CHILD DEVELOPMENT

Child Development, July/August 2010, Volume 81, Number 4, Pages 1271–1286

Defining Best Practice in Care and Protection of Children in Crisis-Affected Settings: A Delphi Study

Alastair Ager, Lindsay Stark, Bree Akesson, and Neil Boothby
Columbia University

Thirty specialists in humanitarian work supporting the care and protection of children in crisis settings completed a 3-phase Delphi consultation. Proposals of best practice were elicited, reviewed, and rated by participants. A high level of consensus support was reached for 55 statements. These statements emphasized utilization of existing resources, participation, and inclusivity. The influences of resilience theory, social ecology, and cultural sensitivity were clearly evident. The utilization of developmental theory could be strengthened in relation to more differentiated understanding of the operation of protective influences and conceptualization of such influences in terms of ''adaptive systems.'' Wider research engagement by development scientists in diverse cultural settings and clear formulation of findings for practitioners and policy makers would further support evidence-based humanitarian practice.

Globally, natural and man-made disasters represent a significant risk to children's developmental progress and well-being (Boothby, Strang, & Wessells, 2006; Bryce & Boschi-Pinto, 2005; Carballo, Heal, & Horbaty, 2006; Cohen et al., 2005). Estimates place the number of children involved in armed conflict at over 300,000 (Coalition to Stop the Use of Child Soldiers, 2004). During the Mozambican civil war, 64% of children aged between 5 and 15 years experienced abduction from their families and 77% witnessed murder (Boothby, Strang, et al., 2006). An estimated half million children, one fifth of the child population, were separated from their parents as a result of the Rwandan genocide (Cantwell, 1997). The 2004 tsunami orphaned well over 20,000 children, with estimates that approaching 40% of these were under the age of 5 (Carballo et al., 2006). Over 5,000 children were left without an adult caregiver in the immediate aftermath of the Sichuan earthquake (ReliefWeb, 2008). It is estimated that over 12 million children have been orphaned by AIDS in Sub-Saharan Africa (UNAIDS, 2004).

These global crises pose significant risks to children's well-being and developmental progress. Not only do children face increased vulnerability to their immediate physical well-being, but childhood development is often also compromised with serious risks for long-term growth and survival. These crises often result in decreased health and nutrition status among children, seriously impacting the important childhood years of physical and mental development. Childhood malnutrition has consistently been linked to growth stunting, cognitive deficits, and decreased school attendance (Berkman, Lescano, Gilman, Lopez, & Black, 2002; Hoddinott & Kinsey, 2001; Martorell, Rivera, Kaplowitz, & Pollitt, 1992; Mendez & Adair, 1999; Walker, Chang, Powell, & Grantham-McGregor, 2005) as well as increased morbidity and mortality rates (Bryce & Boschi-Pinto, 2005; Toole & Waldmen, 1997). The lack of primary caretakers' capacity to meet children's needs for care and support—be they missing, wounded, ill, or otherwise unavailable to provide their usual level of supervision—represents another consistent threat to developmental well-being (Levy-Shiff, Hoffman, &

The authors acknowledge the contributions of Deborah Tsuchida, Andrew McMahan, Ann Warner, Elisabeth Berger, and Mark Orr in the implementation of work described, and commentary on drafts of the manuscript provided by Ezer Kang, Pamela King, and Wendy Ager. The work was completed as part of the Care and Protection of Children in Crisis-Affected Countries (CPC). Initiative funded by USAID's Displaced Children and Orphans Fund, the Oak Foundation, and the United States Institute for Peace. Statements made in this article are the views of the authors alone, and do not constitute the policy of any of these agencies.

The work was conducted with respect to the Columbia University Medical Center Institutional Review Board determination IRB-AAAB7134.

Correspondence concerning this article should be addressed to Alastair Ager, Program on Forced Migration and Health, Mailman School of Public Health, Columbia University, 60 Haven Avenue, B-4, New York, NY 10027. Electronic mail may be sent to aa2468@columbia.edu.

Rosenthal, 1993; Williams, Hyder, & Nicoli, 2005). The importance of such factors as cognitive stimulation, caregiver sensitivity, responsiveness, and caregiver affect in supporting children's cognitive and socioemotional development highlights the risks to children in contexts of disaster of disruption to the protective environment of supportive caretakers (Brazelton & Sparrow, 2006; Walker et al., 2007; World Health Organization, 2004). Separation from caretakers also leaves children susceptible to exploitation and abuse (Hepburn, 2006).

From an ecosystems perspective, disaster and conflict alike erode the social fabric of communities, undermining the capacities and institutions that provide developmental support to children across varying ''ages and stages'' beyond immediate caregivers (Ahearn, Loughry, & Ager, 1999; Boothby, Crawford, & Halperin, 2006; Carballo et al., 2006). Crises disrupt the day-to-day activities that fill a child's life and which allow children to comfortably and safely explore and express themselves. In crisis settings, formal and nonformal systems of learning may be destroyed, seriously interrupting the opportunity for children's cognitive stimulation and critical thinking. Abduction results in disruption of schooling, social marginalization, and delayed advancement of economic livelihoods (Annan, Blattman, & Horton, 2006). In conflict settings in particular, disruption of civic and religious institutions may significantly threaten children's moral development and evolving spiritual practices (Wessells & Strang, 2006). All this represents major disruption of key adaptive systems (Masten & Obradovic, 2008) supporting developmental outcomes.

Given these threats, response to the well-being, protection, and developmental needs of children is a major component of contemporary humanitarian intervention in crisis situations. In 2007, UNICEF, the United Nations' lead children's agency, launched more than 50 distinct funding appeals (totaling US$874 million) to support humanitarian interventions addressing the protection needs of vulnerable children and women (UNICEF, 2008). To guide such work, a Child Protection Working Group (CPWG) has recently been established within the Protection Cluster Working Group, the principal coordination mechanism for United Nations and international nongovernmental organization (NGO) work in humanitarian crises (OCHA, 2007).

