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Children in Alternative Care: Psychological and Social Challenges, Protection Mechanisms, and Pathways toward Integration: A Scientific Review with Particular Reference to the Algerien Context

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Abstract
Children deprived of adequate parental care constitute a particularly vulnerable population whose development is shaped by the interaction of early relationships, living conditions, social protection systems, and opportunities for stable family and community participation. In Algeria, the expression "children in assisted care" is commonly used in social and academic discourse to refer to children who require public or institutional protection because appropriate parental or family care is absent, interrupted, or insufficient. This article reviews the psychological, social, educational, and legal dimensions of alternative care, with particular attention to the Algerian child-protection framework. It discusses the developmental importance of stable attachment relationships, the potential risks associated with prolonged institutional placement, the protective role of high-quality caregiving, and the need for individualized psychosocial follow-up. The paper also examines family-based alternatives, social integration, preparation for independent living, and the role of multidisciplinary professionals. International evidence increasingly supports preventing unnecessary family separation and prioritizing safe family- and community-based care whenever this is consistent with the child's best interests. Algeria's Law No. 15-12 of 15 July 2015 provides an important framework for social, legal, and judicial child protection. The article concludes that effective care should move beyond the provision of accommodation and material assistance toward a rights-based, developmental, and relational model that promotes continuity of care, psychological security, education, participation, identity, and long-term social inclusion.

Keywords: children in alternative care; assisted childhood; institutional care; child protection; psychosocial adjustment; family-based care; Algeria.

1. Introduction

Childhood is a decisive period in human development. During these years, cognitive abilities, emotional regulation, social competence, identity, and expectations about relationships are progressively organized. Although material conditions are important, children also need stable and responsive relationships with adults who provide protection, affection, guidance, and a sense of continuity. When parental care is absent or seriously disrupted, the child may require an alternative arrangement provided by relatives, foster or substitute families, residential services, or other child-protection mechanisms.

The subject often described in the Maghreb as "assisted childhood" therefore cannot be reduced to the administrative placement of a child in a social institution. It concerns a broader situation of vulnerability in which a child may be deprived of an adequate family environment and consequently requires protection, care, education, psychosocial support, and legal safeguards. The circumstances leading to alternative care are diverse and may include death of caregivers, abandonment, severe family crisis, violence, neglect, disability-related exclusion, migration, or other situations in which remaining in the original living environment is unsafe or impossible.

Contemporary child-protection approaches emphasize that separation from parents should not be treated as an ordinary social response to poverty or family difficulty. The United Nations Guidelines for the Alternative Care of Children and UNICEF's recent work stress two complementary principles: alternative care should be used only when necessary, and the form of care should be appropriate to the child's individual needs and best interests. UNICEF estimates that about two million children

worldwide were living in residential care in 2025, while also noting persistent weaknesses in the availability and comparability of national data (UNICEF Data, 2026).

In Algeria, child protection has developed through legislative, administrative, social, educational, and judicial measures. Law No. 15-12 of 15 July 2015 on child protection establishes mechanisms of social, legal, and judicial protection and places the child's interests at the center of intervention. UNICEF Algeria also identifies continuing priorities such as coordinated case management, professional training, improved data systems, psychosocial support, and socio-educational tools that facilitate the social and professional integration of children and young people (UNICEF Algeria, n.d.).

This article adopts a descriptive-analytical review approach. Its purpose is to clarify the concept of children in alternative care, analyze their principal developmental and psychosocial needs, discuss the opportunities and limitations of residential care, and identify mechanisms that can improve protection and integration. The Algerian context is considered within a wider international movement toward family strengthening, family-based alternatives, individualized case planning, and the gradual reduction of unnecessary institutionalization.

2. Conceptual Framework: From "Assisted Childhood" to Alternative Care

The terminology used to describe children without adequate parental care varies across countries and disciplines. Expressions such as orphaned children, abandoned children, children deprived of a family environment, children in residential care, children in foster care, and children in alternative care do not designate exactly the same population. For scientific purposes, the term "alternative care" is particularly useful because it focuses on the care arrangement rather than attaching a permanent identity to the child.

