveniles in Lebanon and provides a diagrammatic explanation of the implementation of Law 422. It illustrates how the Law contains an inter-changeable focus on children in conflict with the law and children at risk.

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[107] L7

Figure 9. Flow chart of protection measures under Law 422 (2015) [108]

Flow Chart of Protection Measures under Law 422

Child at Risk

Article 25

Child is exposed to:

1. Exploitation or threat to health, safety, morals / upbringing

2. Sexual abuse or physical violence that exceeds non- harmful disciplinary measures

3. Begging and risk on the streets

Article 26

Judge or public prosecutor must order a social enquiry, listening to views of child / parents before making a decision

With preference for maintaining a child in their home, the judge may order one of the following:

Article 26

Report filed by child, family, community or professional. Judge able to make emergency measures as necessary

Article 26 / 27

Protective Measure

Child stays at home. Judge names person or social institution to supervise, advice parents, support education

Article 26 / 27 Supervised freedom

Child stays at home. Judge imposes specific obligations e.g. child to attend school, report to health or social institution, or learn a trade

Article 13 / 27 Rehabilitation

Child detained In correctional center, receives educational or professional training

Penal Code Legislative Decree No. 340 of 1943

The Penal Code permits the use of discipline inflicted on children by their parents and teachers as sanctioned by general custom. It has not been possible to confirm whether plans to amend the relevant article have yet been undertaken. The Code prohibits criminal offences against a child including Articles 505-520 that cover heightened penalties for sexual abuse committed against a child. Article 523 criminalizes prostitution, including involvement of a child.

Article 90. allows for guardianship of a child and the ability to deprive parents or guardians of such role including if they are not worthy of that role, or they commit a crime. Article 500. refers to punishment for the abandonment of a child under the age of 8 years old, whether temporary or permanent, and including if for financial benefit.

Law 164 of 2011 on human trafficking

Law 164 on human trafficking introduces the situation of 'exploitation' into Lebanese legislation with severe penalties for those who force children to participate in the following acts:

- breaking the law
- prostitution
- sexual exploitation
- begging
- slavery, or similar practices
- forced labour
- engagement in armed conflicts or terrorist acts
- organ removal

There are reports that the Ministry of Social Affairs has released a **National Strategic Plan for the Protection of Women and Children 2020-2027.** However, despite efforts to find this Plan, including those undertaken by the SOS office in Lebanon, it has not been possible to find a copy.

Furthermore, a **National Strategic Plan of the Ministry of Social Affairs on Child Protection and Gender Based Violence**, has been referred to in a report[109] as defining the main strategies of the Ministry in the prevention and response to child protection violations and gender-based violence. However, it has not been possible to source a copy of this Plan either.

The Standard Operating Procedures for the Protection of Juveniles in Lebanon

These Procedures are set out over 132 pages and explain procedures and methodology in line with Law 422/2002 for the Protection of Juveniles in Conflict with the Law and/or at Risk in Lebanon. They are relevant for all professionals working on the protection of children in Lebanon to follow and unifies the processes and tools used to manage child protection cases. The Procedures include:

- Standardized protocols for foreseeing and identifying and assessing risk, and evaluating measures implemented
- A standardized methodology for case management with operational and practical tools that ensure accuracy in decision making
- Training for professionals working with children and families to raise awareness of the scope of Law 422 (2002), ensure the sustainability and quality of the child protection mechanism at the local level, to better adhere to procedures, to determine the nature of the identified risk, and to address risks as per the Law 422.

The Procedures are very comprehensive starting with an explanation of types and levels of protection risks. They also state that protection of children is a collective responsibility that rests primarily on each of the following:

- Parents/family/guardians as having primary responsibility for the child
- The community that provides help, assistance and support for the parents/guardians to carry out their responsibilities

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[109] L4

- The State that provides the necessary services for all families/guardians and has the authority to resort to exceptional and limited measures to fill any gap caused by the absence or inability of the parents/family/guardians to ensure the safety and development of the juvenile.[110]

Further information regarding the Standing Operating Procedures can be found later in this document in Section 11.

Conclusions drawn from a review of the normative framework for child protection in 2012[111] highlighted the need for further strategic guidance to be developed, alongside protocols and procedures, that would assist in appropriate decision making and the types of intervention that would be most applicable.

Also of note are the different laws applicable to different religions. For example, there is different personal status legislation for Christians, which allows for adoption that is not applicable in laws for other religions communities although, the Penal Code (Article 500) does prohibit any adoption if there is any financial transaction involved.

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[110] L22
[111] L7

9. Data collection and management information systems

The UN Guidelines for the Alternative Care of Children[112] advise that,

> It is a responsibility of the State or appropriate level of government to ensure the development and implementation of coordinated policies regarding formal and informal care for all children who are without parental care. Such policies should be based on sound information and statistical data. They should define a process for determining who has responsibility for a child, taking into account the role of the child's parents or principal caregivers in his/her protection, care and development. Presumptive responsibility, unless shown to be otherwise, is with the child's parents or principal caregivers.

The necessity of accurate and systematic data collection for information on characteristics and trends of child protection and alternative child care is crucial for the development and application of appropriate and evidence-based policy and practice.[113]

A study in 2017, noted the difficulties of inter-ministerial coordination, which was contributing to a lack of 'robust information and statistics about the situation of children.'[114]   Lebanon has a Central Administration of Statistics under the Office of the Prime Minister. This Administration has published a number of documents containing data relating to child rights and uses DevInfo although this is not regularly updated and it reportedly cannot be accessed by those that would benefit as for instance, the Higher Council for Childhood or the Ministry of Social Affairs[115]. In addition, UNICEF has been supported the implementation of the Multiple Indicator Cluster Survey in 2000 and 2009.

During the research for this study, no evidence was found of systematic collection and analysis, or use of a central database, providing information on the children in alternative care, including numbers, reasons for placement or indeed any other quantitative or qualitative information.

In the fourth and fifth periodic reports of the State of Lebanon submitted to the Committee on the Rights of the Child in 2016,[116]   there is confirmation that the Central Administration of Statistics is the principle institutions responsible for the collection of data and statistics. However, there is also acknowledgment that government departments each collect their own data and an understanding as to the need for of an improved centralized data system that would better inform policy and planning.

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[112] UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: https://www.refworld.org/docid/4c3acd162.html
[113] AlEissa, M.A. et al. (2009) A commentary on national child maltreatment surveillance systems: Examples of progress. Child Abuse and Neglect, 33, pp. 809-814; Boothby, N. and Stark, L. (2011) Data surveillance in child protection systems development: An Indonesian case study. Child Abuse and Neglect, 35, pp.933-1001.
[114] L1
[115] ibid.
[116] L10

10. Structures for system delivery, coordination and oversight

The UN Guidelines for the Alternative Care of Children[117] urge that,

> All State entities involved in the referral of, and assistance to, children without parental care, in cooperation with civil society, should adopt policies and procedures, which favor information sharing and networking between agencies and individuals in order to ensure effective care, aftercare and protection for these children. The location and/or design of the agency responsible for the oversight of alternative care should be established so as to maximize its accessibility to those who require the services provided.

10.1 The role of State departments

Higher Council for Childhood:

The Higher Council for Childhood was established in 1994 under Decree No 29/94 issued by the Council of Ministers following the ratification by Lebanon of the Convention on the Rights of the Child. The Minister of Social Affairs is the chair of the Council.[118]

The overall mandate of this inter-ministerial council is coordination of governmental, non-governmental and international parties concerned with children rights including the imitation and oversight of policy. The Council also has a role in capacity building of those working on children's issues.

The website of the Council states its responsibilities to include:

- Proposing, planning and following up implementation of national strategies on various childhood issues in cooperation with the public and private sectors and specialized international organizations, and the proposal of joint projects
- Developing a plan for disseminating the principles of the Convention on the Rights of the Child through education and in the media, and to raise awareness of issues related to childhood
- Proposing the development of educational, social, cultural, health and media programmes aimed at children.
- Proposing studies, publications, and organizing conferences and seminars related to children
- Building an information base that includes statistics and indicators to monitor the implementation of the CRC
- Preparing periodic reports to be submitted to the Committee on the Rights of the Child and to the Department of Childhood in the League of Arab States and other specialized organisations
- Proposing draft laws and working on amending and developing legislation and following up on their implementation to ensure the application of the principles of the CRC
- Cooperating and coordinating with the Parliamentary Committee for the Rights of Women and Children (formed in 1991 with the responsibility to amend national legislation in line with the CRC) in all matters related to legislation and proposing laws related to the conditions of children

Amongst the Council's programmes are those for 'Family environment and Alternative Care', and 'Child prevention and protection from all forms of exploitation, abuse and neglect'. [119] According to the Council, the former involves the preparation of 'a national strategy on the family environment and alternative care for the child that guarantees

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[117] UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: https://www.refworld.org/docid/4c3acd162.html
[118] Sourced at: https://anecd.mawared.org/ar/partner/%D8%A7%D9%84%D9%85%D8%AC%D9%84%D8%B3-%D8%A7%D9%84%D8%A3%D8%B9%D9%84%D9%89-%D9%84%D9%84%D8%B7%D9%81%D9%88%D9%84%D8%A9-%D9%81%D9%8A-%D9%84%D8%A8%D9%86%D8%A7%D9%86
[119] Sourced at: https://anecd.mawared.org/ar/partner/%D8%A7%D9%84%D9%85%D8%AC%D9%84%D8%B3-%D8%A7%D9%84%D8%A3%D8%B9%D9%84%D9%89-%D9%84%D9%84%D8%B7%D9%81%D9%88%D9%84%D8%A9-%D9%81%D9%8A-%D9%84%D8%A8%D9%86%D8%A7%D9%86

care and protection for children without parental care, adopting alternative care methods (adoption, sponsorship etc.' The latter to develop a national plan to protect the child from all forms of exploitation, abuse and neglect, and to amend laws to ensure full protection for children and enhance the level of awareness, and to enable children to report and create a child helpline.

An evaluation of the Council's work in 2017[120] noted that whilst there had been achievements, nevertheless challenges remain including, a lack of funding and poor inter-sectoral coordination. Listed achievements include the review and development of legislation, research on issues of violence in schools and trafficking, development of children's services, and reporting on international commitments. The Council also developed an action plan of 2011 which was assessed as being 'highly ambitious', [121] and once again, impacted by lack of funding.

Ministry of Social Affairs

The Ministry of Social Affairs has the principle responsibility for delivery of the national child protection system, including provision of alternative care. The Ministry was formed under the mandate of Decree No. 5734 of 29 Sept 1994 (Regulation and Organization of Ministry of Social Affairs). It is divided into two sections as can be seen in Figure 10. (Extracted from the Ministry of Social Affairs website and translated from Arabic), the Directorate for Social Services and the Directorate for Juvenile Protection.   The Ministry has Departments of Social Affairs in six Governorates and at a district level. The Ministry also has responsibility for Social Development Centres that are spread across the country.

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[120] L1
[121] L1

Projects emanating from the ministry
- Ffund management
- The Executive Project of the Supreme Council for Childhood
- Project to secure the rights of the disabled
- Model Center for the Disabled
- Social Training Center
- Scholl feeding programme
- Medicines Project
- The National Adult Education Program
- Development Information and Population Communication Unit
- he National Program for the Prevention of Addiction
- Project to encourage and develop handicrafts and handicrafts and training and production
- Reproductive Health Project
- The National Program for Victims of Landmines
- The National Project to Combat Begging {The National Project for Monitoring Emergency Population Movements
- Family support
- The National Project for Population and Development The National Program for Targeting the Poorest Families (Funded by the World Bank + the Canadian government
- And the Italian government
- The National Program for Local Socio-Economic Development
- Joint projects with international organization
- The National Volunteer Program
- Syria Response Program
- Projects funded by the Italian government
- Promote women's participation in local governance and development
- Strengthening Lebanese institutions and supporting the most marginalized groups

Minister
- The Supreme Council for Childhood
- The National Authority for the Affairs of the Disabled
- The National Population Committee
- The National Commission for Literacy
- The National Authority for Elderly Affairs

Director General

Governorate units

Directorate of Social Development
- The interest of crafts and handicrafts
  - Character development Department
  - Production Department
- The Social Affairs Department in each governorate
  - Department in each district
- Social Development Department
  - Department of Voluntary Work
  - Rural Development Department
  - Department of Urban Development
- Department of Family Affairs
  - Women's Affairs Department

Directorate of Social Services
- Department of voluntary associations and organizations
  - Department of voluntary associations and organizations
  - Joint Projects Department
  - Department of Associations and
- Social Welfare Department
  - The social welfare Department /families and children
  - Juvenile Protection Department
  - Specialized Social Welfare Department
- The Department of Disabled Affairs
  - Specialized Care Department
  - Department of Specialized Institutions
  - Department of Operations
- Planning and research
  - Department of Planning and Programs
  - Department of Statistics and Informatics
  - Training department
  - Population Department
- Department of Development Services
  - Centres Affairs Department
  - Department of Equipment and Personnel Affairs
-)Accountts
  - Management Accounting Department
  - Joint Projects Accounting Department
  - Development Services Accounting
- SAI Interest
  - Public Relations Department
  - Legal Studies Department
  - Department of Secretariat and Archives
  - Department of Administrativ
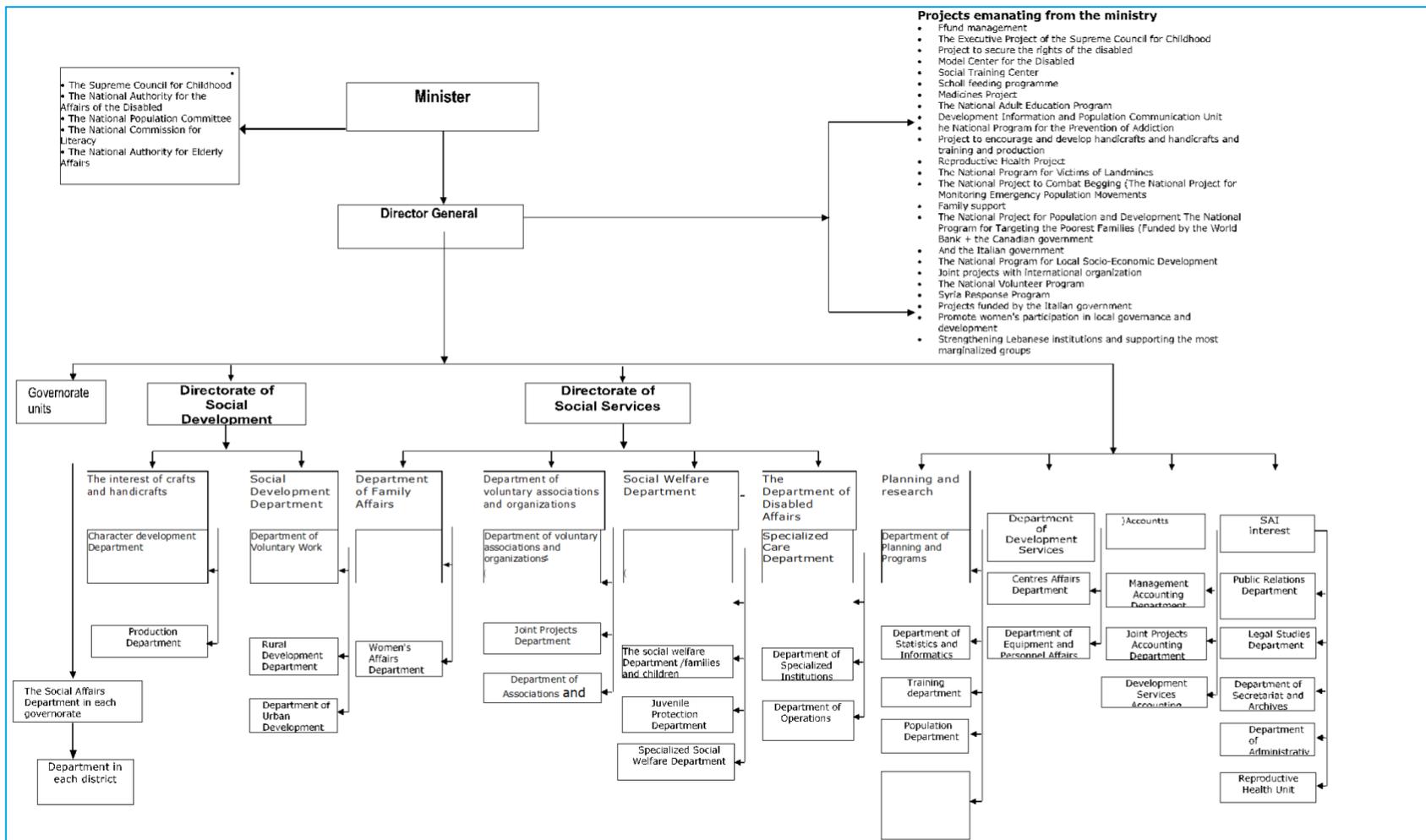 - Reproductive Health Unit

