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Exploring Children's Experiences and Views of Participation in Decision-Making in Ghanaian Residential Care

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ABSTRACT

Ghana has ratified the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of Children, which it has domesticated through the 1998 Children's Act (Act 560), providing children with rights. These international, regional, and national child welfare policies give children, including those in alternative care, the right to participate in decisions that affect their lives. In 2019, 3,530 Ghanaian children were living in residential facilities. To improve the quality of care, the National Standards for Residential Homes in Ghana (2018) require that children in residential facilities be actively involved in decisions related to their care. This study examines how children experience participation by asking: How do children perceive and experience decision-making at placement, during care, and in preparation for leaving care? The study employed a qualitative design involving 65 children from four residential facilities who participated in focus groups. We used focus groups to collect data from the children, which was then analysed using a thematic approach. The children report having few opportunities to participate in and express their views on decisions in residential facilities, including their admission to residential care, daily activities in care, and preparation for leaving care. Their non-participation affected their rights to practise their religious choices, make dietary choices, keep family contact, and access information. Some children reported being punished or victimised for expressing their views. The implication of these findings for children's participation in residential care is that the Department of Social Welfare (DSW) should ensure the enforcement of the National Standards, train staff on child participation and change the culture within residential care. Services should routinely listen to children, record their views, and show them how their views are used to shape decisions.

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Introduction

Millions of orphaned or vulnerable children are separated from their parents globally because of poverty, conflict, epidemics, and abuse (Willi & Arisi, 2024). A growing number of these children are cared for in formal alternative care. Estimates published by Desmond et al. (2020) indicate that approximately five million children live in residential care facilities globally. Because of the detrimental effects on children (Van IJzendoorn et al., 2020), there is a global child welfare effort to deinstitutionalise children and improve the quality of the care children placed in residential care receive (Shawar & Shiffman, 2023). A major aspect of this child welfare reform is to enhance institutionalised children's rights, including their right to participate in decisions that affect their lives. However, limited evidence exists about institutionalised children's experiences of participation in residential care in sub-Saharan Africa, including Ghana. This study explores participation in residential care through the experiences and perceptions of children. Specifically, it seeks to answer the following question: How do children perceive and experience decision-making at placement, during care, and in preparation for leaving care?

The UNCRC (Article 12) states that children should participate in decisions affecting them if they are capable (Lundy, 2007), whereas Article 7 of the African Charter on the Rights and Welfare of Children (ACRWC) obliges African governments to guarantee that children are able to freely express their views and seek, receive, and impart information within the appropriate legal limits (Sloth-Nielsen, 2008). Participation is both a substantive and an enabling right that supports the realisation of children's rights to protection, provision, and non-discrimination. To ensure these rights are upheld in alternative settings, the 2010 United Nations Guidelines for Alternative Care state that children in care should participate in decisions made before placement, during care (including reviews and representations), and when leaving care (United Nations General Assembly, 2010). Ghana's child and family welfare policies emphasise that children have the right to express their views. A key component of the country's ongoing care reform is reshaping residential provision to improve quality (Frimpong-Manso, 2014). As part of these reforms, the Ministry of Gender, Children and Social Protection (MoGCSP) developed and implemented the National Standards for Residential Homes for Children in 2018 (hereinafter, the "National Standards").

Child participation is a key element of the National Standards (Standard 3). Standard 3 recognises that institutionalised children can influence decisions about care plans, religion, family contact, and preparation for independent living. The National Standards also require that each residential facility has structured forums, suggestion boxes and house meetings through which children should be able to share their views and help shape their involvement in decisions affecting them.

Theoretical perspective

Lansdown (2001) defines participation as a process through which children can express their views and influence decisions. Building on this definition, we used Hart's (1992) ladder and Lundy's (2007) model as complementary frames. Hart's eight-rung ladder grouping forms into three tiers: non-participation (rungs 1–3: manipulation, decoration, tokenism), consultative/adult-led (rungs 4–5: assigned but informed, consulted, and

informed), and shared/child-led (rungs 6–8: adult-initiated shared, child-initiated, child-initiated shared) to group forms of participation. As the ladder is descriptive rather than prescriptive, the highest rungs may not always be feasible or safe, depending on capacity, risk, and context (Malone & Hartung, 2009).