UNICEF's International Classification of Alternative Care of Children distinguishes three broad forms: family-based care, residential care, and supported or independent living arrangements. Residential care refers to non-family-based group settings, including emergency places of safety, transit centers, group homes, and short- or long-term residential facilities. Family-based care, by contrast, places the child within a family environment, whether through kinship, foster, or comparable arrangements (UNICEF Data, 2026).

The expression "assisted child" should therefore be used carefully. A child is not defined by institutional status. Placement is a response to a particular protection need at a particular time. A rights-based perspective regards the child as an individual with evolving capacities, personal history, family and social ties, opinions, educational aspirations, and a right to participate in decisions that affect his or her life. This shift in terminology is important because labels can reinforce stigma and can unintentionally transform a temporary social situation into a fixed social identity.

Alternative care should also be distinguished from adoption. Alternative care is a broad protection response that may be temporary or long-term and can include the possibility of family reunification. Adoption, where legally applicable, creates a different legal relationship. In the Algerian social and legal context, family-based protection is also discussed through mechanisms such as kafala. Any comparison among care arrangements must therefore take account of the national legal system, the child's identity, continuity of relationships, and the principle of the best interests of the child.

3. Pathways into Alternative Care

No single explanation accounts for children's entry into alternative care. The process is usually multidimensional. Family-level difficulties can interact with structural disadvantages, limited access to services, social stigma, health problems, conflict between caregivers, or sudden crises. It is therefore misleading to attribute placement only to parental behavior without examining the social environment in which families live.

Poverty deserves particular attention because economic hardship can intensify stress and reduce access to housing, childcare, health services, education, and social support. However, poverty alone should not be treated as sufficient justification for separating a child from his or her family. International child-protection policy increasingly emphasizes early family support, social assistance, community services, and case management so that preventable separation does not become the default response to material deprivation.

Some children enter care after experiences of neglect, violence, exploitation, or severe instability. Others may have lost one or both parents, have caregivers who are unable to provide safe care, or experience repeated disruptions in living arrangements. Children with disabilities may be especially vulnerable to institutionalization where inclusive community services and family support are weak. UNICEF has repeatedly warned that children with disabilities are disproportionately represented in residential care in several regions.

The route into care matters psychologically. A planned placement accompanied by explanation, preparation, familiar objects, contact with trusted adults, and continuity in schooling may be experienced differently from an abrupt removal in a crisis. For this reason, the initial assessment should document not only legal status and material needs but also the child's developmental history, relationships, health, education, language, culture, strengths, fears, and preferences.

4. Psychological and Developmental Needs

4.1 Attachment, security, and continuity

Attachment theory provides an important framework for understanding the needs of children separated from primary caregivers. Children develop expectations about safety and relationships through repeated interactions with adults. Responsive caregiving helps the child learn that distress can be communicated and that support is available. Conversely,

repeated loss, inconsistent caregiving, or emotionally unavailable environments may make trust and emotional regulation more difficult.

This does not mean that every child in residential care will develop a psychological disorder, nor that developmental outcomes are predetermined. Children vary greatly in temperament, previous experiences, age at placement, quality of care, relationships with siblings and relatives, and access to supportive adults. Resilience is possible, especially when the child experiences stable relationships, predictable routines, educational opportunity, and respectful professional support.

The quality and continuity of caregiving are therefore central. Frequent staff turnover, rotating caregivers, large child-to-caregiver ratios, and rigid routines can make individualized relationships difficult. Smaller, stable, family-like environments can reduce some of these problems, but the decisive issue remains whether the child experiences reliable adults who know him or her personally and respond consistently.

4.2 Emotional regulation, identity, and self-esteem

Children who have experienced separation may express sadness, anger, anxiety, withdrawal, mistrust, attention-seeking behavior, or difficulty concentrating. These responses should not automatically be interpreted as misconduct. They may represent attempts to manage uncertainty, loss, or previous adverse experiences. A trauma-informed approach asks what the child has experienced and what support is needed rather than focusing exclusively on behavioral control.

Identity development can be especially complex. Children may have questions about their origins, parents, legal status, surname, siblings, and reasons for placement. Avoiding these questions may increase confusion and shame. Age-appropriate, truthful, and sensitive life-story work can help children organize their personal narrative without reducing them to the circumstances of their birth or placement.