However, the evidence base for effective response in such circumstances is weak. The lack of rigorous empirical studies documenting the effectiveness of specific programmatic interventions is a consistent theme in the literature across a wide range of contexts (Ahearn, 2000; Boothby, Strang, et al., 2006; Brooks, 2005; Wessells, 2006; Williamson & Cripe, 2002). Repeated calls to implement more empirical evaluations of child protection and related programming have been made (Ager, Boothby, & Wessells, 2007; Leaning, 2001; Hofmann, Roberts, Shoham, & Harvey, 2004; Weinstein, 2005), but the complexity of crisis settings and the urgency of humanitarian response conspire against robust study design. Given limited human and financial resources, the rapid roll-out of services and interventions often takes precedence over research and evaluation efforts.

There are a number of recent examples of field data collection in crisis situations that suggest that these challenges are beginning to be successfully addressed (e.g., Annan et al., 2006; Betancourt, Pochan, & de la Soudiere, 2005). However, there are alternative strategies to establish a core knowledge base to guide intervention in a specific field that stand to complement such efforts. These are broadly known as *consensus methodologies* (Duncan, 2006).

Consensus methodologies build on the awareness that valuable knowledge is gained by supporting processes of reflection by professionals (Kolb, 1984; Schon, 1983). Experiential, reflective learning is an important source of knowledge for developing professional expertise. Humanitarian professionals have made much use of such reflection (Wood, Apthorpe, & Borton, 2001), developing a strong culture of interagency consultation to develop consensus guidelines on a range of issues (e.g., IASC, 2007; The Sphere Project, 2004). However, such consultations seldom adopt the rigor of established consensus methodologies, such as Delphi, which provide a highly structured means to distill key lessons learned by experienced practitioners across a range of settings (Bowling, 2002; Duncan, 2006; Jones & Hunter, 1995; Murphy et al., 1998; Walker & Selfe, 1996). Crucially, such methods provide a means to control the social and political processes that can otherwise distort the distillation of knowledge involved in developing consensus (essentially the under- or overweighting of specific elements of evidence as a result of status or other forms of influence).

The current study was an attempt to identify, through a Delphi consensus methodology, the core knowledge base that senior practitioners in the field of care and protection of children in crisis settings considered to constitute ''best practice'' at this time. We considered that seeking to determine such a knowledge base would serve two valuable functions. First, explicitly identifying areas where there

is consensus and where it is currently lacking provides a sound basis for programmatic and policy reflection within the field. This can usefully involve both dissemination of program guidance (where there is established agreement) and focused debate (in areas of disagreement). Second, defining the knowledge base on which the field currently operates allows consideration of the extent to which this foundation effectively reflects relevant insights of developmental science and, further, the potential contribution of developmental research to enhancing such knowledge.

Method

Participants

We determined that the expertise most influential on current international humanitarian response to the care and protection needs of children was held by practitioners working with major agencies active in the field, with experience across a diverse array of settings, and accountable at a senior level (allowing significant influence on practice). Potential participants were therefore defined with respect to four criteria: (a) holding the most senior position in child protection within a leading donor agency working in the children in crisis field, (b) holding the most senior position within an international network or forum regarding children in crisis situations, (c) holding the position of senior child protection adviser or equivalent or above within specialized children's services within one of a specified number of ''leading agencies'' (intergovernmental organizations and international NGOs) working with children in crisis, and (d) having been employed/contracted by one or more of these ''leading agencies'' for technical/advisory work, leading to the production of five or more technical reports. ''Leading agencies'' were defined with respect to positions advertised and projects listed on the ReliefWeb and IRIN Web sites within the preceding year (a criterion that served to include all governmental and nongovernmental members of the CPWG of the Protection Cluster Working Group, the body mandated by the UN to coordinate work related to the care and protection of children in the context of disaster and associated humanitarian crisis).

Seventy-seven potential participants were identified through Internet searches and telephone enquiry as fulfilling one or more of the above criteria. Contact by e-mail or telephone was established for 52 of these. Thirty-eight consented to enroll within the study and 31 completed Phase 1. Thirty participants completed Phases 2 and 3 of the study. Completing participants (21 women and 9 men) were drawn from all eligibility criteria, although there was a trend approaching significance ($\chi^2 = 6.90$, $df = 3$, $p = .075$) for more participants enrolled under latter criteria to complete the study (completion rates 10%, 17%, 30%, and 71%, respectively, for Criteria 1–4). Participants were thus more representative of technical and program design expertise than those responsible for decision making on funding.

Procedure

The study adopted a three-phase Delphi design (Duncan, 2006; Green, Jones, Hughes, & Williams, 1999; Hasson, Keeney, & McKenna, 2000). Additional phases may promote higher levels of consensus, but where attrition of participants is considered a risk—as it was here with an Internet-based consultation with senior practitioners—this may be at the cost of representativeness (Duncan, 2006; Hasson et al., 2000; Powell, 2002; Schmidt, 1997). The study was conducted between May 2006 and April 2007. Participants were regularly contacted by study administrators during this period to inform them on progress of the study and, where necessary, encourage timely completion of responses to allow the study to continue to the next phase.

Phase I: Elicitation of proposed best practice. Those consenting to enroll in the study were invited to propose, via e-mail, ''best practice'' in the care and protection of children in crisis-affected settings. Participants proposed such practice by submitting statements in a specified format. By the end of this initial consultation period, a total of 255 statements summarizing best practice had been submitted. A manageable, consolidated listing of statements for review in the next phase of the study was developed using successive thematic analysis (Silverman, 2001; see Figure 1 for a schematic representation of the stages followed).