Figure 10. Structure of the Ministry of Social Affairs

It has not been possible to source of information that confirms the number of social workers directly employed by the Ministry of Social Affairs. What is clear is that many of the Ministry's child protection and alternative care services are either fully contracted out to NGOs, or are part financed by the Ministry. Although social welfare providers are required to register with the Ministry of Interior, (except some organisations that have exemption due to special religious status), the Ministry of Social Affairs also has an accreditation scheme for those NGOS applying for, or receiving, funding from the Ministry. This accreditation process includes measures to be taken that will ensure legal compliance, quality in the provision of services and workforce capacity, and effective systems of administration and accountability. The Ministry is also responsible for monitoring this provision.[122]

The information in Figure 11. was gathered during a 2012 survey[123]. It illustrates the significant difference in protection and care services delivered by NGOs in comparison to Government departments. (the blue in the graph indicates NGO services). It is understood that the Ministry of Justice also contracts out a significant amount of case management work for children in conflict with the law to specific NGOs, including children such a those found on the streets, where there are also protection concerns.
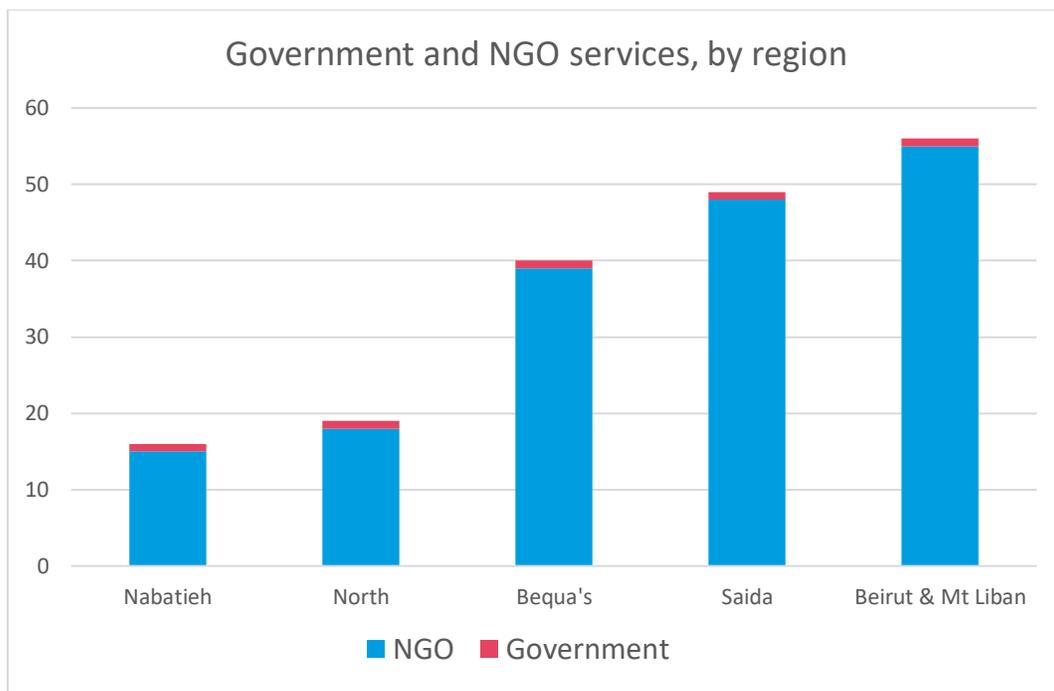

Figure 11. Ration of Government to NGO child protection service delivery by region (published 2012)[124]

It is important to note the significance of this contracting out of services as it has not always been possible to distinguish in documents, whether references to 'social workers, meant employees of the Ministry of Social Welfare, the Ministry of Justice or NGOs.

Directorate of Social Services

The Social Welfare Department

The Social Welfare Department sits within the Directorate for Social Services. The department holds responsibility for social welfare payments/financial assistance to a broad range of vulnerable people in Lebanon. These have included war veterans, disabled people, elderly people and the poorest families.

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[122] L7
[123123] L7
[124] L7

Department for Families and Children

A specialised Department for Families and Children has the mandate to work with vulnerable families also providing cash transfers and small-scale employment projects for women (mothers). However, it was reported in 2012[125] that due to significant budget, the department primarily focusses on awareness raising programmes to address the issue of domestic violence. This work has included partnerships with NGOs and UN agencies (notably UNFPA), to run sensitisation workshops across the country, with an aim of influencing harmful cultural norms and attitudes. It has not been possible to find information regarding the number of social workers directly employed by the Department.

Social Development Centres

In 2012, there were 280 Social Development Centres including 'secondary centres' located in more rural areas. These centres have been identified as being 'the most important local-level executive arm' of the Ministry[126]. Each Centre has a target area of between 30,000 and 40,000 residents. The mandate of the Centres includes:

- development of local action plans
- resource allocation
- field assessments
- oversight of local projects
- coordination with public and private bodies.

Reportedly[127], in 2009, the Centres delivered:

- social services to 61,619 adult and children
- health services to 309,164 beneficiaries
- training for 6,894 beneficiaries
- education services (including nursing, volunteer work, foreign language and literacy classes, and courses for children who do not attend school) to 16,486 beneficiaries all across the country.

In 2012, there were 350 social workers attached to Ministry of Social Affairs' Social Development Centres. [128] Staff of the Centres do not have a legal mandate under Law 422, to participate in the protection of children although social workers in the Centre may in fact be reporting cases. This includes referrals to the NGO working closely with the courts, as for example, the NGO, the Union for the Protection of Children in Lebanon (UPEL). [129]

As mentioned above, the Ministry of Social Affairs contracts out much of the role of child protection case management and delivery of services to NGOs. In this manner, The Social Welfare Department is responsible for the development of partnerships and contracting arrangements with civil society organisations. These services are described in more detail later in this study. The work of the Union for the Protection of Children in Lebanon (UPEL) has been specifically recognized across reports and studies. Although UPEL is a non-governmental, it is one of the principle agencies working to deliver child protection and responsibility for child protection case management. UPEL is one of the NGOs in Lebanon that can also be mandated by courts to undertake assessments, provide services when required, as well as follow up and monitor cases. However, UPEL is not the only NGO that can be mandated to undertake this role. (This role is discussed further in Section 11). Further information about the role of UPEL can be found on their website http://www.upel.org/.

The National Poverty Targeting Programme

The National Poverty Targeting Programme was launched in 2010 through a collaboration of the Ministry of Social Affairs, the Prime Minister's Office, the World Bank, and the Governments of Italy and Canada. This programme is relevant as it seeks to identify more than 150,000 of the poorest and most vulnerable households and provide

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[125] L7
[126] L1
[127] L1
[128] L7
[129] L1

them with a range of social transfers through the work of 350 social workers attached to Ministry of Social Affairs' Social Development Centres. [130] It was reported[131] that this was the first time that a centralized, systematic national programme to help financially vulnerable families has been implemented: previous, social protection measures had tended to be ad hoc and targeted at children already in care. Social workers are responsible for family assessments, while other staff classify, weigh, and rank eligibility according to specific financial indicators. Although the transfers are aimed at the household in general, parents can be granted targeted financial assistance for the education and health of their children.[132]

The Department for Juvenile Protection

The Department for Juvenile Protection is responsible for ensuring a range of services are available for children who are deemed to be at high risk (such as street children and victims of sexual exploitation). Since 2003, the department has also contracted out service delivery to a number of agencies. It was reported[133] that in 2012, included in contracts for services was the management of 7 day centres for children requiring access to basic services, including food and clothing, as well as psychosocial counselling, information and advice. Contracts were also issued for the management of 4 residential centres for children at high level of risk including street connected children many of whom were placed there through a judicial order[134].

It has not been possible to find out the number of social workers directly employed by the Department.

In terms of the use of services provided by the Ministry of Social Affairs, including those contracted out to NGOs, a survey published in 2017 [135] gathered information during focus group discussions and the disbursement of 7,000 household questionnaires. The study found almost half the respondents (49%) thought protection services provided to children and women were helpful. In contrast, 36% did not believe they were helpful, 13% were undecided, and 2% believed the services were not needed.[136]   These responses are further illustrated in Figures 12 and 13.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who believe that protection services provided to children and women through MOSA and NGOs are helpful	Male	50%	40%	32%	51%	
	Female	51%	38%	52%	62%	
	Total	50%	40%	42%	56%	49%

Figure 12. Overview of attitudes of respondents towards child protection and GNV services provided by the Ministry of Social Affairs and NGOS by domain, sex and in total (2017)[137]

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[130] L7
[131] ibid.
[132] ibid.
[133] ibid.
[134] ibid.
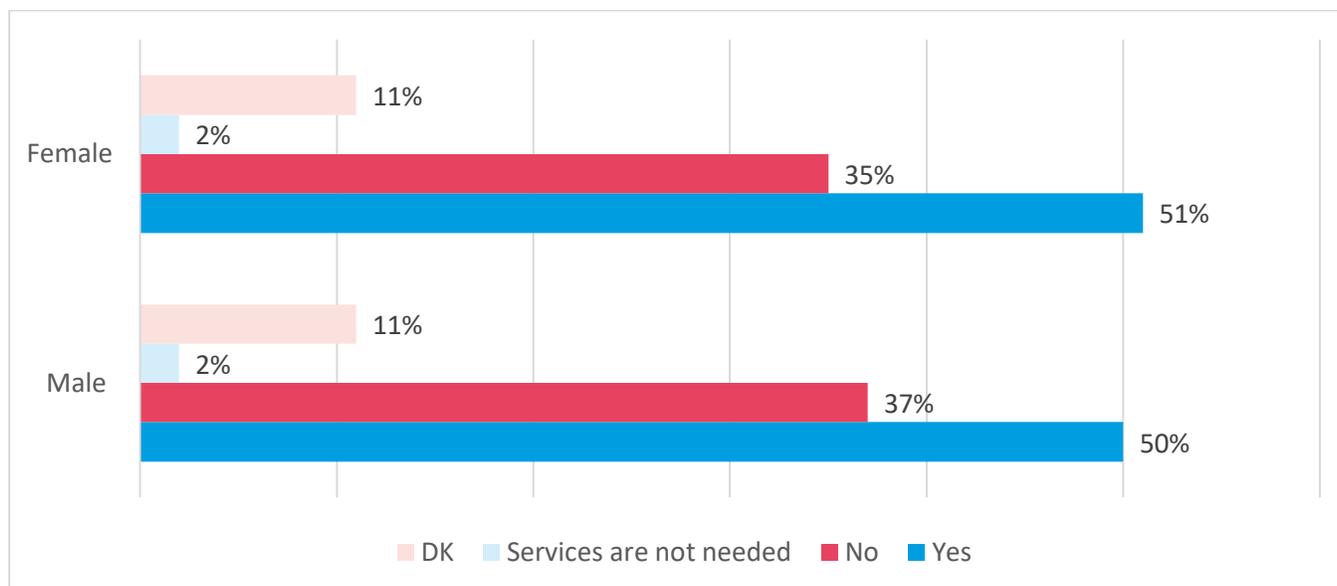[135] L16
[136] ibid.
[137] ibid.

Figure 13. Lebanese respondents who believe protection services provided to children and women through the Ministry of Social Affairs and NGOS are useful by sex (2017)[138]

The same survey published in 2017 [139] explained that 94% of respondents believed a woman in their community who was a victim of violence would report this to someone. However, only 28% thought it would be reported either to the Ministry of Social Affairs, an NGO, or another local authority agency. Most respondents said they would refer the case to community leader. A total of 95% of respondents said if they knew of a child in danger, they would report the case. Thirty-six percent said they would report it to the Ministry, an NGO or another formal local authority agency. Of note, was the fact that almost 50% of Lebanese male respondents said they would not report a child protection case to anyone.

Office of the Prosecutor General

Although juvenile judges hold primary responsibility for the implementation of Law 422, General Prosecutors can also respond in emergency situations and place a child temporarily in care, though they must refer the case to the judge for further investigation and longer-term decisions. [140]

Cases of child abuse are also reported by the police to the Office of the General Prosecutor. According to respondents in a 2012 study, [141] the decision of the General Prosecutor is not always consistent and guidelines about when a protection case must be opened are urgently required.

Ministry of Justice

The Ministry of Justice has the authority to contract agencies to carry out assessments and case management in relation to children in conflict with the law, including those children that may also require the need for protection and support services. Once again, UPEL is a leading non-governmental agency mandated to take on the role to investigate and respond to and follow-up cases requested by a judge. Other named agencies with a similar role and mandate include the NGOs, Himaya and Association pour la Protection de L'Enfant de la Guerre and Mouvement Sociale. It is understood judges rely heavily on the NGO social worker reports when taking decisions both for children in conflict with the law and those at risk, including in cases when a child needs to be removed from their family. This includes information they are provided in social workers' 'social research' i.e. assessments and recommendations. Although these NGOs receive funding from the Ministry of Justice, they are also required to find other financing for some of this work.[142]

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[138] ibid.
[139] ibid.
[140] L1
[141] L7
[142] ibid.

In 2012 there were reportedly[143] 11 UPEL social workers based in each of the regional Palaces of Justice across the country. The social worker is appointed to accompany each child through the judicial process, sitting with the child during interviews and ensuring that the child's best interests are promoted.

It has not been possible to ascertain how many 'social workers' or their equivalent work within the Ministry itself.

10.2 Role of the judiciary

The judiciary play a role in decisions for children with protection concerns, children who may risk the loss of parental care and placement into residential care. [144] At the time of a study published in 2012,[145] there were six 'children's judge's in Lebanon, one for each region. Law No. 422/2002 provides a framework that calls for steps to be taken to eliminate risk to children and as many of these cases are brought to court, the final decisions rest with a judge. A juvenile judge should receive assessment information on which to base their decisions. If however, this is not provided, or they require additional information, they can request this.

As already noted above, the Lebanese NGO, UPEL, along with other NGOs has as a mandate to investigate and respond to child abuse cases with juvenile judges relying heavily on their reports and recommendations, as well as monitoring and follow-up of cases. [146] This is also the case in juvenile justice courts where a juvenile judge can also assign UPEL, or another agency, contracted by the Ministry of Justice to undertake an assessment. The judge can order measures, which allows the child to remain with their parents and order social workers to follow up on these cases. The judge can also make a placement order and a social worker must then find a place in residential care for the child. A judge is also able to request monitoring reports for each case. If the judge has awarded measures that involve the child remaining with their family, if there is no improvement in a child's situation and there is persistent risk, the judge can change the orders they made.[147]

10.3 Role of religious courts

It is understood that the functioning of statutory child protection mechanisms may be influenced by religious courts. This may even be to the extent that a study published in 2012[148] found the possibility that some government appointed judges work in the shadow of the religious courts and with a cautionary approach so as not to encroach upon the jurisdiction of the religious courts. For example, it was suggested that government appointed judges may prefer not to open or investigate a protection case if it runs the risk of coming into conflict with a religious court, particularly if the judge does not belong to the community of the court in question.

The legal system in Lebanon allows religious communities judicial autonomy on custody and maintenance issues. For example, the Laws of the Personal Status of each religion provides the different religious courts the right to put into practice these obligations. In 2012,[149] it was reported that judges and legal professionals working in religious courts were increasingly understanding, and using terminology referring to, child rights as applicable within the context of Islam or the Church. Although, this interpretation was understood as perceiving a child to belong to their family, and the family belonged to the religious community: a variation on the international interpretation of children's status in being a holder of their own rights. [150]

Concerns were raised in the 2012 report[151] in terms of custody settlements and the decision of religious judges granting custody of the child to the father based on the age of the child, rather than on a best interest determination. It is understood these kinds of decisions have led to clashes with the religious courts precisely because juvenile judges are perceived to have crossed the line into the realm of the family and community when they make child protection orders that are not compliant with the beliefs of religious courts.