Self-esteem is also influenced by social reactions. Stigmatizing labels, secrecy, bullying, or differential treatment at school can communicate to the child that care status is a personal defect. Professionals and educators should therefore protect confidentiality, challenge discriminatory attitudes, and create opportunities for achievement that are not centered on the child's vulnerability.

5. Social and Educational Challenges

Education is one of the strongest pathways toward long-term inclusion. Yet children in alternative care may face interrupted schooling, learning gaps, concentration difficulties, low expectations, or repeated changes of school. Educational support should begin with an individual assessment rather than assuming low ability. Tutoring, study routines, access to books and digital resources, collaboration with teachers, and career guidance can substantially improve continuity.

Social integration requires more than attendance at school. Children need friendships, participation in sports and cultural activities, contact with community organizations, and opportunities to make ordinary choices. Institutions that are physically or socially isolated from the community can unintentionally reinforce a separate identity. Community participation helps children build social capital and relationships that may remain important after they leave care.

Adolescence introduces additional challenges. Young people begin to think about employment, housing, intimate and social relationships, higher education, and financial independence. Those leaving residential care may have fewer informal resources than peers who can rely on family networks. Preparation for independent living should therefore begin well before discharge and include practical competencies, vocational orientation, administrative knowledge, financial literacy, mentoring, and continued psychosocial support.

The transition out of care should be understood as a process rather than a single administrative event. Abrupt termination of support at a fixed age can reproduce the experience of loss that characterized earlier stages of the child's life. Graduated aftercare, follow-up contacts, access to counseling, and assistance with education or employment can provide continuity during this vulnerable transition.

6. Residential Care: Functions, Risks, and Quality Standards

Residential services may be necessary in some circumstances, particularly for emergency protection, short-term stabilization, specialized support, or situations in which an immediately suitable family placement is unavailable. The central question is therefore not whether every residential setting is identical, but whether placement is necessary, proportionate, regularly reviewed, and organized around the child's rights and development.

Research and international policy have raised serious concerns about prolonged placement in large-scale institutions. UNICEF reports that children in residential care, especially when placed at young ages, can face difficulties in relationships and may experience developmental delays when care is impersonal or insufficiently responsive. Such findings should not be used to stigmatize children or residential-care staff; rather, they demonstrate the importance of improving systems and reducing reliance on large, segregated institutions (UNICEF, 2024a).

Quality residential care should provide safety, stable staffing, individualized attention, access to health and mental-health services, education, recreation, protection from violence, mechanisms for complaints, and meaningful participation in decisions. Siblings should be kept together where this is safe and in their best interests, and family contact should be supported when appropriate. Every child should have an individualized care plan with clear objectives and scheduled reviews.

Safeguarding must be embedded in institutional governance. Children living away from their families may be particularly dependent on adults and therefore need accessible ways to report mistreatment without fear of retaliation. Staff recruitment,

supervision, professional ethics, training, incident reporting, and independent monitoring are essential components of protection.

Data quality is another requirement. Systems need reliable information on admissions, duration of placement, reasons for entry, family contact, education, health, disabilities, placement changes, reunification, and outcomes after leaving care. UNICEF notes that many countries still lack sufficiently accurate and comparable data on children in alternative care. Without good data, institutions and policymakers cannot determine whether interventions actually improve children's lives.

7. Family-Based Care and Prevention of Unnecessary Separation

International policy has increasingly shifted toward preventing unnecessary separation and expanding family- and community-based alternatives. This orientation does not assume that biological family reunification is always safe. Instead, it begins with a careful assessment of whether the family can provide adequate care with appropriate support. Where reunification would expose the child to serious harm, another stable arrangement must be identified.

Family strengthening may include social assistance, parenting support, disability services, childcare, mental-health support, mediation, housing assistance, school support, and coordinated case management. The purpose is to address the factors that threaten family stability before separation becomes necessary. This approach also recognizes that institutions should not substitute for social policies that families need in their communities.

When parental care cannot be safely restored, kinship care, foster care, kafala or other legally recognized family-based arrangements may provide a more individualized environment. Such placements nevertheless require assessment and follow-up. A family setting is not automatically protective simply because it is a family. Caregivers need preparation, support, clear responsibilities, and access to professional assistance.