First, three researchers independently reviewed a subsample of statements to develop preliminary categorical codes, which were then consolidated into the broad categories listed in Table 1. All proposed statements were then grouped into these categories. Second, two researchers independently analyzed statements within each category, grouping them to define constituent themes. An agreed set of themes within each category was then negotiated. Third, review statements were compiled to represent each of these themes. These review

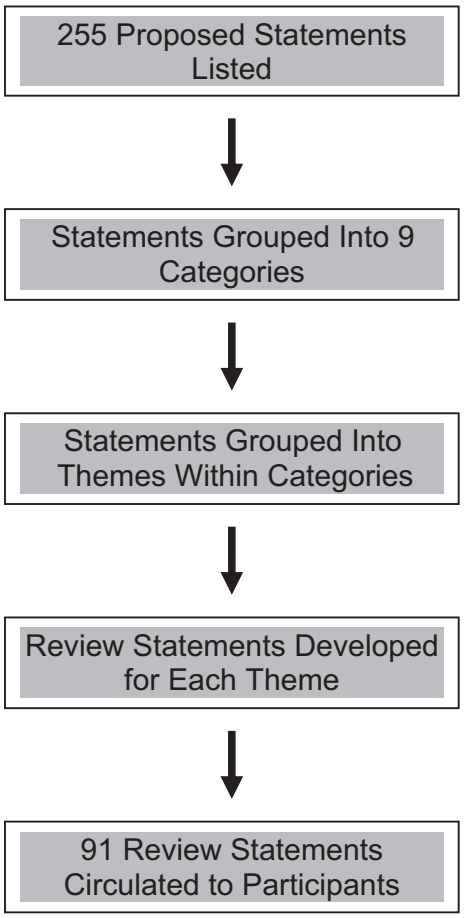

Figure 1. Stages of thematic analysis to identify review statements.

statements were derived from listed statements, focusing on recurrent elements within each theme. Again, two researchers independently compiled statements and then negotiated agreed wording (targeting accessibility and lack of ambiguity). At least one statement was compiled for each theme; additional statements were compiled where themes represented five or more proposed statements and the initial statement drafted did not adequately represent key elements reflected in the theme. This resulted in a listing of 91 review statements.

Phase II: Preliminary ratings of proposed best practice. In Phase II, this listing was presented to all participants with the request to rate their level of agreement with each statement as *strongly agree, agree, undecided, disagree*, or *strongly disagree*. For each statement, there was also space for participants to enter comments related to their ratings.

Phase III: Finalized ratings of proposed best practice. In Phase III, the composite ratings of statements from Phase II were fed back to individuals, providing them with the opportunity to amend—or retain—their own ratings given knowledge of others' judgments. Participants were presented with a listing of statements indicating the percentage of participants who had marked *strongly agree, agree, undecided, disagree*, and *strongly disagree* for each. They were also shown the rating that they themselves had given for each statement and the comments provided on that statement by all participants. For each statement they then marked their final rating and made further comments on the statement as desired.

Results

Figure 2 summarizes the distribution of ratings across the 91 statements that emerged at the end of the third phase of consultation. As was to be expected with statements proposed as representing perceived ''best practice,'' the distribution of ratings was positively skewed, with a median rating in the *strongly agree* range. Mean rating was 1.63, more than 3 times the standard error (0.395) from the center point of the 5-point rating scale.

Level of consensus was defined as the percentage of participants indicating *agreement* or *strong agreement* with a statement. Figure 3 displays the range of consensus support achieved across statements. Following emerging convention in Delphi studies (Beattie & Mackway-Jones, 2004; Brown, Crawford, Carley, & Mackway-Jones, 2006; Crawford, Mackway-Jones, Russel, & Carley, 2004; Duncan, 2006), 90% and 80% consensus were considered as potential thresholds to judge a statement as consensually agreed upon. With the gradient of this curve steepening beyond the 90% threshold, and then dropping sharply after the 80% threshold, the 90% threshold was taken as defining ''clear consensus'', with statements in the 80%–89% range designated as ''approaching consensus.''

Table 1 summarizes the level of consensus among participants for each statement. Statements are listed in descending order of consensus within each thematic grouping, and referenced by statement number and statement summary (listing of full statements is available at http://www.cpclearningnetwork.org).

Consensus is the key indicator for the interpretation of findings, but two other indices were calculated to support interpretation. Intensity ratios are commonly used in policy research to quantify the strength of opinion (including minority opinion) on Likert-type scales (Inglehart, 1995; Kemp & Burt, 2002; O'Hara & Stagl, 2002). Intensity ratios were

Table 1
Consensus Ratings of Reviewed Best Practice Statements

		Consensus (%)	AI	DI
Agency Strategy				
14	We must establish a ''culture of learning'' among agencies	100	0.60	0.00
11	Good practice requires attention to ''Do No Harm'' imperative	97	0.79	1.00
20	Child protection experts should be rapidly deployed to work with specialists in other sectors	97	0.78	0.00
13	Agency codes of conduct must be signed and enforced	96	0.86	0.00
17	Staff security must be considered at all times	96	0.82	0.00
18	Those delivering services to children must receive on-going support and training	96	0.57	0.00
4	Care and protection of children needs to be seen as concern of all agencies, working in an integrated, and coordinated manner	93	0.68	1.00
7	Coordination between agencies brings great benefits	93	0.54	0.00
9	We need to work at many levels, not just providing direct services	92	0.77	0.50
22	Advocacy needs to be data driven and based on program learning	89	0.64	0.00
3	Capacity building of local staff and partner organizations should be a component of all interventions	87	0.77	0.23
12	Consensus on definitions that relate to child care and protection is needed	87	0.39	0.77
8	It is good practice to build government capacity and avoid creating parallel systems	86	0.48	0.27
10	Documents, translated into all relevant languages, should be broadly distributed	83	0.28	0.59
15	Agencies need to balance investments between resident, IDP, and refugee populations and on both sides of civil wars	82	0.44	0.81
5	A rights-based approach must be continuously promoted	74	0.36	0.50
21	Failure to educate donors contributes to poor practice and lack of long-term commitment	71	0.35	0.38
6	Necessary protection and care actions are often broadly similar across situations. Good practice is having one set of guiding principles that are agreed to by all those involved in the care and protection of children	70	0.14	0.33
16	Effective protection programming must include nonviolent conflict resolution	61	0.30	0.36
19	Interventions need to be scalable	61	0.52	0.72
2	Emergency needs should be addressed independently of long-term strategy	33	0.39	0.85
Community Engagement and Participation				
27	In enabling community mobilization, it is vital to identify and include different community subgroups	100	0.77	0.00
23	It is essential to not ignore or undermine existing or traditional mechanisms	94	0.71	0.50
25	It is best practice to take a participatory approach with children and youth guiding the design, implementation, and evaluation of programs	93	0.43	0.50
28	It is good practice to conduct a participatory assessment with affected people in coordination with other assessment processes	93	0.68	0.00
29	We should support and foster development of preexisting child protection support networks	90	0.63	0.00
26	Children themselves are a neglected resource in child protection, and should be seen as social actors not as passive recipients of care and protection services	87	0.54	0.23
24	Best practice involves community-designed, community-managed, and community-owned projects	77	0.13	0.26
Understanding Children's Needs				
31	Programming should be inclusive and reach out to a range of affected children	100	0.47	0.00
35	Long-term strategies are required for youth who have missed education and who need to become economically active	100	0.50	0.00