A study in 2017[152] also considered the role of religious courts and decisions related to placement of children in care. Whilst religious courts do not have a mandate to place children in care, as noted above, they do have a

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[143] ibid.
[144] L8
[145] L7
[146] L1
[147] L8
[148] L7
[149] L7
[150] L7
[151] F7
[152] L1

responsibility for child custody decisions, usually as a result of divorce. It is understood that in cases where neither parent is deemed able to care for the child, or if both parents have died, these courts can place children either with relatives or in residential care. Of concern is how decisions are being made based on such factors such as mothers lacking 'proper religious education' or having 'questionable moral behavior.' [153] Results of the study also illustrated how judges in religious courts sometimes consider women who remarry as not showing 'true dedication to the moral dictates of their religion'[154] and may have their children taken from them. Examples were given of two of the courts covered by the 2017 research in which divorced women, living with men they were not married to, had to give up custody of their children. Some religious courts do have social workers attached to them that may make assessments of the family, but others were found to view social workers as unnecessary in a decision based essentially on 'religious morality'.[155]

Religious courts can also indirectly impact the child protection processes whereby parents who wish to challenge custody decisions are doing so using State courts as a vehicle by claiming that the parent who has won custody is abusive or neglectful. This unfortunately, can result in a decision to remove the child from both parents and placement in care.[156] It was also reported that the religious court representatives interviewed for the 2017[157] study deeply resented and resisted what they see as interference by the national courts. Religious courts also approve adoptions and can award guardianship to kinship carers (adoption processes are discussed in greater detail in Section 12).

10.4 The role of police

A UNICEF commissioned report of 2012[158] provides information on the police units based in some of the regional police headquarters in Lebanon that deal with all cases related to children. In other locations, both child victims and children in conflict with the law, are dealt with under the regular criminal investigation departments. The police receive more cases related to children in conflict with the law than child protection cases. The authors of the 2012 study explained how, 'many of these children are picked up by urban police patrols for status offences under the Penal Code (begging, street vending, or selling sexual services).'[159] These children are also defined within the Law 422 as children at risk. According to respondents, in the study these types of cases, especially when the children are undocumented and/or forced into this situation by others, are often referred to the Internal Security Forces' Brigade des Moeurs, a branch of the judiciary police in Beirut.

In all cases of sexual abuse, there is supposed to be a child-friendly investigation process including an interview conducted in the presence of an UPEL social worker. As of 2012, just one child friendly room for this purpose had been established by the Ministry of Justice in the Palace of Justice in Beirut and a contract with the NGO 'Association pour la Protection de L'Enfant de la Guerre' to undertake interviews with victims of sexual abuse. According to some respondents in the study, the environment and processes were still intimidating for children and concerns were also raised about children not wishing to be sent to Beirut and separated from their families. [160]

The 2012 study[161] also confirmed that in cases where there was a suspicion of abuse, the police would first assess the situation through interviews with parents. If there are no parents or caregivers, especially in the case of children without documents, then UPEL would be asked to find a care placement for the child. The police are able to utilize a number of options if parents refuse to engage with them. This includes trying to find a resolution before having to referring the case to the General Prosecutor's office to secure a warrant.

There is no reference in the 2012 report[162] as to other NGOs other than UPEL undertaking a role with the police. Neither is there an explanation as to the relationship with departments within the Ministry of Social Affairs in cases involving child protection.

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[153] L1
[154] L1
[155] L1
[156] L1
[157] L1
[158] L7
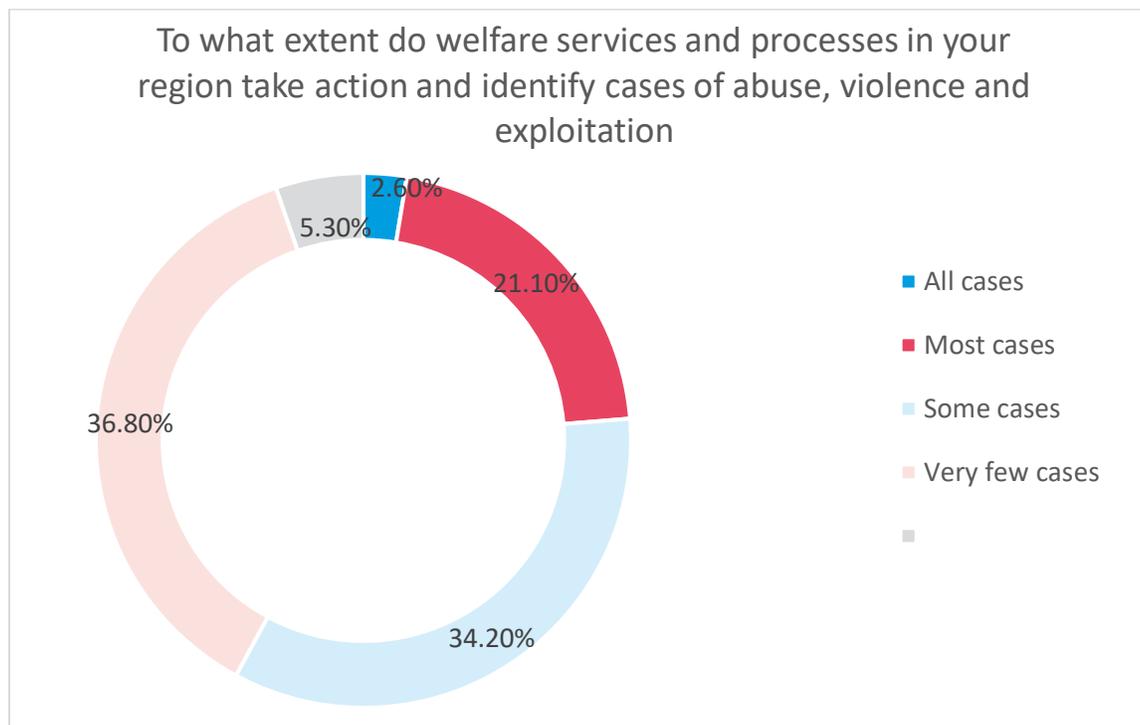[159] L7
[160] ibid.
[161] ibid.
[162] ibid.

10.5 The role of non-governmental organisations

As noted above, the Ministries with a mandate for child welfare, justice and protection, play more of a centralized role in policy making and commissioning of services, rather than direct delivery. NGOs therefore, including faith-based organization, represent a significant provider of child protection services, including alternative care provision in Lebanon. This is both national and international NGOs. There are however, organisations not accredited to a government ministry and this has been noted as a concern because of the autonomous manner in which they can then operate.

As well as the previously discussed role in child protection case management, NGOs also provide a range of support services directly to children and families. These include psychosocial projects, management of safe spaces, awareness raising, parenting programmes and other support projects. It is understood that whilst many of these activities are centred around major conurbations, there has been an expansion of service provision to more rural areas. [163]

Not only do NGOs provide services that Ministries are mandated to deliver, but they are also responding in their own right to the rising demand for child protection responses at a time when government resources and capacity are restricted. The response to a protracted, as well as sometimes critical, humanitarian and refugee crisis, has provided an opportunity, often sponsored by UN bodies and international organisations, to review and develop components of the child protection system building on international experience, as for example through the development and use of child protection case management tools.

Whilst these opportunities have been welcomed, there are challenges. For example, although social welfare providers are required to register with the Ministry of Interior (with exceptions), there are concerns regarding the development of parallel child protection systems with service delivery that may go unchecked when not accredited and funded by a Ministry. [164]   Concerns were also raised in 2012, regarding the 'ad-hoc'[165] nature by which some NGOs conduct their work with children and families and questions about their professional capacity. This includes the lack of procedures being followed in reference to management of child protection cases. As represented in Figure 14. very few service providers are thought to be 'always' able to identify child protection cases. This may have changed to some degree since the release of standard operation procedures for case management in 2015.

To what extent do welfare services and processes in your region take action and identify cases of abuse, violence and exploitation

- All cases — 2.60%
- Most cases — 21.10%
- Some cases — 34.20%
- Very few cases — 36.80%
- 5.30%

[163] L16
[164] L7
[165] ibid.

Figure 14. Identification of child protection cases (published 2012)[166]

In 2012, service providers were positive about coordination mechanisms.[167] Key activities related to such coordination were described by respondents in the 2012 study as listed in Table 4.

General information sharing on child protection	72.7%
Inter-agency service coordination	72.7%
Individual case management	59.1%
Development of local laws and policies	27.3%
Local strategy development	59.1%
Monitoring the inter-agency service response	27.3%

Table 4. Perception of service providers in relation to coordination mechanisms available in their region by activity (published 2012)[168]

Of further note in relation to NGO capacity, is a report[169] concerning the capability of UPEL as the principle government partner delivering child protection case management. The study found it to be 'widely recognized'[170] that the agency had high caseloads and a lack of such resources as phone lines, computers and access to transportation. This was impacting on the ability of the organization's social workers' to properly assess and respond to all cases. There were also reported issues with the management and supervision of staff, and lack of skills in delivering effective case management. The organization has received support, from international NGOs including helping to build UPEL's capacity, in team supervision and managing their helpline.
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Child Protection Working Groups

A noticeable feature in countries in which international humanitarian agencies are present, is the development of child protection case management, especially through the presence of some form of inter-agency child protection group and/or the presence of UNHCR. Lebanon is no exception. The inter-agency working group in Lebanon is comprised of national and international child protection and UN agencies.

The Child Protection Working Group has for example, developed the Minimum Standards for Child Protection in Humanitarian Action in Lebanon in 2018 based on the Global Minimum Standards for Child Protection in Humanitarian Action launched in 2012. It is good to note that development of these standards was also co-led by Ministry of Social Affairs. Although the standards advocate for the use of child protection case management, they dis not supersede the government standard operating procedures released in 2015, and indeed there is reference in the standards drawing attention to their use. However, there is also a caveat in the working group's document that states how the Minimum Standards for Child Protection in Humanitarian Action in Lebanon had not been endorsed at that time by the Government of Lebanon or the Ministry of Social Affairs. The international standards have been contextualized for use in Lebanon with a primary focus being placed on:

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[166] ibid.
[167] L7
[168] ibid.
[169] L1
[170] ibid.

1. Standards to Ensure a Quality Child Protection Response

- Standard 2 – Human resources

2. Standards to Address Child Protection Needs

- Standard 8 – Physical violence and other harmful practices

- Standard 10 – Psychosocial distress and mental disorders

- Standard 12 – Child labour

- Standard 13 – Unaccompanied and separated children

- Standard 14 – Justice for children

3. Standards to Develop Adequate Child Protection Strategies

- Standard 16 – Community-based mechanisms

4. Standards to Mainstream Child Protection in other Humanitarian Sectors

- Standard 20 – Education and child protection

There are also Child Protection Working Groups being utilized at a local level. For example, in an UNRWA report of 2014, [171], reference is made to the participation of UNRWA child protection staff in such groups that have also been set up in refugee camps in Lebanon chaired by NGOs and also attended by popular committee and local leaders.

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[171] L2

11. Gatekeeping and child protection case management

Gatekeeping is an essential component of a national child protection and alternative care system.[172] It involves a systematic process and use of tools and procedures that enables all those involved in the protection and care of children to make choices that are in the best interests of each child and meets their individual needs, circumstances and wishes. [173] Shared gatekeeping tools and processes enable multi-sectoral teams working together on case management should ensure:

- careful identification and referral of children and families at risk
- comprehensive and rigorous multi-sectoral assessments of circumstances and needs and wishes
- decision making procedures taken in consideration of the best interests of each child with full and meaningful participation of children, families and involvement of other relevant stakeholders
- development of child and/or family Support Plans that identify the community-based support services to be provided in a timely manner. If alternative care is necessary, each child should have an individual Care Plan.
- oversight and delivery of support services and/or alternative care.
- ongoing case monitoring and review of Support Plans/Care Plans and the changing situation of the child and their family
- procedures that facilitate and support family reunification or other permanent solutions for a child including adoption
- It is important that all the above procedures respect a child's right to participate (see CRC Article 12) in decisions that affect their lives. This is a central premise to making effective and appropriate decisions about their protection and well-being. In addition, importance should be placed on the development of multi-sectoral assessments and other shared gatekeeping tools and mechanisms accompanied by joint training on these tools so that policy, practice and responsibility is owned by all relevant stakeholders and agencies (social welfare, education, health, judiciary, housing, employment etc.). This also helps create a holistic child-centred approach to child protection and alternative care.

Furthermore, in setting thresholds and parameters as part of assessment and decision making processes, the 2019 UNGA Resolution on the Promotion and protection of the rights of children[174] clearly states that,

> financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from the care of his or her parents or primary caregivers and legal guardians, for receiving a child into alternative care or for preventing his or her reintegration, but should be seen as a signal for the need to provide appropriate support to their family, benefiting the child directly.

In light of the above guidance, this desk review has considered gatekeeping in Palestine and the use of child protection case management processes and tools as illustrated in Figure 15. Below

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[172] Gale, C. & Csaky, C. (2014) (2015) Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems. Better Care Network and United Nations Children's Fund (UNICEF)

[173] Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012) Moving Forward: Implementing the Alternative Care Guidelines for Children. UK: CELCIS, University of Strathclyde

[174] United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

Figure 15. Steps of child protection case management
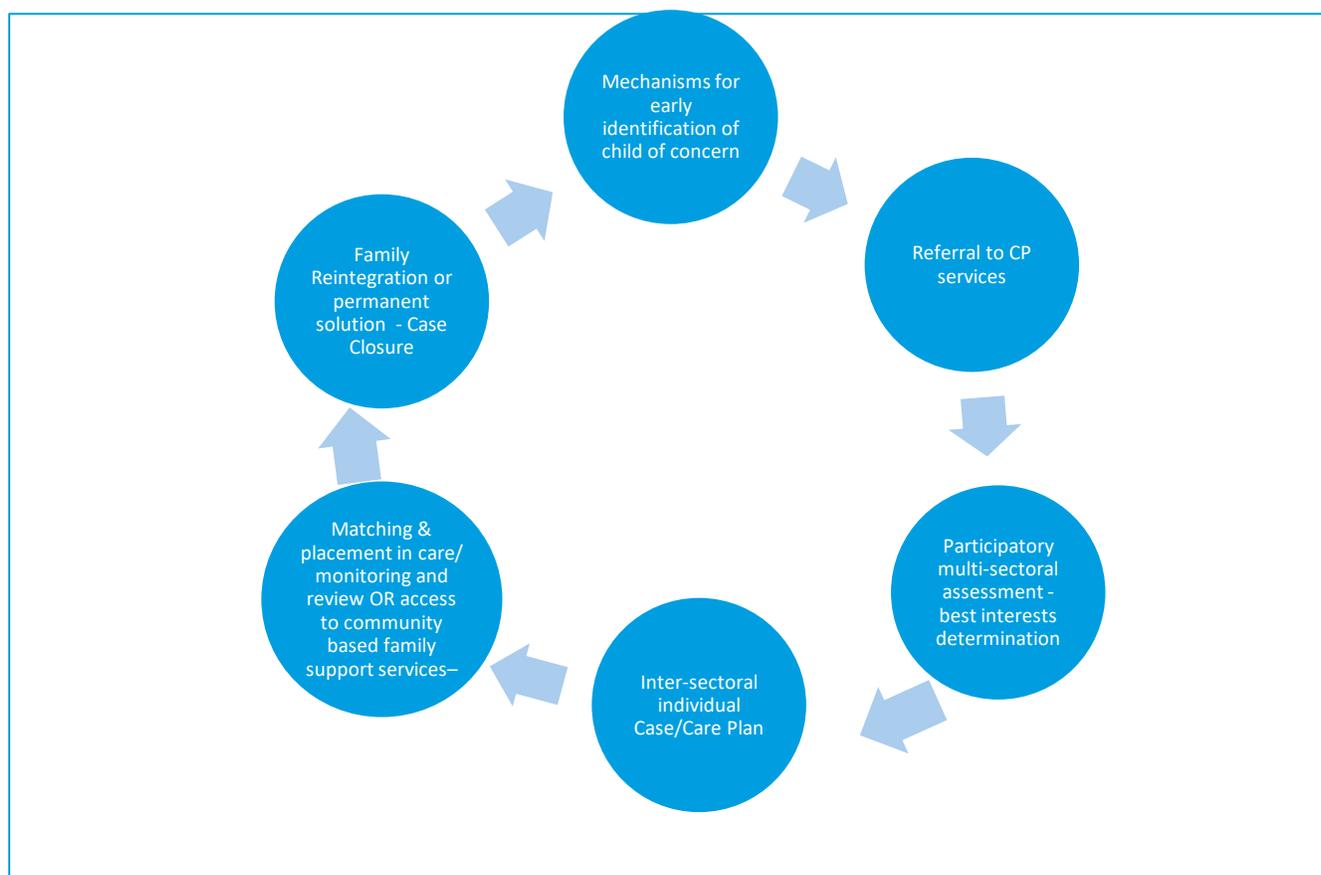
The child protection system is known as the 'juvenile' protection system in Lebanon.
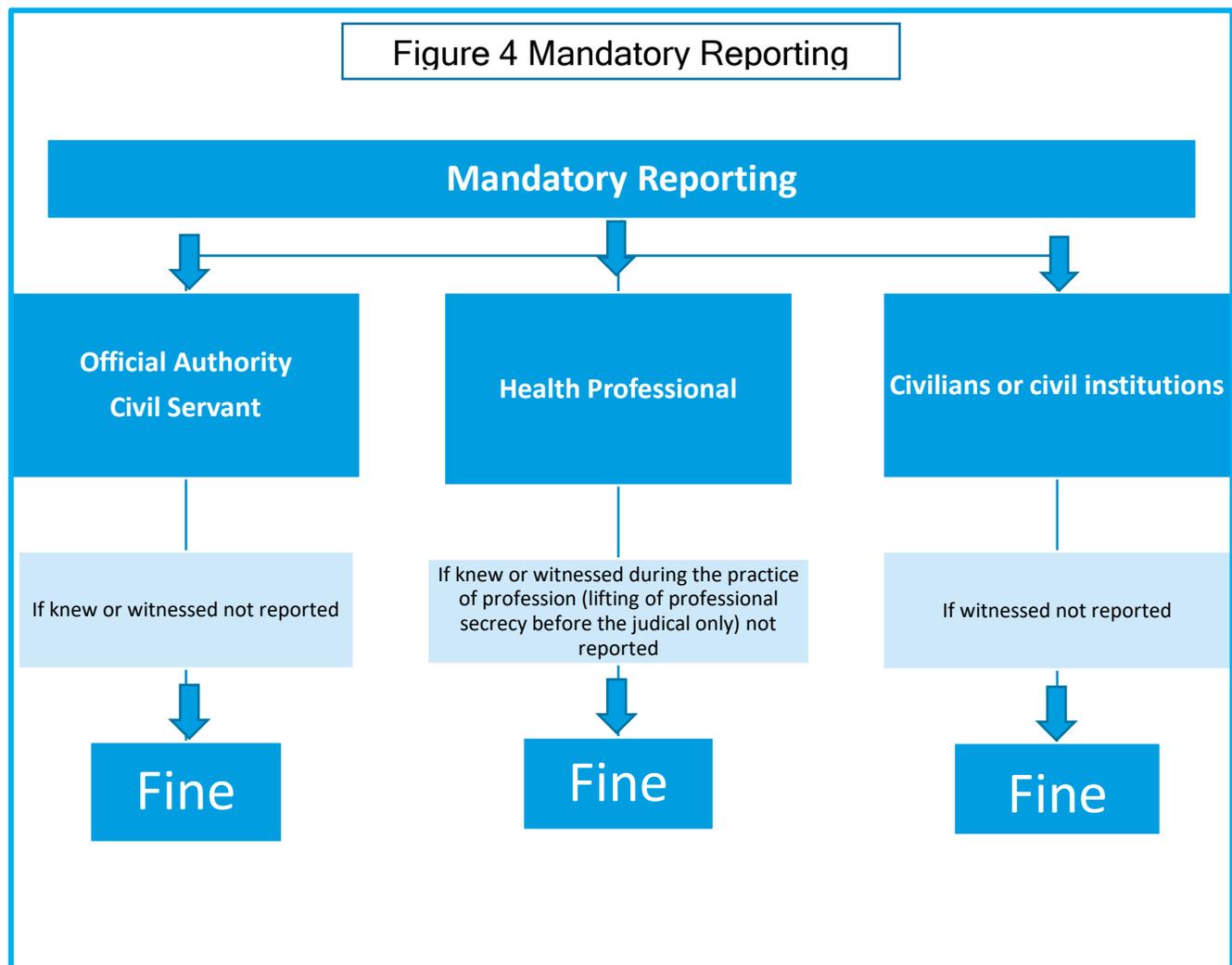
The Standard Operating Procedures for the Protection of Juveniles in Lebanon (2015)