Recent UNICEF reporting indicates substantial growth in family-based formal alternative care across reporting programme countries: the proportion of children in family-based care among those in formal alternative care rose from 27% in 2021 to 65% in 2024 in the countries providing relevant data (UNICEF, 2025). This trend reflects a broader policy direction toward family-based alternatives, although country contexts and data coverage vary.

8. Child Protection in the Algerian Context

Algeria's child-protection framework provides an essential foundation for addressing children who are at risk or deprived of adequate parental care. Law No. 15-12 of 15 July 2015 on child protection defines rules and mechanisms for protecting children and establishes social, legal, and judicial dimensions of protection. The framework reflects the principle that children's rights require coordinated responsibility rather than isolated institutional action (UNICEF Algeria, 2015).

UNICEF Algeria identifies the 2015 Child Act as a major national achievement and highlights the role of the National Body for the Protection and Promotion of Children. Current priorities include stronger coordination among actors, administrative data systems, professional capacity building, prevention and referral procedures, and improved social and legal services. These priorities are directly relevant to children in alternative care because their needs often cross several sectors at the same time (UNICEF Algeria, n.d.).

For the Algerian system, an effective model should connect residential institutions, social services, justice, health professionals, schools, local authorities, civil society, and family-based care mechanisms. Fragmented intervention can result in repeated assessments without continuity, whereas multidisciplinary case management can clarify responsibilities and establish measurable objectives for each child.

Particular attention is required for psychological services. Psychological support should not be limited to crisis intervention or diagnostic labeling. It should include developmental assessment, individual counseling when indicated, group activities, caregiver consultation, support for family contact, preparation for placement changes, and follow-up during adolescence and transition to adulthood. The psychologist should work within a multidisciplinary team while preserving professional confidentiality and the child's dignity.

Socio-educational practice is equally important. Daily routines should promote autonomy rather than dependence. Children can gradually participate in age-appropriate decisions concerning study, leisure, clothing, personal space, and future plans. Participation is not the absence of adult guidance; it is a method of helping the child develop competence, responsibility, and confidence.

9. The Role of the Multidisciplinary Team

Children in alternative care often have needs that cannot be adequately addressed by one profession. A multidisciplinary team may include social workers, psychologists, educators, physicians, nurses, teachers, legal professionals, and specialized child-protection personnel. Effective teamwork requires a shared care plan rather than parallel interventions that are disconnected from one another.

The social worker typically assesses family circumstances, social resources, legal and administrative needs, family contact, and community services. The psychologist contributes to developmental and emotional assessment and helps the team understand behavior in context. Educators and residential caregivers translate the care plan into daily routines and relationships. Teachers provide information about learning and school participation, while health professionals address physical and developmental needs.

Regular case conferences can reduce fragmentation. These meetings should review progress, risks, the child's views, family circumstances, educational outcomes, and whether the current placement remains necessary. The child should be involved

in an age-appropriate manner and should know who is responsible for important decisions. Documentation should be accurate, confidential, and focused on relevant information rather than stigmatizing descriptions.

Staff well-being also matters. Professionals working with children who have experienced adversity can face emotional strain and burnout. Supervision, manageable workloads, training, and opportunities for reflective practice improve professional judgment and reduce the risk that stress will be expressed through rigid or punitive interactions with children.

10. Intervention Strategies for Better Psychosocial Integration

Individualized assessment and care planning. Each child should have a comprehensive assessment covering health, development, education, relationships, strengths, risks, family connections, identity, and personal goals. The resulting plan should specify responsibilities, timelines, and review dates.

Stable relational care. Services should reduce unnecessary caregiver changes and ensure that each child has at least one reliable adult who knows the child well, follows progress, and can provide consistent emotional support.

Educational continuity. Placement decisions should minimize avoidable school disruption. Institutions and social services should cooperate with schools to provide tutoring, address learning gaps, prevent bullying, and develop realistic educational and vocational pathways.

Family assessment and safe contact. Where family relationships exist, contact should be assessed individually and supported when safe and beneficial. Reunification should be prepared gradually and accompanied by follow-up rather than treated as an administrative closure.

Psychological and trauma-informed support. Intervention should recognize the possible effects of loss and adversity without defining the child by trauma. Support should strengthen emotional regulation, coping, trust, self-esteem, and the capacity to form healthy relationships.