Table 1
Continued

		Consensus (%)	AI	DI
37	First line action in protection is to limit exposure of children to traumatic events and provide activities that create sense of normality	96	0.45	0.00
32	Disaggregated data (by age, sex, etc.) are needed to ensure effective and appropriate programming	94	0.68	0.00
39	Agencies need to develop their skills for working at the community level in supporting families in caring for children	94	0.50	0.00
38	Children with extreme reactions to loss, displacement, etc. and those with severe mental illness should also be considered in program design and service delivery	93	0.46	0.00
36	Planning and delivery of services needs to be child-focused	90	0.33	0.00
30	We need to avoid categorizing and labeling children to avoid stigmatization and jealousy	76	0.68	0.13
34	Program assessments and interventions should consider children holistically and not in terms of sectors	73	0.38	0.11
33	Using the term ''vulnerable'' should be avoided	27	0.63	0.38
Monitoring, Evaluation, and Research				
40	We need to develop an evidence base of what constitutes effective child care and protection	100	0.83	0.00
46	We need strict ethical protocols for collecting information from children	100	0.72	0.00
43	It is good practice to evaluate program impact using a mixture of qualitative and quantitative data	97	0.72	0.00
45	Evaluation should consider project impact on social dynamics and power structures within communities	93	0.75	0.00
41	Effective programs must be able to demonstrate results with respect to clearly specified indicators and outcomes	93	0.48	0.50
42	Monitoring data should be used to adjust project implementation and evaluation data should be used to inform future planning	90	0.58	0.00
44	To assess impact we need rigorous data	69	0.20	0.32
Gender				
51	We need to provide ''girl friendly'' reproductive health and GBV services	100	0.82	0.00
48	Programs need to proactively reach out to engage girls	96	0.74	0.00
50	It is important to use local cultural resources as one means of supporting war-affected girls; it is equally important to be critical about practices which may violate human rights	96	0.61	1.00
52	There is a need for programming that targets and educates men and boys about gender roles and sexual responsibility	96	0.78	0.00
47	A gender perspective needs to be applied to all programming	93	0.77	0.50
53	We should avoid segregating girls into ''appropriate for gender'' skills training	86	0.42	0.21
49	We should support ''positive discrimination'' as one criterion to ensuring equitable treatment of girls	57	0.32	0.32
Separated Children				
58	We need to put strategies in place to prevent the separation of children	100	0.68	0.00
55	Understanding cultural norms can help protect children from exploitation	96	0.67	1.00
57	Thorough documentation is necessary for separated children before and during a crisis	96	0.41	0.00
62	It is best practice to monitor protection and well-being of separated children living with extended family or in foster care	96	0.78	0.00
59	Mobilization and mediation efforts are needed to facilitate the process of reintegrating separated children	93	0.61	0.00
60	Institutional care must be avoided whenever possible	89	0.61	0.00
56	Organizations need to be active in tracing separated children	85	0.46	0.50

Table 1
Continued

		Consensus (%)	AI	DI
61	Adoption should be avoided in crisis situations unless the child will not be cared for by extended family and may be adopted within their own community	79	0.37	0.00
54	It is best practice to offer health screening, health care, and shelter to separated children	78	0.24	0.32
Children Associated with Fighting Forces				
64	Effective reintegration programs support former children associated with fighting forces and also other vulnerable children	100	0.61	0.00
69	There is a need for planned reintegration from a long-term perspective with recognition of ongoing needs	100	0.59	0.00
71	Efforts to support children formerly associated with fighting forces are most effective and sustainable when based on their strengths and resources	100	0.46	0.00
75	Child protection must be addressed and prioritized within military and peacekeeping operations	100	0.82	0.00
76	Agencies need to understand how cultural, social, and political processes affect recruitment and use of children in armed forces	96	0.67	0.00
66	Separate DDR processes are needed for children and adults	93	0.61	0.50
68	Effective reintegration programs include supports relating to family mediation, health, education, livelihood, nonviolent conflict resolution, spiritual well-being, and community protection	93	0.61	0.00
70	Family tracing and reunification should start as soon as children are released from armed forces	93	0.44	0.50
72	Children should be supported in leaving fighting forces at any time during conflict	93	0.85	0.00
74	Substance abuse prevention, education, assessment, and treatment should be part of reintegration programs	93	0.23	0.00
77	Protection must be addressed in transitional justice processes	89	0.72	0.00
67	Girls and girl-mothers need to be included in formal and informal DDR processes	86	0.79	0.00
78	Cultural mechanisms for reintegration are highly effective and should generally be utilized	85	0.59	0.20
65	It is best practice to not provide cash settlements to children associated with fighting forces	78	0.50	0.18
63	Children associated with fighting forces should be provided with targeted support during reintegration	75	0.24	0.72
73	Vocational training can alienate rather than reintegrate a target group of children by drawing them away from other community activities	27	0.15	0.21
Schooling and Education				
81	Specific strategies need to be put in place to engage girls in education and training activities	100	0.50	0.00
79	The re-establishment of schooling is a key protective measure for children	97	0.54	1.00
84	Youth interventions need to go beyond formal schooling to include nonformal activities	92	0.64	0.00
83	Provision of safe spaces, recreational opportunities, and youth clubs can be valuable activities	90	0.32	0.00
80	Payment and training of school teachers is required to establish quality education for children	89	0.36	0.36
85	Parental education is critical to program success	64	0.22	0.39
82	Developing school management committees builds longer-term capacity within communities	61	0.48	0.08
86	Organizations should take education programs to scale only when they have logistics and trained personnel	47	0.08	0.27