There has been noticeable investment in Lebanon in the development of child protection case management. This culminated in the publication of the Standard Operating Procedures (SOPs)[175] in 2015. The SOPs are an extremely comprehensive guide including tools and methodology for all steps of child protection case management including identification and referral, assessment, protection measures and case plans, monitoring and case closure. They were developed to support the implementation of Law 422.

For the first time, they provide for **mandatory reporting** by both professionals and members of the public of suspected or actual cases of child abuse, and provide sanctions against those that do not report (please see Figure 16.).

[175] L22

Figure 16. Mandatory reporting (published 2015)[176]

Figure 4 Mandatory Reporting

Mandatory Reporting

Official Authority Civil Servant	**Health Professional**	**Civilians or civil institutions**
If knew or witnessed not reported	If knew or witnessed during the practice of profession (lifting of professional secrecy before the judical only) not reported	If witnessed not reported
Fine	Fine	Fine

The SOPs [177] provide two pathways that all professionals should follow: through a judicial process or a non-judicial process depending on the level and type of risk. Children can be placed into alternative care through either route, though parents or other carers must consent to a placement if it is through the non- judicial pathway. There are two illustrations of these pathways in the published SOPs as shown in Figures 17. and 18.

Figure 17. Protection Pathways (published 2015) [178]
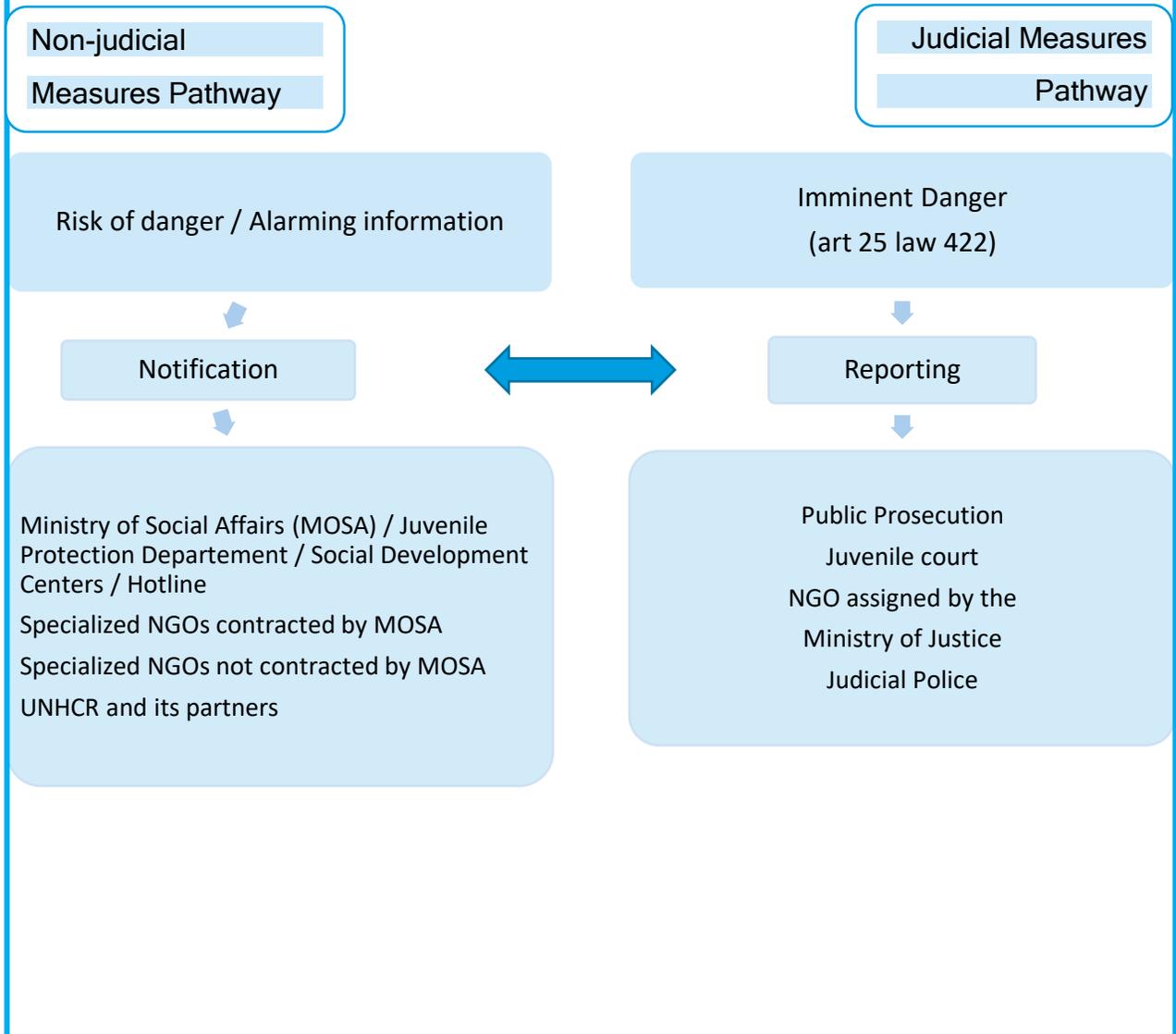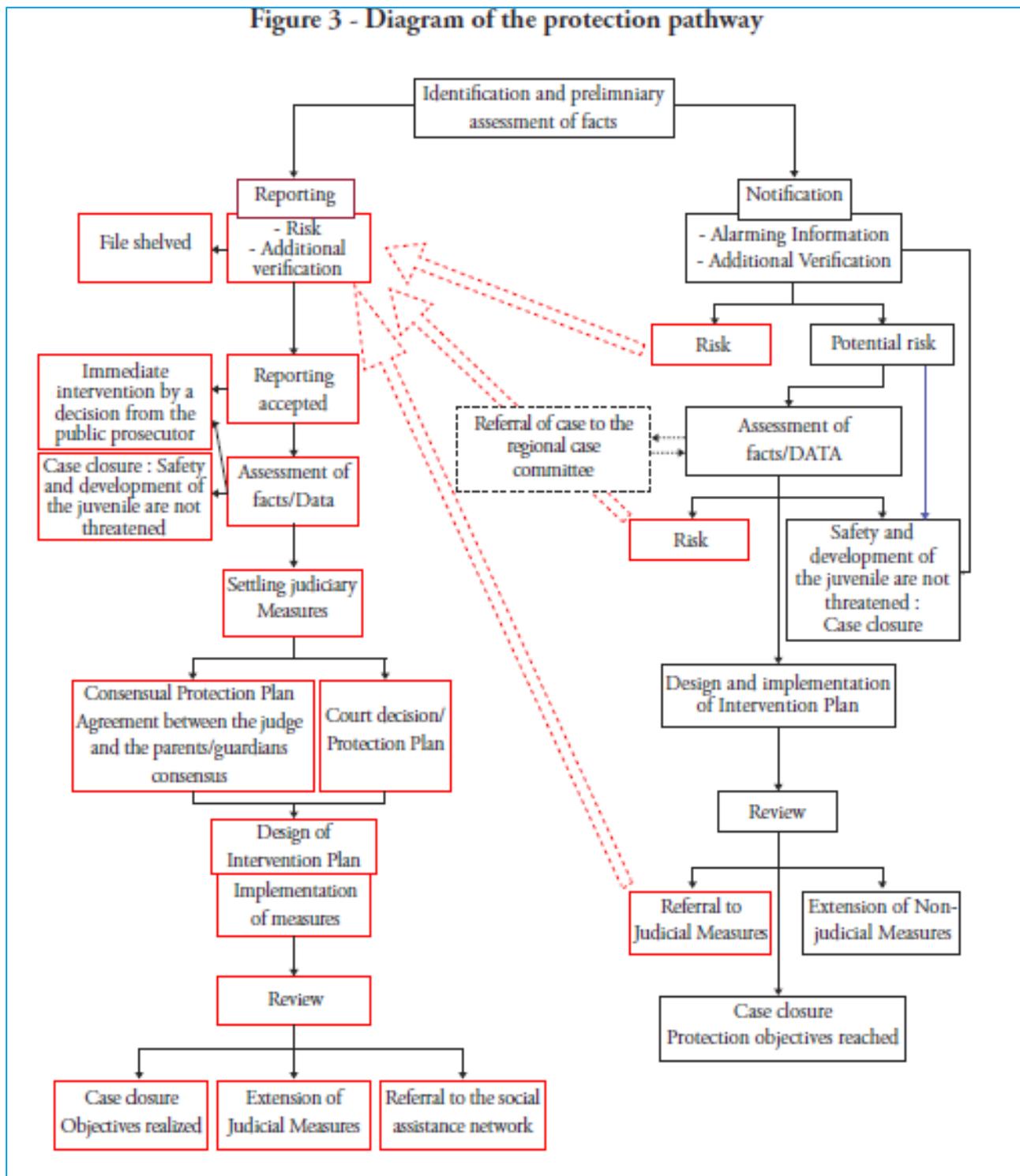

Figure 2 - Protection system in Lebanon

Non-judicial Measures Pathway

Judicial Measures Pathway

Risk of danger / Alarming information

Imminent Danger (art 25 law 422)

Notification ↔ Reporting

Ministry of Social Affairs (MOSA) / Juvenile Protection Departement / Social Development Centers / Hotline

Specialized NGOs contracted by MOSA

Specialized NGOs not contracted by MOSA

UNHCR and its partners

Public Prosecution

Juvenile court

NGO assigned by the

Ministry of Justice

Judicial Police

Figure 18. Diagram of the Protection Pathway (published in 2015)[179]

Figure 3 - Diagram of the protection pathway

In cases of sexual abuse and cases of physical violence that, as per the Law 422, exceed the limits of discipline that is culturally accepted (Law 422/2002), the judiciary should be responsible for the measures taken. The pathway in red indicates the judicial protection measures that every case should follow after the reporting of a risk

under Law 422. This pathway is the responsibility of the **Ministry of Justice**, which in turn mandates NGOs to assess and follow up on the child and his/her parents/guardians.

The pathway in black indicates the non-judicial protection measures and the pathway that every juvenile case follows when cases are not considered so severe that can be addressed without resorting to courts. This pathway is the responsibility of the **Ministry of Social Affairs** mainly through departments within the Directorate of Social Services: the Department of Juveniles Protection, six Regional Departments, and Social Development Centres. These are the cases that are often managed by NGOs affiliated to the Ministry, as for example, social workers of UPEL, as well as UN agencies including UNHCR and its partner organisations. [180]

Both pathways are supposed to work in a coordinated and parallel manner to eliminate risk, protect the child and strengthen the capacities of his/her parents/guardians. The transfer of the case to the judicial pathway is also mandatory when there is a deterioration in the situation of a child at risk. The three red arrows, between the two pathways, indicate that transition to the judicial pathway is made through a report required for the necessary legal action to take place.[181]

For each pathway, the SOPs describe the assessment process and the development of a protection or implementation plan, and provides templates for forms and reports.

Appendix 9 of the SOPs specifically covers **criteria for placement into alternative care.** The importance of children remaining in their own families whenever possible is once again highlighted. The criteria state that children should only be placed into alternative care when:
- It is in their best interest with consideration of their age and vulnerability
- The inability of parents to provide adequate care and protection, or the unwillingness of parents to 'use their personal capacities and their unwillingness to put an end to the risk threatening the juvenile's safety'
- Everything possible has been done to keep the child within the family (including utilizing available extended family support and wider social safety nets)
- The absence of a social safety network which provides support to protect the child
- The absence of elements of stability which secures the child's protection
  (further information on pathways into care can also be found in Section 12)

The SOPs also state that, 'Accordingly, the presence of only one of the above-mentioned reasons cannot be at the basis of deciding to take the juvenile out of his/her environment, but an interaction of different reasons is required.'

However, in 2017[182] a study still found problems in the use of the SOPs especially in relation to children and alternative care. This included what was described as 'disjointed relationships'[183] between different stakeholders and judges being unaware of the different Ministry of Social Affairs residential care settings they could refer children to in their area. Judges were not aware of the quality of care in particular settings or any specialisms particular facilities could offer. Furthermore, it was recognized that the Ministry of Social Affairs did not have sufficient oversight of the quality of case management support being provided by UPEL and other agencies mandated by judges. This included the quality of support to children placed in care because of protection concerns.

It has been recognized[184] that the SOPs were liked and being widely used, but difficulties in their implementation, particularly when connected to decisions about placing children in care, included:[185]
- A lack of appropriate procedures for emergency placement into care
- Problems associated with the mandatory reporting requirements, and/or inadequate training on this
- Not enough effort to encourage the use of a non-judicial pathway, and keeping the child in the family. Some noted that the SOPs focus too much on risks and not enough on strengths within the family. Gathering more background information on the family and the child's history needed to be encouraged
- Confusion over roles and responsibilities, for example, around the role of the General Prosecutor in care proceedings
- Problems with assessment processes and forms, including the lack of a specific form for reporting to judges, some of whom report that the current forms provide inadequate information to make an informed decision

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[180] L8
[181] ibid.
[182] L1
[183] ibid.
[184] L1
[185] Ibid.