Community participation. Children should have access to ordinary community activities, friendships, sports, cultural life, and volunteering. Social inclusion is strengthened when children are participants in community life rather than passive recipients of services.

Preparation for leaving care. Adolescents need practical preparation for housing, education, employment, budgeting, administrative procedures, health care, and social relationships. Mentoring and aftercare should continue during the transition to adulthood.

Child participation and complaints mechanisms. Children should receive understandable information about their rights and care plans, be listened to in decisions affecting them, and have safe, confidential ways to raise concerns.

11. Discussion

The literature suggests that the central problem in alternative care is not simply the physical absence of parents. Developmental risk is shaped by the accumulation of adversities before placement, the quality of the care environment, the stability of relationships after placement, social stigma, educational opportunity, and the continuity of support over time. Consequently, a simplistic comparison between “institution” and “family” can obscure important differences in quality and safety.

Nevertheless, the international direction is clear: unnecessary separation should be prevented, large-scale institutionalization should be reduced, and family- and community-based care should be expanded. UNICEF’s 2024 reporting on Europe and Central Asia, for example, documented 456,000 children living in residential facilities and emphasized the developmental and social risks associated with institutionalization, while calling for investment in family support, foster care, community services, and a strong social-service workforce (UNICEF, 2024a).

For Algeria, the existence of a child-protection law and national institutions provides a basis for further development. The practical challenge is implementation at the level of individual cases. Legal protection must be translated into stable relationships, timely assessment, accessible mental-health and educational services, coordinated data, family support, and meaningful preparation for adulthood.

A second challenge concerns public discourse. Children in alternative care are sometimes represented primarily through pity, charity, or deficit. Although material solidarity is valuable, a scientific and rights-based approach emphasizes capabilities, participation, and equal citizenship. Children should not be socially marked by the fact that they once needed protection. Their care history should remain one part of a larger personal identity.

A third challenge is evaluation. Programmes should be assessed not only by the number of beds, meals, or activities provided, but also by developmental and social outcomes: school continuity, health, psychological well-being, stable relationships, successful family reunification where appropriate, participation, vocational progress, housing stability, and outcomes after leaving care. Such indicators can transform child protection from an input-oriented system into an outcome-oriented system.

12. Recommendations

1. Strengthen preventive family-support services so that poverty or lack of access to basic services does not lead unnecessarily to child-family separation.

2. Prioritize safe family- and community-based care when parental care cannot be provided, while maintaining rigorous assessment, monitoring, and safeguarding.

3. Develop individualized care plans for every child and review them periodically with meaningful participation from the child.

4. Reduce avoidable placement changes and staff turnover in order to promote stable, trusting relationships.
5. Expand psychological, educational, and social support within and beyond residential settings, including specialized services for children with disabilities.
6. Improve coordination among social services, justice, health, education, local authorities, and civil-society organizations.
7. Create reliable national and local data systems that track placement pathways and long-term outcomes while protecting confidentiality.
8. Strengthen preparation for independent living and provide structured aftercare for young people leaving alternative care.
9. Train professionals in child rights, trauma-informed practice, attachment-sensitive caregiving, safeguarding, participation, and ethical case documentation.
10. Promote public awareness that combats stigma and presents children in alternative care as rights-holders and active members of society.

Conclusion

Children deprived of adequate parental care require more than shelter and material assistance. Their well-being depends on the quality, stability, and meaning of the relationships and opportunities that surround them. Alternative care should therefore be understood as a comprehensive child-protection process involving safety, affection, education, health, identity, participation, family and community connections, and preparation for the future.

The strongest contemporary policy direction is to prevent unnecessary separation, strengthen families, and prioritize safe family-based alternatives whenever these are consistent with the child's best interests. Where residential care remains necessary, it should be individualized, temporary when possible, integrated into the community, professionally staffed, and subject to regular review and safeguarding.

In Algeria, Law No. 15-12 and the wider child-protection system offer an important legal and institutional foundation. Continued progress depends on translating these principles into coordinated case management, high-quality psychosocial services, reliable data, professional development, family support, and long-term follow-up. The ultimate measure of a care system is not simply whether it protects a child from immediate danger, but whether it enables that child to build secure relationships, develop capabilities, participate in society, and enter adulthood with realistic opportunities for a dignified and autonomous life.

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