Table 1
Continued

		Consensus (%)	AI	DI
Livelihoods				
90	Agencies should make income generating activities accessible for girls	97	0.67	0.00
88	Steps should be taken to support livelihoods of families in which children are thought to be particularly vulnerable	96	0.59	0.00
87	(Re)establishment of livelihoods plays a fundamental role in child protection	93	0.69	0.50
91	Livelihoods programs need to target youth	92	0.23	0.00
89	It is essential that vocational training and related skills development programs are based on sound market analysis	89	0.76	0.36
92	Skills training programs need to include job placement, start-up funding or microcredit, and follow-up to be effective	86	0.37	0.21

Note. 90%+ participants indicating agreement or strong agreement. 80%–89% participants indicating agreement or strong agreement. AI = agreement intensity; DI = disagreement intensity.

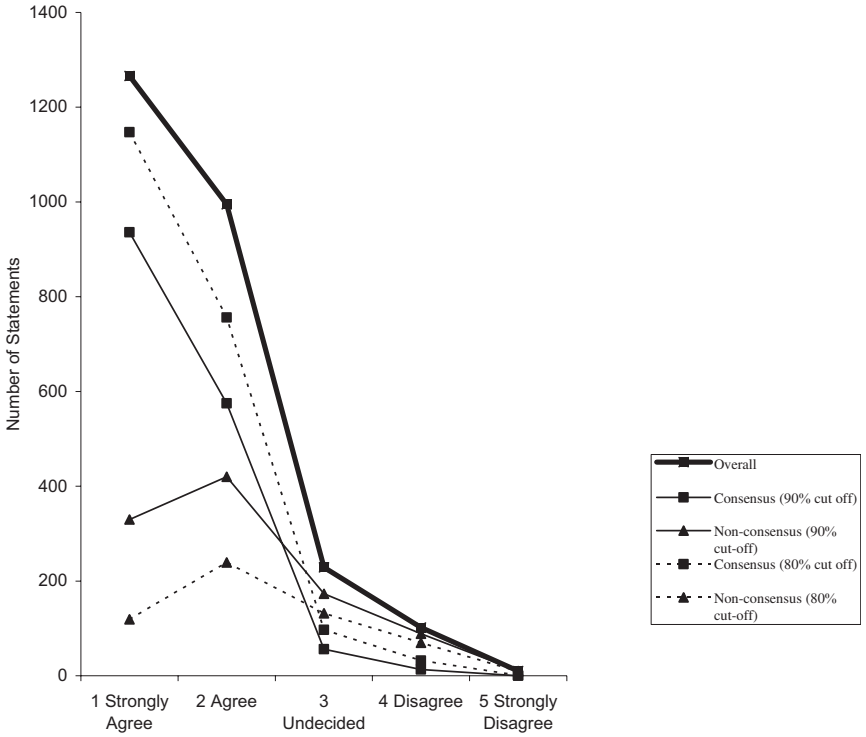

Figure 2. Frequency distribution of statement ratings (with differing ''cutoff'' thresholds for consensus).

therefore calculated to identify profiles of responding to particular statements that differed from the general pattern of response indicated in Figure 2. Agreement intensity (AI) was defined as the number of participants indicating strong agreement with a statement over the number of respondents indicating agreement or strong agreement with that statement. A score above 0.5 indicates that the pattern of agreements being more frequent than strong agreements (indicated by Figure 2 to be the modal pattern for nonconsensus statements) was not adhered to for this item. Disagreement intensity (DI) was defined as the number of participants indicating disagreement or strong disagreement with a statement over the number of respondents not agreeing (strongly or otherwise) with that item. It is a measure of the extent to which nonagreement involves genuine disagreement rather than uncertainty. A score of above 0.5 indicates that the modal pattern indicated by Figure 2 of responses of ''undecided'' being more frequent than explicit disagreement was not adhered to for this item.

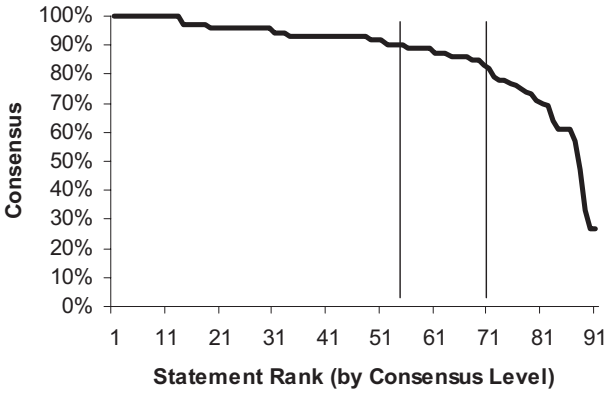

Figure 3. Levels of consensus support for statements (showing number of statements included by 90% and 80% thresholds).

Discussion

Constraints

As with all Delphi studies, the characteristics of the expert sample constrain the extent of generalization of findings. Here, the use of the Internet for identification of potential participants and of selection criteria related to ''leading agencies'' in the field of child protection in crisis settings provided a robust basis for inclusion of those shaping global debate in the field, but significantly underrepresents the potential contribution to such debates by ''southern'' child protection practitioners not visible by such means. Further, the high level of attrition of those participants meeting the inclusion criteria through their role with donor agencies urges caution in generalizing consensus to this constituency. For those meeting other inclusion criteria; however, retention of participants was high for Internet-based consensus studies (Elwyn et al. 2006; Hasson et al., 2000) and may be seen to fairly represent the technical and design expertise that shapes current programming.