In terms of use of case management, in 2012, a study[186] noted that large numbers of child protection cases were neither referred to the formal system nor disclosed to non-statutory service providers. However, by 2017, a study[187] found the use of the Standard Operating Procedures were seen to offer:

- a more systematized, consistent decision making and case management process
- improved collaboration between agencies
- encouraged work with families before court proceedings and placement into care

The same research[188] did however, reveal the lack of participation of children in the case management process.

International organizations including UNHCR and UNRWA use of child protection case management

In countries of operation, including Lebanon, UNHCR implement the agency's Best Interest Approach (BIA) to child protection case management although their guidelines also encourage UNHCR staff to work closely with any national child protection system and not to duplicate or create a parallel system whenever possible. The BIA follows international standards for child protection case management including Best Interest Determination (BIA). This involves assessment and case planning. UNHCR has a mandated responsibility for all refugees except those from Palestine.

UNRWA has a mandate to supply services to the Palestinian refugee population in Lebanon. The agency has announced it is 'uniquely placed to undertake detection and referral of child protection cases through the Agency's extensive network of frontline staff and services.[189] To this end, in recent years, UNRWA has been developing the implementation of child protection case management. This is particularly important in Lebanon, as Palestinian children are not recipients of the State welfare system.

Prompted by the findings of, an internal UNWRA assessment of child protection programming in all fields of operation in 2014, UNRWA developed a child protection framework (2016). The three pillars of the Framework are illustrated in Figure 19.
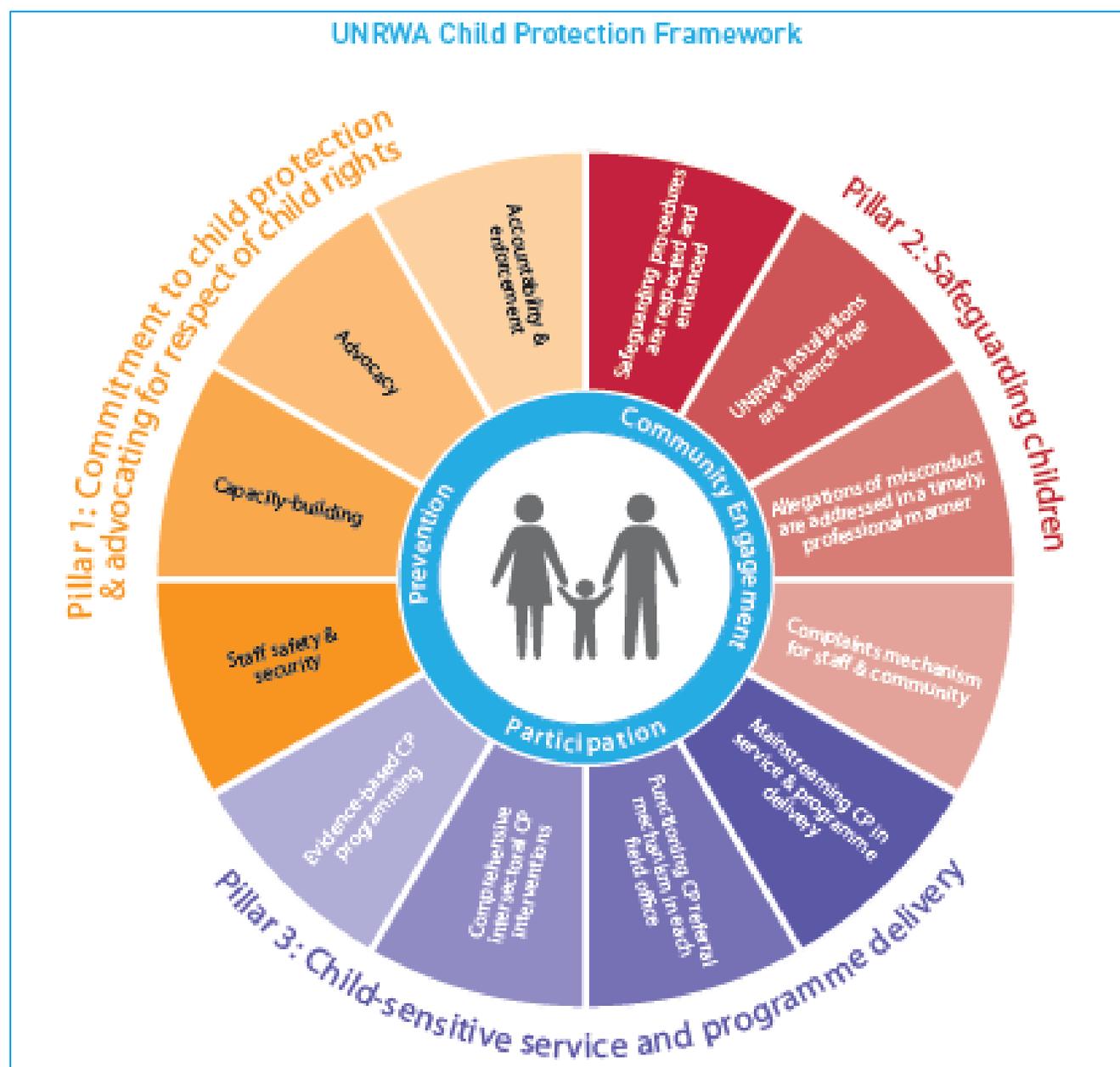
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[186] L7
[187] L1
[188] ibid.
[189] L3

Figure 19. The three pillars of the UNRWA Child Protection Framework (2016)[190]

The Inter Agency Working Group

The Inter Agency Working Group in Lebanon comprising international and national NGOs with a particular focus on working to support refugee populations. The Working Group has been active in promoting the use of child protection case management. It also provided a range of capacity building programmes for national stakeholders including training on the use of the 2015 Standard Operating Procedures for the Protection of Juveniles in Lebanon.

An Inter Agency Working Group report published in 2018[191] included information about the community-oriented prevention approaches that associated agencies have implemented. This included community-based child protection activities that aimed, 'to increase the capacity and awareness of children to negotiate and mitigate risks

[190] L23
[191] L12

and know where to go for help, as well as and caregiver support programmes.' In 2018, agencies had reached 129,186 children and 52,997 caregivers with protection services. Case management had continued to be a key component of this work aiming to provide non-judicial and judicial protection to high-risk children. In 2018, a total of 8,418 children had been assisted through case management, of which, at least 23% were cases of children who have been engaged in child labour and 27% with children in contact or conflict with the law.

In the first half of 2019, the Inter Agency Working Group reported[192] 28 partner organisations had reached 10, 380 children through child protection case management services and child protection focused psychosocial support.

12. Continuum of protection and suitable care services

12.1 Informal care

Informal Care as defined by the UN Guidelines for the Alternative Care of Children is a privately made arrangement when a 'child is looked after on an ongoing or indefinite basis by relatives or friends at the initiative of the child, his or her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body'.[193]

The Guidelines describe kinship care as 'family-based care within the child's extended family or with close friends of the family known to the child'.[194] It may be formal or informal in nature (it is considered formal when it has been ordered by a competent administrative body or judicial authority.)

There is very little information available about children in informal care in Lebanon. Acknowledgement was made in a report of 2018, [195] that children were being 'abandoned' due to lack of resources to support them, remarriage or family conflict. These children it was explained were also being entrusted by a parent to a family member and that kinship, usually 'to the paternal side where kinship care is the most common.' [196]

A study in 2017[197] includes a section on kindship care, which is reproduced in its entirety below. This information includes reference to the placement by judges of children into kindship care, which under the UN Guidelines however, would be considered a formal rather than an informal placement:

> 'Other than residential care, kinship care is the only form of alternative care that is widely used in Lebanon. In both Lebanese and refugee communities, families or friends of the family often look after children who cannot live with their parents, and usually this is an informal arrangement without the involvement of the courts or social workers. Such informal placements are the main response to refugee children who are separated from their parents. UNHCR and others report that there are relatively few Syrian refugee children living alone, and most of those that travel to Lebanon without parents are quickly reunited with other family members or friends (UNHCR 2013[198], confirmed in interviews). Reasons for Syrian children becoming separated from parents include: children losing families whilst fleeing violence in Syria; boys being sent to Lebanon to provide the family with financial support; and parents being fearful for their children's safety. Save the Children (2015),[199] research suggests that such separation is often strategic and intentional. In some cases, parents will go ahead to Europe to find work, leaving their children behind to follow later. One NGO reported that the closure of borders in Europe is making it harder for such reunification to take place. Similarly, family members usually take in Palestinian children whose parents migrate or remarry. Although most refugee children who are separated from their usual carers are cared for by kin, this does not always happen, and factors including high levels of household poverty can prevent families from caring for children. When separated refugee children are not looked after by families they are often left to fend for themselves, as there are so few other alternative care options open to them (INTERSOS and the Migration Policy Centre 2017)[200].

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[193] UN General Assembly. *Guidelines for the Alternative Care of Children (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.*
[194] ibid.
[195] L4
[196] ibid.
[197] L1
[198] UNHCR, The Future of Syria: refugee children in crisis, Geneva: UNHCR, 2013.
[199] Save the Children and the King Hussein Foundation Information and Research Centre, Kinship care report. Syrian Refugee Children in Jordan, Jordan: Save the Children
[200] INTERSOS and the Migration Policy Centre, On my own. Protection challenges for unaccompanied and separated children in Jordan, Lebanon and Greece, INTERSOS: Italy, 2017.

Data from UNICEF indicates that kinship care is not widely used in Lebanon; the vast majority of children in households live with both parents and only around 1 per cent live without either parent (most likely in kinship care or living alone. (See Figure 20) (UNICEF 2016)[201]. However, children are more likely to live with neither parent if they are refugees from Syria.

Figure 20. Living arrangements of children in Lebanon by nationality and refugee status (published 2017)[202]
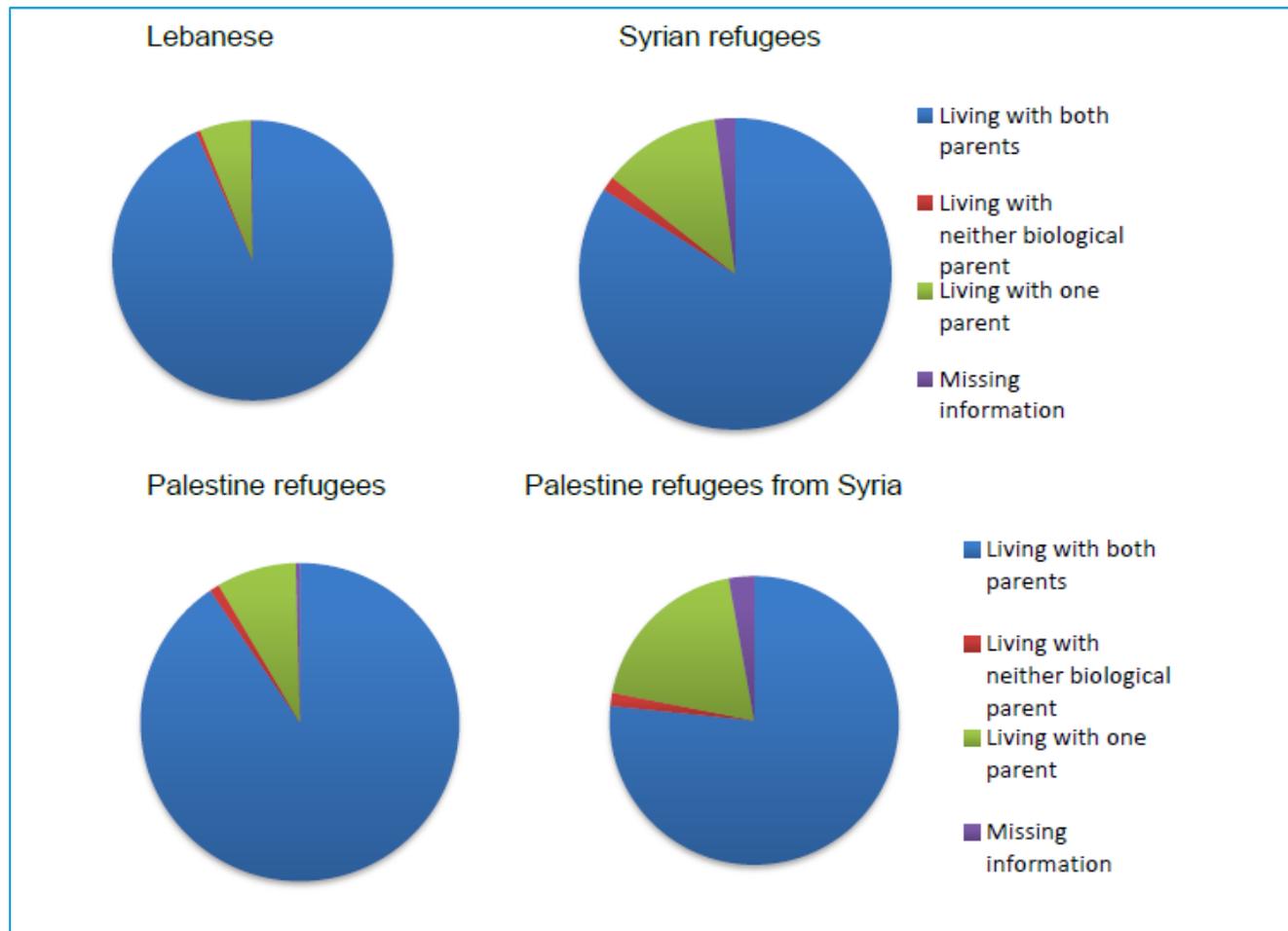
While children in kinship care are often well looked after, many of those interviewed for the 2017 study[203] said boys and girls in these situations can be vulnerable to abuse. Research on Syrian refugees in Jordan in kinship care also demonstrated for kin that are looking after for children separated by conflict often provide love and stability, but also abuse, exploit and discriminate against children, especially if caregivers feel obliged to care for children rather than this being of their own free will[204]. The 2017 research suggested stakeholders in Lebanon understand discrimination increases with financial hardship: when resources are scarce, families are more likely to dispense what is available to their biological children.[205]

Many of those interviewed for the 2017 report[206] suggested that kinship care is not being utilized to its full potential, particularly in Lebanese communities. The 2017 studied reported barriers to the wider use of kinship care include:

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[201] UNICEF, Baseline Survey, Lebanon: UNICEF, 2016.
[202] L1
[203] ibid.
[204204] Save the Children and the King Hussein Foundation Information and Research Centre, Kinship care report. Syrian Refugee Children in Jordan, Jordan: Save the Children, 2015.
[205] Roby, J., Children in informal alternative care. A discussion paper, New York: UNICEF, 2011.
[206] L1

- A lack of time to carry out proper assessments, making it hard for social workers to fully explore support networks in the extended family.
- No mechanisms in place to provide assistance to kinship carers, with many stating that financial support is vital. Community members report that grandparent care is the most
- common form of kinship care in Lebanon, and that older carers are often especially vulnerable.
- Legal challenges in allocating kin legal guardianship of the child, which is necessary, for example, for kin to make decisions about children's health care.
- Cultural barriers, with some communities reluctant to bring girls into households with a large number of boys. Many communities also have traditions about which kin children should be placed with, such as the importance of children over a certain age going to live with the fathers' family.[207]

There are some examples of promising practice in relation to support for kinship carers in Lebanon, particularly amongst those working with refugees. Save the Children has been working since 2015 with mainly refugee kinship carers to provide parenting training that involves a two-day course and 10 coaching sessions.
Training covers discussions about:
what constitutes abuse and the signs of abuse
communicating effectively with children
child development
how to support children when they first enter a new household.

Much of the case management offered to refugees provides priority support for kin caring for children separated from parents. Case management often leads to referrals to social protection and other forms of support. The family outreach work carried out by NGOs to prevent entry into residential care described above often reaches kinship carers.[208]

Formal kinship care

Although most placements into kinship care are informal, judges may also place children formally into kinship care through the courts through a child protection order. One judge interviewed for the 2017 study[209] told the researchers that around half of protection cases lead to a protection order, and 15% cent of these orders include a recommendation to place a child in kinship care, with other children supervised in parental care or placed into residential care. Other respondents disputed this figure, claiming that placement into kinship care through the courts happens far less often. Another judge said that out of 100 to 150 cases, only between 2 to 5 cases ended up with a kinship care placement. This judge told the researchers that the low use of kinship care by the courts was due to families being unwilling to take children in because of poverty, rather than reluctance on the part of the courts to place children with extended family members. Religious courts are also sometimes involved in placing a child into kinship care in instances where children are being placed as part of custody decisions. This may occur when parents are divorcing and neither parent is felt to be in a position to offer suitable care, or where both parents have died.

12.2 Formal alternative care

Formal Care as defined by the UN Guidelines for the Alternative Care of Children is 'all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures'.