The other major constraint related to the study design concerns the complex relation between statements about ''best practice'' and program practice in real settings. Statements were worded in a manner that sought to articulate concrete practice but, given the importance of context in determining details of implementation, they may often be seen as articulation of principle rather than defining practice per se. This leaves the statements open to differential interpretation across settings. Although the term best practice is used here to describe the intended focus of statements, the fact that such statements often articulate principles that remain open for somewhat differential implementation needs to be acknowledged.

Statements Securing Clear Consensus Support

The study identified 55 statements that secured clear consensus support (90% and above), which may be seen as representing a core knowledge base underpinning international response to child care and protection needs in crisis situations. A number of these statements reflect principles that have become established in guiding humanitarian efforts more widely including those related to the ''do no harm'' principle, agency coordination, staff codes of conduct and community participation (e.g., IASC, 2007; The Sphere Project, 2004). The majority, however, reflect understandings of the determinants of child well-being and development and, particularly, means of promoting this in contexts of crisis.

Participants share a view of the interconnectedness of child well-being and development with a wide range of social, cultural, and economic factors (Statements 4, 55, 76, and 87). Crises may directly expose children to trauma and loss (Statements 37 and 38), but the erosion of community resources also critically undermines well-being (Statements 23, 58, and 76). Targeted programming is supported in such areas as reproductive health services for girls (51), livelihoods programs for youth (91), documentation and tracing for separated children (57), and demobilization, disarmament and reintegration provision for war-affected youth (66). But the focus is generally not on direct service provision (Statement 9). The major emphasis is rather on utilizing, and where necessary rebuilding, community capacities (Statements 23, 29, 39, 50, 55, 59, and 88), and institutions (Statements 62, 79, 81, and 83). This involves a range of potential ''adaptive systems,'' including kinship networks, schools, religious associations, and local healing rituals. Significant attention is paid to the manner in which interventions are planned and implemented. Active participation of children and youth (Statements 25 and 36) and the wider community (Statements 27 and 28) are considered crucial, and the inclusivity of programming (Statements 31, 32, 48, and 51) is consistently emphasized.

Statements Not Securing Clear Consensus Support

The 46 statements that failed to receive strong consensus fall into three major categories. First, there were 16 statements that secured agreement from between 80% and 89% of participants, and were considered ''approaching consensus.'' These items generally appeared to fall short of clear consensus, either because they were considered

somewhat conditional upon context (e.g., 3, 8, 10, 15, and 53) or referred to technical practices (e.g., 56, 67, and 77) that were not clearly understood by some participants.

Of rather greater interest conceptually—given the processes by which minority opinion can come to shape consensus over time (Moss & Schutz, 2001)—was a second group of items for which there was a lack of consensus but with some strong support (as indicated by an AI score of 0.50 or above, indicating that those in strong agreement equaled or outnumbered those in agreement). Four statements met this criterion: Statement 19 (regarding scalability), Statement 30 (regarding stigma), Statement 33 (regarding avoidance of the term ''vulnerable''), and Statement 65 (regarding cash settlements to children associated with fighting forces). The first of these statements was unique in attracting both a high AI and a high DI score, and is considered separately in the next section. The latter statements share a core concern: the danger of stigma and community disruption when inclusion criteria for programs are based on specific needs or exposure to specific experiences. Comments from participants suggested that these statements did not receive consensus support because of concern over targeting services. A caucus of participants was highly sensitive to the potential negative impact on community dynamics of explicitly discriminating between children on the basis of externally defined categories of ''vulnerability,'' suggesting: ''*vulnerable* is about the worst word to enter the vocabulary of development'' and ''vulnerability is a product of situations, not individuals.'' Given the prominent role of vulnerability in many conceptualizations of developmental risk (Daniel, Wassell, & Gilligan, 1999; Masten & Gewirtz, 2006), the use and application of the term in humanitarian settings clearly warrants further exploration.

A third grouping of statements not only failed to reach consensus but also were marked by strong opposition, as indicated by a DI score of 0.50 or above (those actively disagreeing with the statement equaled or outnumbered those who were undecided). Of statements failing to reach the 80% threshold level for consensus, four met this criterion (2, 5, 19, and 63). Statement 63 is essentially the converse of Statements 30, 33, and 65, and disagreement with it marks the same sensitivity to targeting support to a particular group, rather than providing communitywide supports. Comments suggest that Statement 2, addressing the balance of attention to emergency needs and long-term strategy—was ambiguous to many reviewers. By contrast, there were substantive concerns on the role of a ''rights-based approach'' (Statement 5). While a child rights framework (based on the Convention of the Rights of the Child; UNHCHR, 1989) has been adopted by a number of international humanitarian agencies, comments here principally addressed the operationalization of this approach:

> Narrow definitions happen too often. It can inspire unbalanced approaches, and can undermine capacity-building.
>
> . . . only if done without imposing rights or taking a moralistic stance, demeaning local practices.

Finally, as noted above, Statement 19 (interventions need to be scalable) was unique in attracting both AI and DI scores of above 0.50, suggesting strong, divided opinion on this issue. Comments ranged from the strongly supportive:

> Great interventions that do not reach the vast majority cannot be considered effective practice.

to those arguing that scalability was not an appropriate criterion for effective practice:

> The fact that interventions can't be applied beyond a small group should not necessarily preclude those interventions being carried out.

Such disagreement suggests quite different understandings of the mandate of humanitarian assistance to children in situations of crisis. Seeing child care and protection in emergencies alongside such interventions as water and sanitation provision, food distribution, and emergency health care encourages a populationwide, community-based approach, with an expectation of general coverage and thus ''scalable'' provision (Brainard & LaFleur, 2007). Intensive, focused, relatively high-cost interventions draw upon radically different programmatic assumptions.

Humanitarian Consensus and Developmental Science

Few participants—either through the provision of statements or subsequent commentary on ratings—explicitly framed best practice regarding child care and protection in crisis settings in developmental terms. However, best practice was seldom cited in the narrow terms of immediate protection during crisis alone; attention was

consistently paid to the longer term trajectories of children and the impact on these of crisis experiences, and the related erosion of local capacities and institutions. Explicitly acknowledged or not, practitioners in such work are seeking to shape developmental outcomes and are making assumptions about processes of development.

Three questions follow from this. First, what ideas from developmental science does this knowledge base principally draw upon? Second, are there currently unutilized insights from developmental science that would usefully inform humanitarian response to children in crisis settings? Third, how might our findings shape the work of developmental scientists eager to impact humanitarian work with children?

The current knowledge base informing humanitarian response reflects most significantly the influence of two developmental constructs: those of *resilience* and of *social ecology*. Luthar and Cicchetti (2000) identify three distinguishing features of the construct of resilience: a focus on positive outcomes and not just negative ones, an emphasis not only on deficits but also of strengths, and consideration of the impact of the interplay of vulnerability and protective factors. These features were strongly reinforced throughout the statements achieving consensus. The concern of some participants in ascribing vulnerability to individuals rather than circumstances (Statement 33) reflects broader thinking on resilience being seen as a process rather than a personal characteristic (Luthar, Cicchetti, & Becker, 2000; Masten & Wright, 2009). In terms of Buckner, Mezzacappa, and Beardslee's (2003) distinction between inner resources (e.g., self-esteem, intellectual ability) and external resources (e.g., social support, relationship with caregiver) supporting resilience, it is clear that the latter receive much more attention in framing programmatic response. Participants generally drew much more comfortably upon social constructs than psychological ones, and although this may reflect uncertainty regarding the validity of psychological constructs across cultures (IASC, 2007), it also appears a pragmatic response given the available intervention modalities and resources in most humanitarian emergency settings.

This emphasis reflects also the influence of social ecological constructs on identified best practice. Such analysis—based on conceptualizations stemming from the work of Bronfenbrenner (1979)—has been widely promoted as an appropriate conceptual framework to shape humanitarian response to children in crisis settings (Boothby, Strang, et al., 2006; Wessells, 2006). It emphasizes how ''children develop in a social milieu in which family, peers, teachers and the wider community are part of the fabric of their day-to-day lives'' (Kostelny, 2006, p. 25). In this study, this emphasis was most clearly evident in support for the reunification of children with families or other culturally appropriate carers, but was also reflected in encouragement for the prompt reinstitution of schooling (Statement 79) and the prioritization of strengthening ''traditional mechanisms'' (Statement 23) and wider community activities and institutions.

Although we can identify themes of resilience and social ecological analysis shaping proposed best practice in child care and protection in crisis settings, utilization of such concepts was generally underdeveloped. For example, best practice statements tended to use ''protective'' factors and ''resilience'' as a general ''shorthand'' for strengths that can be capitalized upon. However, useful distinctions have been made in the resilience literature in the way that factors beneficially influence outcomes. *Promotive factors*, for instance, are beneficial in all circumstances, whereas *protective factors* show benefit in circumstances of risk (Masten & Wright, 2009). Luthar et al. (2000) distinguish factors that do not enhance functioning but reduce its deterioration (protection stabilizing), a key function in crisis settings. Factors that may lead to enhanced functioning (so-called flourishing; see Keyes, 2007) on transition into crisis (protection enhancing) have also been the focus of much interest (Luthar et al., 2000; Masten & Obradovic, 2008). These conceptualizations are not a matter of theoretical elegance; they are potentially of major programmatic significance. In the immediate wake of crisis, for instance, factors having a ''protection-stabilizing'' effect will usually be most important to identify and promote. In subsequent phases of recovery, more directly protective influences might appropriately be fostered.

Recent developments in the field of *development systems theory* also offer potentially valuable insights for humanitarian assistance to children. Lerner (2006) uses the concept of ''adaptive developmental regulation'' to refer to the two-way interaction between individuals and the many ''layers'' of their context, and suggests that the aggregate of multiple interactions shapes developmental outcomes. Reviewing four decades of research on resilience, Masten and Wright (2009) conclude the recurrent implication of certain basic human adaptive systems assumed to have been shaped through processes of biological and cultural evolution. Such

formulations shift attention from linear ''factors'' promoting development to nested systems that serve this function. Masten and Obradovic's (2008) grouping of such systems into those promoting ''human capital'' and ''social capital'' has certain parallels with formulation of resource domains relevant to psychosocial support in humanitarian settings (Ager, Strang, & Abebe, 2005). This distinction offers encouragement to mobilizing adaptive systems of attachment and agency (reflecting the domain of ''human capital''), as well as of family, peer and cultural systems (reflecting the more familiar territory for humanitarian work of ''social capital''). The focus on identification, and mobilization, of adaptive systems that support development also has powerful synergies with moves to establish a more systemic approach to child protection work in crisis settings (PFMH, 2008; UNICEF, 2008).

There is a third area where humanitarian practice might benefit better from developmental theory. Explicitly developmentalist conceptions shaped much writing on humanitarian interventions with children in the later decades of the 20th century, principally from a perspective of child psychology (e.g., Garbarino, Kostelny, & Dubrow, 1991; Hundeide, 1991; Jareg, 1987). Although developmental psychology currently has a less prominent role than formerly within developmental science, the latter retains sensitivity to issues of developmental transition. However, there was remarkably little emphasis in the reported statements on such matters. The term *age*, for example, was cited only once (although it was stated as a basis for disaggregation to ensure appropriate programming response; Statement 37). The support given to schooling may be taken as some recognition of the value of this institution to structure children's experience in a developmentally appropriate way, but there was otherwise little explicit attention paid to programming to be shaped to specific ''ages and stages.'' The move from school to work and the value of vocational training was the only developmental transition to which explicit attention was paid (Statements 35, 81, 84, and 91), potentially reflecting the concerns—particularly in conflict settings—of the vulnerability of disengaged youth to recruitment and illegal activity (Stark, Boothby, & Ager, 2009). Beyond the asserted role of restoring stable caregiving, there was no recognition of the specific needs of preschool children, for example, reinforcing other observations calling for a more explicit consciousness of early childhood intervention needs in humanitarian contexts (CGECCD, 2008). Such interventions may be particularly important given the potential for ''cascading'': early developmental progress providing a crucial foundation for subsequent developmental challenges (Masten & Wright, 2009).