12.3 Residential care

The number of children in residential care in Lebanon is estimated to be the highest in the world in terms of a ratio of the child population. Astoundingly it is understood that this rate is over twice that of countries of the Russian Federation, Haiti and Indonesia: all countries renowned for heavy reliance on institutionalization of children. [210] A report commissioned by UNICEF in 2012, acknowledged how, 'one of the most important challenges to child

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[207] ibid
[208] ibid
[209] ibid.
[210] L1

welfare in Lebanon is the widespread practice of institutionalizing children.'[211] Oversight of residential care is the responsibility of the Ministry of Social Affairs.

It has not been possible to find a database, or report, that provides a single compendium of longitudinal quantitative and qualitative data regarding the use of residential care in Lebanon. Therefore, the data contained within Table 5. below has been collated from information sourced in a number of documents.

There is some inconsistency in the terminology used to describe residential care settings: some reports identify them as 'social welfare' facilities or 'residential' institutions. Residential care settings appear to offer generalized care i.e. not segregated by specialized care (although this is not clear in the literature), regardless of specific needs. One review[212] of residential settings in Lebanon, found them to be, 'largely generic in nature', except for a few with specialized services for children with disabilities and a number of settings which are supposedly for children with protection concerns (which as noted above still received children with a range of other concerns).

15 centres[213] that are specifically caring for children placed there because of protection concerns - although it is also reported these children are also being placed in the 'social welfare' facilities.

Table 5. Data on children in residential care (extracted from a variety of sources)

Year of reported data/ year of publication	Care setting as described in the literature'	Number of residential care settings	Number of children	Source
2011	'children in residential care contracted by Ministry of Social Affairs'		23,000	[214]
2011	'total number of children in all residential care institutions'		35,000	[215]
2011	'Social Welfare Department contracted 'residential schools or homes' run through 183 contracts with NGOs		35,000	[216]
2012	'residential care homes 'supported by the Ministry of Social Affairs		0-4 year olds = 783 children in 'residential care homes' 4-15 year olds = 16,469 children in 'residential care homes' 12-18 year olds = 5,867 in 'residential training centres'	[217]
2014	'social welfare facilities funded by the Ministry of Social Affairs'		24,747	[218]
2015	'residential care institutions'	144	20,000	[219]
2016	'social welfare facilities funded by the Ministry of Social Affairs'	201	24,106 (1,000 of which were under the age of 4 years old)	[220]

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[211] L7
[212] ibid.
[213] L1
[214] L7
[215] ibid.
[216] ibid.
[217] ibid.
[218] L1
[219] L19
[220] L1

2017	'residential care'		24,000	[221]

Figure 21. provides further information on the number of children that were in Ministry of Social Affairs funded 'overnight' social welfare care in 2016, by governorate[222]. Perhaps the significance in terming this care to be 'overnight' is due to the suggestion in reports that some children, supposedly in 'residential' care, actually go back to their families at night if they are over the age of 12 years old.[223]

Figure 21. Number of children in Ministry of Social Affairs funded overnight social welfare care in 2016 by Governorate.[224]
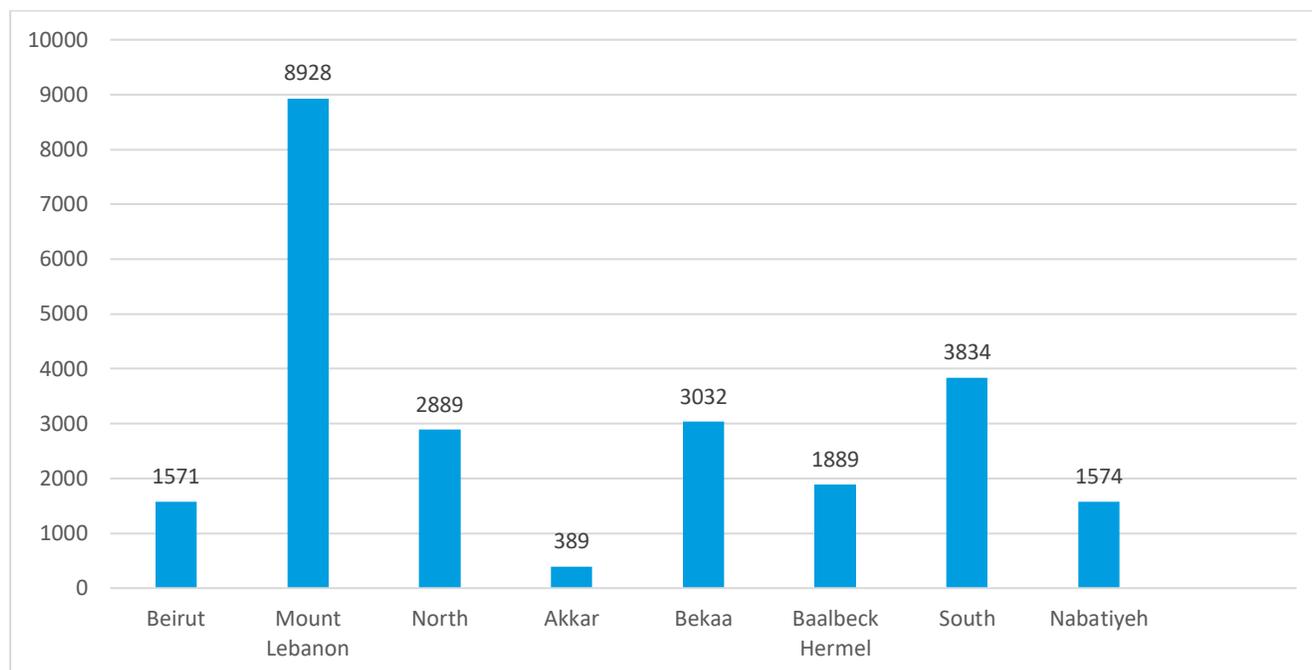
It has not been possible to find any further quantitative data indicating the number of children in individual residential settings across the country, and if, and how, they are being accommodated, as for example if girls and boys of different ages in separate facilities.

UNICEF, in a 2015 written submission to the Committee on the Rights of the Child, [225] recognized the majority of children in residential 'institutions' were not orphaned or abandoned children, nor in need of temporary protection. A report issued just a few years earlier in 2012[226] said children in residential care included those from 'poor families, children with disabilities, children in broken or problematic families, orphans and abandoned children, and children who are in trouble with the law' [227] The report went on to say that although some children may have suffered from abuse, for the most part, children had been placed in care due to lack of family coping mechanisms and/or because it was thought this would offer children better opportunities, especially educational ones. In 2017,[228] even within the 15 government-funded (NGO run) specialized residential facilities for children in need of protection, as well as in other 'social welfare facilities', only a 'small fraction' of children were there for protection reasons.

Oversight of residential care, also known in many of the reports assessed for this study as 'social welfare residential care', [229] in Lebanon, as previously noted, is the responsibility of the Ministry of Social Affairs, overwhelmingly

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[221] ibid.
[222] ibid.
[223] L1 and L7
[224] L1
[225] L19
[226] L7
[227] ibid.
[228] L1
[229] ibid.

however, they are managed by NGOs. In 2012[230], it was reported the Ministry funded 92% of all children in residential care and that there were 183 contracts with NGOs to provide institutional care mostly in 'residential schools' or 'homes' (the report also stated that the majority of children came from poor or broken homes). In 2010, this equated to almost 70% of the Social Welfare Department annual budget.[231] By 2012, the Social Welfare Department was reported to be paying residential care facilities exactly the amount of LCP 22,000 per child per day (although elsewhere in the report there is reference to a payment only a fraction of this amount). [232] Some NGOs are supplementing this amount, whilst some are reportedly not able to, thus leading to disparity in terms of the quality of care being offered.

In terms of pathways into care, it is not clear how many residential care settings are accepting children directly relinquished by families as opposed children that are going through the Ministry of Social Affairs and/or a court procedure. Families that wish to place their child in residential care can make an application to the Ministry of Social Affairs or directly to residential care providers. It is understood that in some cases NGOs working with families also refer children directly to residential care providers. [233] There are reports of a standardized process involving the completion of a 15-page form requiring such information as family background, composition, employment status, disability and school attendance. Following the application, families are assessed with level of poverty being a principal indicator.   In 2017, it was reported [234]that the Ministry of Social Affairs was receiving approximately 25,000 applications each year, a number that had been increasing year on year. Applications usually go through the local Social Development Centres and staff are expected to conduct home visits as part of the application process. However, it has also been noted[235] that some of the Centres do not have social workers with either the training or the time to do this work and therefore, rely on the application forms itself to make decisions. Some residential care providers undertake their own 'vetting procedures'[236] and can decide whether or not to accept a child.

It is important to note how the magnitude and focus of the sector has been influenced. This includes the long established use of residential facilities and of 'enrolling children of destitute families' for purposes of access to support and education which date as far back as the mid-nineteenth century and the arrival of foreign missionaries.' [237] This system continued, particularly with funding from faith-based groups, before the government started to take more responsibility through the creation of a social welfare department in the post-1958 war period.[238] Even in 2017[239], it was noted that many care settings had a religious affiliation, although it was also recognized that most would accept children from different religions. Noted exceptions to children not accepted into faith-based facilities are often those for whom a judge has ordered the placement. This is due to beliefs around 'morality' of the child, especially if for example, there has been sexual exploitation involved.

The vast majority of children in residential care are Lebanese children, and once placed, tend to spend much of their childhood there. [240] Unlike access to social welfare care, although refugee children are entitled to government-funded protection placements (although it was reported in 2017 that 'MOSA will not fund social welfare placements for refugee children.'[241]) their placement residential care, it thought to be rare. It is understood that residential care providers are unwilling to take in refugee children coupled with many in refugee communities wanting to deal with child protection issues themselves rather than referring them to the authorities.[242]

Internationally considered indicators relating to the definition of an 'institution' include such factors as large ratios of children to carers, poorly skilled staff, the lack of opportunity for children to build a caring, loving and trusting one to one relationship, lack of freedom to live amongst and be part of their local community, inability to uniformly reunify children with their families, poor protection, and provision of only basic services etc. And of course, there is the issue of size for which there is no 'official' internationally agreed standard as yet. There is the nominal indicator of 'large' provided in the UN Guidelines for the Alternative Care of Children, and the new definition of small-scale residential centres that has been agreed as having no more than 6 children outlined in a recent White

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[230] L7
[231] L1
[232] L7
[233] L1
[234] ibid.
[235] ibid.
[236] ibid.
[237] L7
[238] ibid.
[239] L1
[240] L1
[241] ibid.
[242] L1

Paper[243] published by UNICEF ECARO office in 2020. European Commission reports also recommend that residential care should be community-based with small numbers - perhaps 8 or so, residents as the norm.

Taking into consideration such types of indicators, in 2017, [244] it was assessed that, 'most residential care in Lebanon is institutional in nature.' The review found most residential settings were large-scale, with some of the facilities the researchers visited accommodating over 500 children. Respondent social workers also confirmed that facilities 'tend to be large.' In addition, the study drew on unpublished research by UNICEF in 2017 that suggested most residential care facilities each accommodated over 50 children in any one location.

The number of children in residential facilities varies according to location in the country. Many facilities are situated close to urban centres, In 2017, almost 37% of children in care were in facilitates in Mount Lebanon, close to Beirut (please see Figure 21.) There are concerns that the concentration of residential care settings in certain parts of the country mean some children are being placed far from home. This is particularly an issue for those settings that are described as being more akin to boarding schools, which allow children to go home at weekends and for holidays but causing possible distress for those who cannot go due to long distances.[245] In addition, although children have been relinquished into care for different reasons, including what has been described as a family 'survival strategy'[246] and protection, nevertheless some institutions close down over the summer.

Once a decision has been reached that a child should be placed into residential care, social workers have to find them that placement. In research conducted with social workers published in 2017[247], respondents spoke of the struggle to find sufficient numbers of places, especially for children in need of protection. They also said that eventual placement is usually decided by the sole factor that there is a vacancy rather than the extent to which the setting meets the individual needs of a child. Information was also gathered that indicates some children are, 'actively discriminated against' [248]including:

- Refugee children
- Children with mental health problems or/and violent or challenging behaviors.
- Adolescents, especially boys.
- Street connected children
- Children under 5.
- Children who have been associated with armed forces or groups
- Children with multiple or complex needs

Other reported[249] issues related to the placement of children in alternative care include:

- Judges and UPEL are not always exploring possibility of kinship care as an option
- A high volume of referrals particularly since the advent of mandatory reporting
- The use of parents to get custody of children using the excuse of fabricated protection concerns (as previously mentioned in this report)
- The need to further develop the correct use of the 2015 Standard Operating Procedures which might then lead to less children being sent through a judicial process
- Not all agencies using case management are using it correctly with the result that information they supply to judges, and then acted upon, is not always reliable
- There is limited capacity and as a result, those children who really do need protection, may end up remaining in abusive families
- Complexity of working with undocumented children, including refugee children or children who have a Lebanese mother but non-Lebanese father (nationality is passed down through fathers).

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[243] UNICEF ECAR (2020) White Paper: The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region. UNICEF ECARO

[244] L1
[245] ibid.
[246] L1
[247] ibid.
[248] ibid.
[249] ibid.

12.3.1 Small scale residential centres

[250]There has been a lack of information in the documents reviewed for this study that provided an indication of the size/number of children in each of the residential care settings in Lebanon apart from the indication many are 'large'. The only reference to this, is an entry in a 2017[251] report that noted how some organizations, are reported to be running smaller care homes and these were considered exceptions rather than the norm.'

12.3.2 Regulation and quality of residential care

In 2017, there were reportedly[252] no written standards or regulations governing the quality of care that should be provided in residential setting although in 2016, the Ministry of Social Affairs in partnership with the NGOs Abaad and AFEL developed guidelines on child safeguarding for all institutions.[253] These guidelines begin by defining different forms of child protection risks as well as such principles as best interests of the child and non-discrimination. The guidelines then go on to outline care of different children including children with disabilities and unaccompanied and separated children. The remainder of the guidelines explore the roles of different stakeholders including parents, staff and volunteers and then detailed steps of developing and implementing a child protection protocol including careful staff recruitment and reporting and investigation procedures.

All social welfare providers are required to be registered with the Ministry of Interior, although some organisations are exempted from registration as they have a special religious status. In 2010, the Ministry of Social Affairs also established an accreditation scheme for all NGOs applying, or currently receiving, funding through the Ministry's budget for welfare services. The accreditation reportedly includes measures to ensure legal compliance, sound administrative and financial accountability, quality performance targets, data and information collection, and human capacity. Those organisations providing alternative care that are not accredited to the Ministry however, do not have to gain accreditation and can therefore, remain unregulated. As reported in 2017,[254] many NGOs still appear to operate with very little government oversight or regulation and, 'a multitude of private services that are undocumented, especially those provided by localized faith-based organizations.'[255]

Ministry of Social Affairs staff are supposed to conduct regular visit to facilities. This includes visits from staff from one of their Social Development Centres. Some of the Centres have social workers with child protection expertise qualified to carry out inspections, but others do not. Reports by providers of residential care say the frequency of visits vary from once a month to once every year, but generally seem to be a few times each year.[256] There were also reported to be approximately 40 Ministry of Social Affairs social workers engaged in monitoring over 200 Ministry funded facilities, but that these social workers also had numerous other responsibilities.[257]

Although there seem to be no agreed national minimum standards on residential care, Ministry of Social Affairs staff are supposedly guided by two checklists for quarterly and annual visits. It is understood[258] these visits focus on counting the children to make sure that all of the children that the Ministry are paying for are actually in the facilities. They also check daily routines, service provision and the state of the infrastructure. Apparently, these visits do not seem to explore fully the nature of caring relationships or children's emotional wellbeing. When questioned for the 2017 study[259], Ministry staff said they do speak to children during their visits, but others reported that there were insufficient opportunities for children to discuss problems about their care. The 2017 study raised concerns regarding the capacity of Ministry staff to properly assess the quality of care for children with disabilities, and several informants said that children with disabilities are especially vulnerable to abuse and exploitation.

A further concern revealed in the 2017 study[260] was the manner in which it was difficult for front line workers to publically criticize those residential settings with religious and political affiliations. Respondents also thought it was

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[250] ibid.
[251] ibid.
[252] Information provided by the SOS team in Lebanon. Neither has it been possible to find any such regulations during an online search in Arabic and English
[253] L1
[254] ibid.
[255] L7
[256] L1
[257] ibid.
[258] ibid.
[259] L1
[260] L1

difficult for facilities affiliated to larger, well resourced and powerful religious or political groups to make necessary reforms. As such providers are only partially reliant on Ministry of Social Affairs funding, this can diminish the Ministry's influence in enforcing any changes thought necessary.