What are the implications for developmental scientists of the findings of the current study? We suggest that there are two major themes that warrant exploration. The first of these is responding to the issue of culture and, specifically, cultural variation. Developmental scientists have increasingly recognized the ''culture bound'' nature of much contemporary analysis. For example, Weisz, Sigman, Weiss, and Mosk (1993) have argued that data suggest that ''core tenets of attachment theory are deeply rooted in mainstream Western thought and require fundamental change when applied to other cultures or minority groups.'' Rothbaum, Pott, Azuma, Miyake, and Weisz (2000) conclude that ''findings from research on parent–child and adult mate relationships suggest that there are different paths of development in Japan and the United States'' noting that ''the notion that there are different paths of development challenges Western investigators' presumption that certain processes . . . are central in all relationships'' (p. 1121). Pena (2007) has noted the challenge of ensuring the linguistic, functional, cultural, and metric equivalence of measures used across contexts. Tudge et al. (2006) have demonstrated the wide cultural variation—and its interaction with class—in the behavior of 3-year-olds attending and not attending day care.

In the face of such evidence, it is not surprising to see humanitarian practitioners reluctant to draw lessons across settings. Participants failed to consensually endorse ''necessary protection and care actions are often broadly similar across situations'' (Statement 6), adding such comments as ''one size never fits all,'' ''approaches should not be cookie cutter,'' and ''globalized standards that bear little relation to local realities are likely to be problematic.'' Concerted critique over recent years of models that insufficiently recognize the socioeconomic and cultural embeddedness of child well-being (Ahearn et al., 1999; Bracken, Giller, & Summerfield, 1995; Wessells & Monteiro, 2004) has clearly established cultural sensitivity as a dominant lens through which issues of children's development is viewed.

But there is a tension in the approach commended by senior practitioners, as elsewhere there are calls for a stronger ''culture of learning'' (Statement 14) and more evidence-based advocacy (Statement 40), both requiring some capacity for generalization. There are, as one participant

noted, clear challenges with adopting a ''blank sheet'' approach in settings of acute crisis and vulnerability.

What humanitarians require is a conceptualization of developmental processes that is sufficiently robust to formulate consistent sources of influence on developmental outcomes, without presuming upon their necessary form. In other terms, the practice of humanitarian assistance in diverse cultures requires sensitivity to indigenous psychologies and *emic* perspectives (Kim, Yang, & Hwang, 2006). But it also requires some derived *etic* understandings in order to respond in a timely and strategic manner, drawing global lessons from the experience of, and recovery from, crisis. Providing a basis for such understandings is a great challenge for developmentalists (Rothbaum et al., 2000). But it is a challenge worthy of the aspirations of contemporary developmental science. As Lerner (2006) suggests, ''developmental science that is devoid of knowledge of the individual and group ranges among diverse groups, and that is devoid of knowledge of the range of assets in diverse contexts, is an incomplete developmental science'' (p. 12). To develop theory and conceptualization fit for application to diverse settings will require engagement with a far broader range of contexts than is currently reflected in the pages of leading journals. Development science must be an increasingly global enterprise, with commitment to research partnerships with ''southern'' institutions and use of methodologies suited to unstable and resource-poor settings (PFMH, 2008), prerequirements of effective ''reach'' into the required diversity of development contexts.

Second, theory and evidence needs to be presented in forms that are accessible to policy makers and practitioners, and related to the decisions and actions they face regarding child care and protection in crisis. The strong endorsement of (and frequent reference to) the injunction to ''do no harm'' (Statement 11) may be welcomed as a recognition of cultural sensitivity and the frequent imbalance of power when working in crisis-affected settings. But it may also be seen as testament to the lack of clear, confident guidance from developmental science regarding key developmental processes (leaving workers, as participants variously noted, ''paralyzed'' or ''with their hands tied from doing even the most basic of psychosocial work'').

Luthar and Cicchetti's (2000) 10 ''Guiding Principles in Applying the Resilience Perspective Toward Developing Interventions and Policies'' provide a good illustration of how developmental science may be presented for practitioner audiences. These principles are of a form not unlike the presented statements here, and with much convergence (e.g., ''interventions should target salient vulnerabilities and protective processes that operate across multiple levels of influence'' cf. Statement 9; ''intervention efforts should aim at fostering services that eventually can become self-sustaining'' cf. Statement 23; ''interventions must be designed not only to reduce negative influences but also to capitalize on specific resources within particular populations'' cf. Statement 25). If developmental science can formulate its findings and implications in such terms, humanitarians are far more likely to reflect such thinking in their programming decisions.

In conclusion, this study suggests significant consensus amongst senior practitioners regarding ''best practice'' in the care and protection of children in crisis settings. This knowledge base reflects the influence of conceptualizations of social ecology and resilience, but greater use could be made of developmental science in relation to more sophisticated understandings of the manner of ''protective'' influences, particularly in relation to their being formulated as the reflecting the operation of core human adaptive systems. Some issues that failed to secure consensus support (e.g., regarding expectations of the scalability of interventions and the use of the concept of vulnerability), signal key issues for debate in the field at this time. For developmental scientists to constructively contribute to such debate a more extensive research engagement in diverse cultural settings (including those experiencing crisis) is required, accompanied by clear formulation of guidance for practitioners and policy makers.

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