In 2017[261], several respondents also spoke about corruption in the system, with providers reporting more children in facilities than are actually there in order to receive additional funds from the Ministry of Social Affairs. A few respondents also mentioned 'ghost facilities': settings which existed only on paper although the researchers did note they could not verify this. Some residential care providers receive no Ministry funding and are reliant on funds from individual donors or international NGOs. These facilities should be registered as NGOs with the Ministry of Interior, but do not have to register with the Ministry of Social Affairs thus allowing their facilities to go completely unregulated. [262]

It is believed that problems with the quality of care relate to such issues as lack of investment in facilities and staff, insufficient training and poor child safeguarding protocols. Researchers for the 2017 study were told by key informants that, although there were what they considered to be 'pockets of good practice, overall residential care provision was of poor-quality care. Challenges included[263]:

- The lack of well trained staff, including those that had the ability to respond to children with particular needs such as those that had suffered abuse or children with disabilities

- The generalization of care in residential settings and the lack of specialism in such areas as:
    - Babies and infants
    - Children with certain disabilities, such as autism
    - Children with mental health problems
    - Refugees, especially those who have witnessed and suffered traumatic events
    - Children with multiple or complex needs

- The focus on children's material well-being, on providing basic services such as food and shelter, but not offering love, care and support for emotional well-being

- Facilities that are dirty, poorly maintained, and overcrowded

- Placement of children alongside adults

- Children with protection needs being placed with children in conflict with the law. These children are also being placed in general 'social welfare' facilities where other children can go home to families at weekends but they cannot

- Abuse by staff, including sexual abuse and physical punishment.

A report published in 2012[264], also recognized the 'very different levels of care that children experience in such residential settings across the country'. There were concerns regarding the manner in which children are sent to residential settings that provide 'general' care and the lack specialism to support children with specific backgrounds and experiences, or for example, those with disabilities. Furthermore, in 2017, the Committee on the Rights of the Child noted concerns regarding widespread use of corporal punishment within care settings in Lebanon.

12.4 Deinstitutionalisation

No specific plan issued by the Government of Lebanon with the aim of deinstitutionalization was found during the search for literature for this study.

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[261] ibid.
[262] ibid.
[263] ibid.
[264] L7

12.5 Family Based Care

The most commonly used term for family-based alternative care is 'foster care'. Foster care, described in the UN Guidelines for the Alternative Care of Children as 'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved and supervised for providing such care.'[265] The Handbook 'Moving Forward'[266] produced as a tool to assist with implementation of the Guidelines, identifies the use of foster care as a form of short- or longer-term placement, depending on suitability and circumstances. In reality, the term 'foster care' used in different countries to describe a range of formal, and sometimes informal, care settings.

There is no 'formally established foster care system' in Lebanon although the report published in 2017[267] acknowledged that on a few occasions, judges had placed a child in need of protection with a non-related family if first assessed by an NGO. They also place abandoned babies in the care of families that plan to adopt the child. A small number of cases were also identified by UNHCR where refugee children had been taken in by a willing family identified through community-based child protection mechanisms.

During interviews conducted for the 2017 report[268], respondents voiced concerns about foster care and the adoption of this 'western form' of care. Whilst some thought it may be possible, many did not and spoke of the following challenges:

- The lack of resources that would enable to the process of identification, assessment, monitoring and support for foster families. It was also believed that there would have to be a payment to foster families so that they could afford to take another child into their household.
- Cultural barriers and a strong sense of family, particularly blood ties, making it difficult for a family to take in a child that is not of their own blood. Many felt that Muslim families in particular would have an issue with this factor, especially taking in girls that were not related to the male members of the household. Save the Children had been working on supporting and training kinship carers, but when asked, these same families felt unable to take a child that was not related.
- Legal and policy barriers and the lack of statutory regulations and guidance that would allow for foster care.

Of interest is an interview researcher conducted for the 2017 study,[269] with a representative from the Shia courts who said that they did not object to foster care but that it would have to be done in the 'right' way. They said:

> "Foster care should follow Islamic laws…. let's say if a mother wants to raise a boy with her kids, since at a certain age this will be forbidden by the Islamic religion and law, we tend to find a solution. In the Islamic religion, if this or one of her sisters or even her mother can breastfeed the child [who has been fostered], this issue will be solved. Because the child will no longer be considered as a stranger to the family or the mother. But in all cases, we emphasize that the child should know from early age that this is not actual family and this is a family that is raising him only." (Representative from the Shia court)[270]

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[265] UN General Assembly. *Guidelines for the Alternative Care of Children (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142*
[266] Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow: Scotland.
[267] L1
[268] ibid.
[269] L1
[270] ibid.

13. Reintegration, ageing out of care and adoption

13.1 Reintegration

Global best practice on reintegration is articulated in the Guidelines for the Reintegration of Children,[271] endorsed by international and national organisations. The guidelines state that reintegration should be seen as a process, involving: assessment, preparation, gradual reconnection with families, and post-reunification follow-up support. The guidelines indicate that reintegrating children require a full package of support, covering: efforts to address stigma and discrimination; child protection measures to counter abuse and violence; support accessing health and education services and with catch-up schooling; and household economic strengthening. Each child has differing needs and support should be tailored accordingly. Children often need support for many months and sometimes years after they have returned home

Research suggests that there are no systematic efforts being made across Lebanon to return children back to their families once they have been placed in residential care. Indeed, there are reports that most children, once placed there, remain for the rest of their childhood. In respect of reintegration, the 2015 Standard Operating Procedures for case management have been criticized for not providing sufficient guidance on how to support families, or undertake successful reintegration. [272]

It is also thought that contrary to supporting the reintegration of children, there are some organisations placing their efforts on actively keeping children in their care settings.[273] The existence of a few examples of promising practice has been acknowledged with the NGOs, SOS Children's Villages and AFEL, being recognized in this respect: 'SOS Children's Villages, only take children into care for short periods, and work intensively with them and their families throughout their time in care to enable reintegration'.

Some children are also taken back home at the request of their families. In part, this might relate to evidence suggesting many children are relinquished due to poverty and associated factors. Therefore, rather than working with families on the difficult issue of protection, it may be easier for family circumstances to change if poverty related. Reunification will may also be easier due if some children are remaining in close contact with their family and as noted earlier, returning home at weekends and school holidays (more akin to the practice of boarding schools). Although there is acknowledgement that some residential settings, through the use of case management, do attempt reintegration of children who entered case for protection reasons, these efforts vary across the country.[274]

13.2 Ageing out of Care

The UN Guidelines for the Alternative Care of Children[275] call on:

> Agencies and facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate aftercare and/or follow-up. Throughout the period of care, they should systematically aim at preparing children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.

The UN Guidelines also urge that all efforts should be made to ensure a participatory process in planning the pathway and transition from care to independent living should begin well before a young person is leaving care.

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[271] Delap, E> & Wedge, J. (2016) Guidelines *of Children's Reintegration*. Inter-agency Group on Children's Reintegration
[272] ibid.
[273] ibid.
[274] L1
[275] UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: https://www.refworld.org/docid/4c3acd162.html

In particular the UN Guidelines call attention to provision of a 'specialized person' who can be there to support young ageing out of care as well as a focus on additional support for those with special needs including a disability. There should also be access to ongoing education and vocational training opportunities.

Likewise, the 2019 UNGA Resolution on the Promotion and protection of the rights of children[276]requires States to ensure,

> adolescents and young people leaving alternative care receive appropriate support in preparing for the transition to independent living, including support in gaining access to employment, education, training, housing and psychological support, participating in rehabilitation with their families where that is in their best interest, and gaining access to after-care services consistent with the Guidelines for the Alternative Care of Children.

The legal age of majority in Lebanon is 18 years. Once again, referring to findings in the report published in 2017[277], researchers understood there may be examples in Lebanon of provision of accommodation in the community and other support being offered to care leavers during transition to semi/independent living although no specific providers were identified. Some informants for the study indicated concerns due to the suspicion surrounding children that have left care, especially adolescent boys, and especially male refugees who are often assumed to be associated with terrorism or armed groups.[278] It was also recognized that as some, that children remain in care for such long periods of time that they become 'institutionalized' and face many difficulties reintegrating and adapting to living within society. [279]

13.3 Kafala

As noted previously, *Kafala* is used in Lebanon to provide sponsorship for children residing in their own families. In many Islamic contexts, it is also used, as a means of allowing a child to be cared for by a new family but it does not seem to be being used in this manner in Lebanon.[280]

13.4 Adoption

Adoption is a legal arrangement whereby children who cannot be cared for by their own parents become fully part of a new family. Adoption it is not considered in the UN Guidelines for the Alternative Care of Children to be a form of alternative care for once the adoption process is completed, the child is in parental care, like any other child being cared for by their mother and/or father. This is also noted in the 2019 UNGA resolution.

Adoption is not allowed under Islam due to beliefs around the bond of blood ties. In Lebanon, adoption is only available to Christian families when babies have been abandoned and their mothers cannot be found. If the identity of the mother is known, babies cannot be placed for adoption even if birth parents are unable or unwilling to care for the child. These children are therefore placed in institutional care, or if a place cannot be found, it is understood they may remain in a hospital. [281]

Furthermore, babies can only be adopted if they are thought to be Christian because they have been abandoned in a Christian area, though some respondents interviewed for a 2017 study[282] said these rules are sometimes disregarded and babies from Muslim communities are also placed for adoption through Christian organizations. Reported Government figures in 2017 indicated that in the previous two years, 17 boys and 11 girls had been adopted.

Respondents in the 2017 study[283] also spoke of corruption in the adoption system resulting in a larger number of illegal adoptions taking place each year that are not included in official statistics. They also spoke of children being

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[276] United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395
[277] L1
[278] L1
[279] ibid.
[280] ibid.
[281] ibid.
[282] ibid.
[283] ibid.

'trafficked' into adoption. For example, a member of a focus group discussion stated, *"I know a couple that wanted to adopt a child, they went to an institution and saw a girl that they wanted to adopt and she was a new-born. They were a well-off couple with a house and work, and they submitted all required documents. But the institution asked them to pay $10,000 at first, and then they started bargaining and they wanted $15,000."* (Focus group conducted with Maronite community members)[284]

Adoption in Lebanon is both domestic and inter-country. The process involves the case of abandoned babies in residential care and hospitals first being investigated by the Office of the General Prosecutor to ensure the child has no known parents. The child should be registered through the Ministry of the Interior. Families who wish to adopt are vetted by NGOs or the residential care provider and then referred for assessment by the Christian confessional courts. Factors taken into consideration include age of the couple, infertility (they will not be considered if they could have a child of their own), their financial status and level of education.   It is understood this process can take a considerable amount of time, between 12 to 18 months, during which the child may sometimes be placed in temporary 'foster' care with their prospective adoptive parents.[285]

Problems highlighted in a 2017 study[286] in relation to the adoption system include:
- The complexity of the process and the length of time required. This means many babies must remain in residential care for this period which is known to be damaging to their development
- The stipulation that children must be abandoned and the mother unknown means the adoption is not open to all children that could benefit from it
- The law lacks clarity regarding the adoption process
- The matching of children with adoptive families should be improved with emphasis placed on the child' needs and best interests rather than the interests of the adoptive families
- There is considerable stigma associated with adoption, and many adopted children are not told that they have been adopted

Inter-country adoption was reportedly a frequent occurrence during the war in Lebanon, with reports that around 10,000 children had been adopted as part of an inter-country process that started in the 1960s. It is understood this number dropped significantly however since the end of the war.[287]

In 2016, the Committee for the Rights of the Child requested the State of Lebanon to supply data on the number of national and inter-country adoptions that had taken place - as well as numbers of children separated from parental care and numbers of children in alternative care.

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[284] ibid.
[285] L1
[286] L1
[287] L1

14. A skilled workforce

The 2019 UNGA Resolution on the Promotion and protection of the rights of children[288] urges States,

> to strengthen child welfare and child protection systems and improve care reform efforts, which should include increased multisectoral collaboration, inter alia, between child welfare and health, education and justice sectors, active coordination among all relevant authorities, improved cross-border systems and improved capacity-building and training programmes for relevant stakeholders

The Resolution also asks States to ensure,

> adequate and systematic training in the rights of the child, including by encouraging States to take the Guidelines for the Alternative Care of Children into account for professional groups working with and for children, including with children without parental care, including specialized judges, law enforcement officials, lawyers, social workers, medical doctors, care professionals, health professionals and teachers, and coordination among various governmental bodies involved in the promotion and protection of the rights of the child

14.1 Social workers

A comprehensive study of the social service workforce was undertaken by UNICEF, the Global Social Service Workforce Alliance and Maestral International in 2019[289] although, to be noted, this was not specifically an evaluation of the quality of the workforce. This study along with others[290] reflects on the need to improve social work in Lebanon. For the sake of the study, social service workers in Lebanon were defined as 'governmental and nongovernmental professionals and para professionals whose primary function is to engage people and structures to address life challenges and enhance wellbeing of individuals and communities.'[291] The survey did not disaggregate the respondents by their roles and responsibilities nor whether they were government or NGO workers. Neither is it possible to distinguish just how much this survey reflects information about those social workers with a specific role related to child protection. The survey did illustrate that the social service workforce in Lebanon is overwhelmingly female.

Respondents highlighted some of the challenges they are facing as illustrated in Figure 22. These includes a heavy workload (39.9%), lack of services at the local level (36%), and limited financial, logistical and human resources (34%). Furthermore, they considered weak cooperation and coordination between stakeholders (30.5%), lack of promotion opportunities (28.6%) and low salaries (26.5%) as concerns.

Figure 22. Challenges faced by the social services workforce in Lebanon (published 2019)[292]
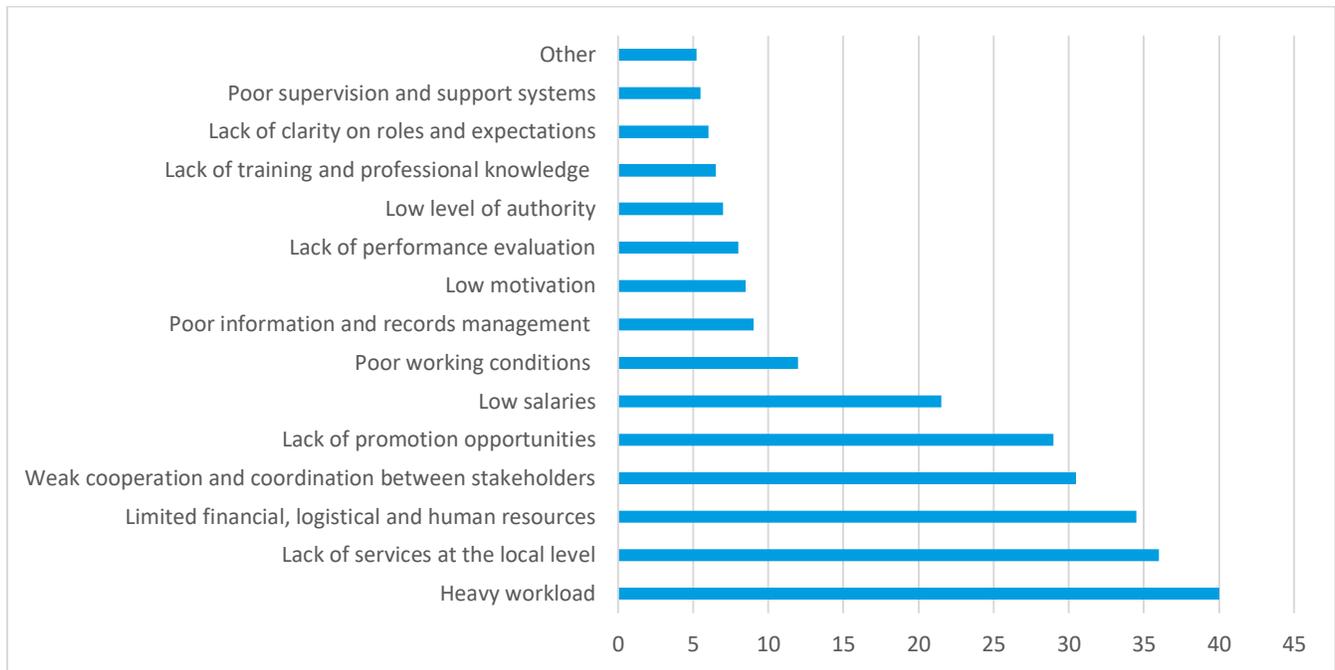
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[288] United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395
[289] J46
[290] J47 and J48
[291] L24
[292] L24

The study concluded that the workforce in Lebanon is highly qualified. However, it is also unregulated and the effectiveness of professional associations in Lebanon in being able to contribute to strengthening the workforce is unclear. There is a reported need for improved legislation in this regard (96.8% of respondents thought such legislation to be necessary). Figure 23. illustrates respondent suggestions as to how elements of legislation could improve conditions in the profession.

Figure 23. Articles social services workforce respondents would like to see included in legislation (published 2019)[293]
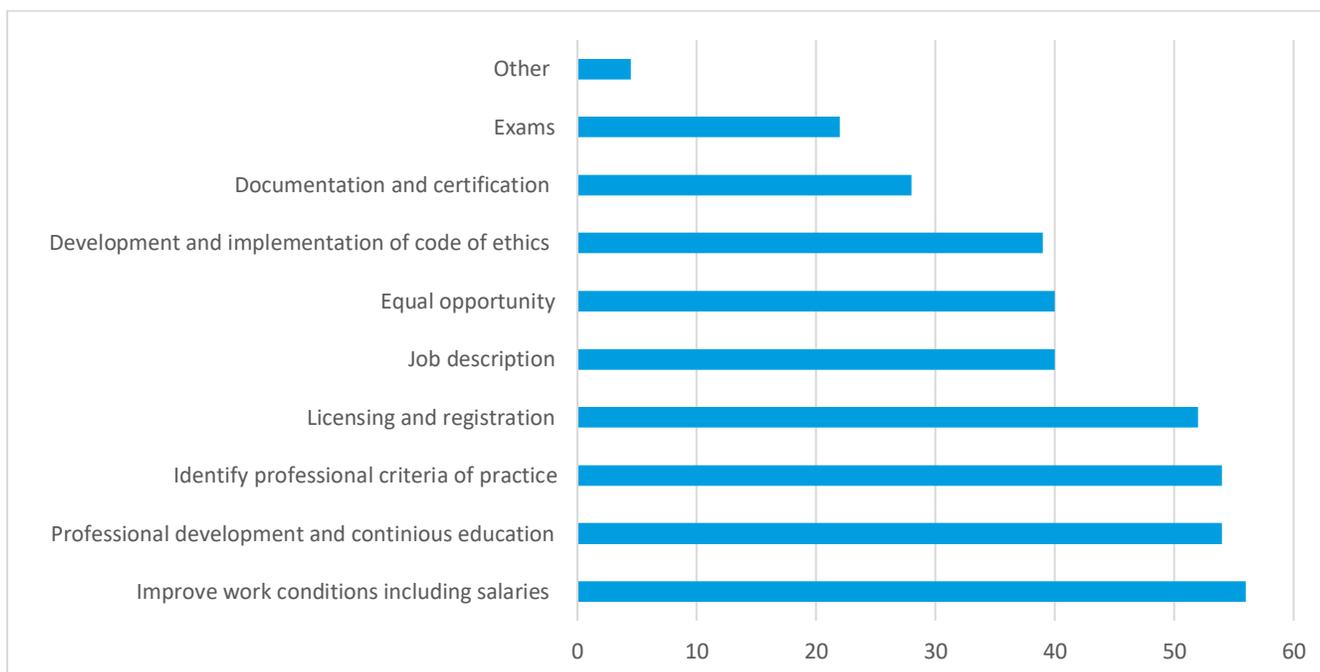
Due to lack of available data, the social services workforce study[294] in Lebanon was not able to calculate the ratio of social workers to children. In part, this was due to the majority of social workers in Lebanon work for NGOs, some of whom are not accredited or registered with a Ministry. It was possible to gather some information regarding daily tasks undertaken by respondents, as seen in Figure 24.

Figure 24. Daily activities of the social service workforce in Lebanon (published 2019)[295]
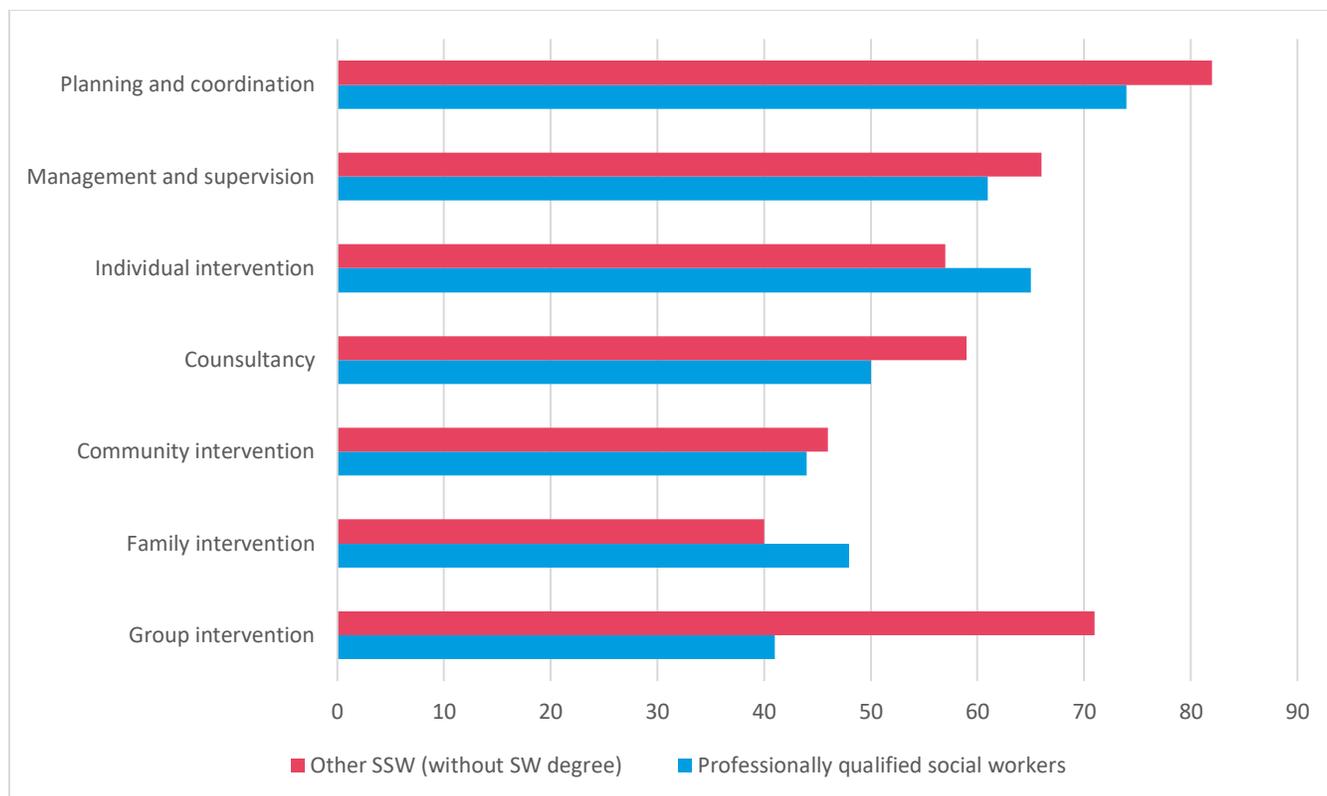
As previously recognized in this study, a significant amount of social work with children is commissioned by the Ministry of Social Affairs and delivered by NGOs, especially through the services. It has not been possible during this study to find the exact numbers of social workers directly employed by the Ministry of Social Affairs working on child protection, or by those employed by NGOs.

Other studies in Lebanon have also highlighted the challenges facing social workers. These included high caseloads, with some respondents in a 2017 study[296] saying they can have between 100 to 200 cases at any time. The fact that there are higher education qualifications for social workers was also noted but with a caution that this has not necessarily translated into the specialized skills needed for child protection case management.

Likewise, UNRWA, across the countries it works in, including Lebanon, identified shortcomings in the competencies of those social workers in its employ with responsibility for child protection. [297] A report commissioned by the agency highlighted the fact some staff members feel overwhelmed with regards to protection responsibilities, particularly when dealing with complex and sensitive cases involving children.

In 2018, [298] the Inter Agency Child Protection Working Group in Lebanon noted a number of areas in which workforce capacity should be improved. These included actions that would:

▪ ensure all staff have received and signed training on a child protection code of conduct and child protection policy

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[294] ibid.
[295] L24
[296] L1
[297] L2
[298] L4

- ensure new NGOs in Lebanon are authorized by the Ministry of Interior
- improve mechanisms linking organisations, the Ministry of Interior and Ministry of Social Affairs so that there is better coordination of the activities and services being provided
- implement a confidential monitoring and complaints mechanism within each organization to respond to child protection concerns and violations with clear internal standard operating procedures, and ensure that the organization promotes a culture of openness regarding the issue of child protection
- take stock of existing human resources, such as social workers or trainee social workers, teachers, staff of local organizations and community volunteers (such as those in faith communities), and identify the best way to support, use and develop these human resources
- identify the actual expertise needed by developing job profiles that specify responsibilities in line with the Child Protection Working Group competency framework
- recruit new staff as necessary by using relevant technical expertise on the selection panels and include in the hiring process the checking of police record and professional references from previous employer
- ensure that line managers inform staff of their roles and responsibilities after employment and ensure a child protection focal point as an eye and ear in projects or regions
- analyze salaries for child protection workers and limit the pull factor of government staff to join international I/NGOs and agree on a range of salaries, ensuring monitoring is regularly taking place
- develop a capacity-building strategy that addresses the identified capacity building needs of volunteers, staff and partners at the beginning of their employment, complying with the "do no harm" approach
- promote staff wellbeing by creating a healthy working environment including providing rest and recuperation periods, and develop and implement staff self-care strategies, policies and procedures

The report[299] went on to highlight the need for appropriate learning and capacity building in the topic of child protection. Coupled with this, a report published in 2012, suggested there were may different organisations supplying and implementing training but that much of the training available to front line workers was 'ad hoc'.[300] In this study social workers revealed their fear of reprisals from communities when they become involved in family or community matters, particularly as many come from the same communities they are serving. They spoke of pressure from senior community members not to pursue cases and had sometimes been intimidated and received psychical threats.

The aforementioned 2012 study[301] specifically mentioned social workers from UPEL and the difficult conditions they were working under. This included high caseloads, having to be on duty around 24/7, the lack of sufficient numbers of social workers and financial constraints impacting on their work, as for example, getting to rural locations. Social workers, in accordance with other reports, also identified issues related to the sensitive nature of the cases they deal and tackling community norms, which could also impact on their own safety.

14.2 Professional capacity of residential care workers

There were no reports sourced during this study that provided specific information on the professional capacity of residential care workers.

14.3 Professional capacity of the judiciary

As identified earlier in this report, judges - in both protection and juvenile justice cases- rely heavily on the assessments and recommendations of those NGOs with a mandate to undertake child protection case management on behalf of Ministries. However, there has been very little information found in terms of capacity of judges to make good decisions or their skills and knowledge in terms of child protection and child rights.

At the time of a study published in 2012,[302] there were six 'children's judge's in Lebanon, one for each region. The report explains how these judges, appointed by the Higher Institute of Magistrates have other roles, so apart from one judge in Beirut, they only devote part of their time to children's cases. The vast majority of their approximate case load of 50, were predominantly related to juvenile justice and it was estimated that less than 10% involved

[299] L4
[300] L7
[301] L7
[302] L7

children at risk - which is was noted, could also include children you had dropped out of school) According to interviewed judges,[303] children's cases were fast-tracked and wherever possible, a child's best interests were met. Judges were also inviting families and children into their private offices to work through the case, normally accompanied by the UPEL social worker. Judges found this to be a good way to get to know the child and to solicit their views.

The Ministry of Justice has been supported by UNODC with sensitization training and awareness-raising materials for judges. However, the study of 2012[304] said there was a general consensus that there has not been sufficient child protection training for judges. A lack of mandatory specialized training for judges was a concern, as was the lack of protocols or guidance for judges that would help them in decision-making. According to the judges that participated in the study[305], they are mindful of the trauma caused by separating the child from their families and, in accordance with the provisions of the law, try to maintain the child within the extended family whenever safe and possible to do so. Judges are unable to order suspected perpetrators to be removed from the family home except when the wife owns the family property herself and therefore, may have to resort to finding alternative shelter usually the mother and all the children of the household. Although there is no formal appeal process, judges are able to revise the judgement at any time. However, without a case review by the social worker, orders and care planning tend not to be revised.[306]

It was also reported[307] that the power of the judges is somewhat restricted as many private service providers, even residential care provided contracted by the Government, can refuse to accept children placed by the judge. This has results in some girls accused of 'crimes against morality' have even been sent to Roumieh Prison rather than protective shelters.

A report of 2017[308] also referenced 'juvenile judges' however, it is unclear whether these were judges only concerned with juvenile justice or also holding a responsibility for protection cases. What the report did say is, although 'juvenile judges' are often very committed and do seek solutions that are in the best interest of the child, nevertheless, many are newly qualified and lack specialist training related to child protection. Judges were also struggling due to a significant rise in the number of cases as a result of the influx of refugees.

Where juvenile judges take decisions regarding protection orders concurrent with custody cases being considered in religious courts, it is understood that the decision of the juvenile judge should take precedence. As noted elsewhere in this study, this is resulting in parents with custody cases using protection as a pretext to take the case to a State court. [309]

14.4 Professional capacity of police

In 2012,[310] it was reported that, despite some targeted capacity building interventions, professionals operating under Law 422, including the police, have received limited specialized training that would improve their ability to apply the Law. In addition, the government system of rotation was cited as a real challenge for the consistency and sustainability of staff within social and justice sector services again, including that of police officers.[311]

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[303] L7
[304] ibid.
[305] ibid.
[306] ibid.
[307] L7
[308] L1
[309] L4
[310] L7
[311] ibid.

15. Cultural norms and attitudes

There are some prevailing attitudes amongst Lebanese, Syrian and Palestinian communities in Lebanon that are resulting in the stigmatization of children in residential care. This includes children being labelled as having 'social problems'[312] and impacting on their assimilation into society once they have left care.

Furthermore, discussions undertaken with community leaders and families[313] revealed a set of cultural values and beliefs that impact on the manner in which children in need of protection is being approached. This includes a fundamental belief in the sanctity of the family unit and its inherent right, and responsibility, to manage its own affairs without interference from the authorities. In this respect, often families and communities do not report cases of child abuse to the authorities but find solutions themselves. This is driven by an understanding that:
- A child belongs to the family, and the family to the community
- Parents have primary responsibility for the care and protection of their children and should not be 'replaced'. Rather they should be encouraged to assume their responsibilities through dialogue and support
- The imposition of an intervention by an external authority is likely to disrupt family life in a negative way. For example, such interventions can stigmatize the family in the eyes of the community and render intra-familial relationships even more fragile
- The resolution of the problem should enable the perpetrator to 'save face' and at all costs, avoid a 'humiliating submission before the law'.

Although community child protection measures can contribute to the building of a protective environment for children, nevertheless, the aforementioned attitudes are also putting at risk the elements of justice for a child, decisions that are in their best interest, access to any professional help they may need, and at worst, resulting in a child remaining in a harmful situation. Although in discussions[314], mothers were more likely to disclose the abuse to the authorities, this can also bring condemnation on herself if thought to have brought shame on the family. Apart from cases of incest, it was though that the mayor, the village elder, the politician, the chief of the clan, or the social municipal commission might be called upon to intervene. [315]

There is also a pervasive acceptance of physical punishment of children within the family and a patriarchal dominance. For example, in discussions held within communities for a study in 2012,[316] with regard physical abuse of boys inflicted by fathers, there was an expectation that these children should be able to fend for themselves, either by removing themselves from the situation, or by being quiet and helpful to their father. Indeed, it was repeatedly said that the child should accept the father's behavior regardless of whether the father is abusive as, 'the child has a duty to preserve the family harmony and be loyal.'[317] Where intervention was required, respondents deemed spiritual, religious and social guidance might be ways to deal with perpetrators of violence. In addition, these interventions should be 'voluntary and aimed to respectfully persuade the alleged perpetrator to amend his behavior in accordance with accepted mores.'

There is also a reported reluctance on behalf of professional stakeholders to become involved in cases. This for example, included concerns by some about questioning the standard of care being provided by faith-based organisations. The fear is they may be seen to be criticizing religious beliefs, commitment and values. Furthermore, although professional stakeholder that participated in a 2012 study[318] thought cases pertaining to children at high levels of risk, including sexual abuse, should be reported to statutory protection services, they also signaled a personal reluctance to become involved in the judicial process.

Nevertheless, a 2017 study did reveal a strong desire for change amongst many professional stakeholders. For example, judges, Ministry of Social Affairs staff, social workers and even some residential care providers felt that residential care should only be used as a 'last resort'. They were able to identify the reasons they thought residential care was not necessarily in the best interest of children and why they should remain within families.

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[312] L1
[313] L7
[314] ibid.
[315] ibid.
[316] ibid.
[317] ibid.
[318] L7

However, the study also found some professionals that did not have this understanding and were unaware of the harm institutionalization of children can cause.

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