Lundy's (2007) rights-based model operationalises Article 12 of the UNCRC. The model comprises four elements—space, voice, audience and influence—that specify the conditions for meaningful participation. According to the model, a child can participate meaningfully if they have opportunities to safely express their views (space), they can express their views in ways that suit them (voice), they are heard by decision-makers (audience) and they see their views have an actual impact on decision-making (influence). In the Ghanaian context, decision-making is based on a hierarchical structure where children's views are often not solicited or given weight, as it is expected that they respect decisions made by adults (Nyamekye et al., 2024).

Literature review

Research indicates that children's participation in care settings is strengthened by relational and structural protective factors, including effective feedback and complaints mechanisms, policies that encourage communication, residential facilities organised in family-like units, and having trusted adults who act as advocates for them (Baloyi et al., 2025; Borić et al., 2021; Clark & Wohlfarth, 2025; Göbbels-Koch & Gupta, 2025). For example, McCarthy's (2016) study in Ireland found that the factors that promoted young people's participation in residential care included their personal capacities (e.g. confidence), formal and informal spaces for participation, and relationships with professionals. When children in residential care take part in decisions, this participation has a positive effect on their wellbeing, sense of belonging, self-esteem, and resilience (Brady et al., 2019; Casas & Ditzel, 2025; Johannisen et al., 2021).

Systematic reviews (e.g. Brummelaar et al., 2018; Jørgensen et al., 2024; McPherson et al., 2021), which draw primarily on studies from developed countries in Europe and North America, show that children in residential care want to participate in decisions about their lives. However, despite the participatory rhetoric often present in child protection systems and legal commitments, practice frequently falls short (Göbbels-Koch & Gupta, 2025; Magalhães et al., 2025; McCarthy, 2016; Slaatto et al., 2024). Children report participating in some everyday matters but having a limited role in decisions in most areas they consider important in their lives, and even when they are involved, their views are not given due weight (Borić et al., 2025; Brhane, 2017; Equit et al., 2024).

Barriers to children's participation in residential care include professionals' high case-loads and limited training, which lead to challenges that can undermine their communication skills and confidence (Casas & Ditzel, 2025; Jamieson, 2017). Additionally, staff report challenges in balancing their responsibilities to safeguard children and to uphold their right to participate. Lack of participation often leads to emotional distress, mistrust of adults, and disengagement (Casas & Ditzel, 2025; Jensen, 2023; McCarthy, 2016). Studies on participation indicate that children in residential care are hardly involved in decisions (Baloyi et al., 2025; Jamieson et al., 2017; Johannisen et al., 2021; Manful & Manful, 2014). For instance, Brhane's (2017) study in Ethiopia found that children in residential care in Ethiopia often prefer that adults make major decisions, given

their experiences. But they want to be consulted and informed to build their confidence in decision-making.

Ghanaian research shows that sociocultural factors constrain children's participation. The construction of childhood positions children as immature, and norms of everyday interactions are shaped by deference to adults and obedience and emphasis on communal harmony, limiting children's voices in decision-making (Adu-Gyamfi, 2014). Darkwah et al. (2018) found that rigid rules in residential care in Ghana discouraged children from making suggestions and expressing their views about their care.

Children's participation within Ghana's child welfare system

In Ghana, the Department of Social Welfare (DSW) has responsibility for child protection at the district level (Frimpong-Manso & Mawudoku, 2016). For children referred to the DSW, social workers undertake casework, including assessments and care planning, and, where necessary, apply to a Family Tribunal for a care or supervision order. In these processes, social workers, and other professionals that they work with (e.g. judges, police) have to elicit and record children's views during assessments, care planning, and review meetings and provide explanations for the outcomes of proceedings (UNICEF, DSW, & MoGCSP, 2018).

In 2019, there were 139 residential facilities in Ghana, most of which (136) were privately run and funded by non-governmental organisations and faith-based agencies (Ghana DSW & UNICEF, 2021). Weak monitoring and enforcement mean that some residential facilities operate without full legal authorisation or compliance with regulations and standards (Frimpong-Manso, 2021; Petrowski et al., 2022). The residential facilities are structured in either dormitory or family-like units, with an average of 40 children in each facility (Ghana Department of Social Welfare & United Nations Children's Fund, 2021).

The National Standards explicitly require children's involvement in day-to-day decisions (e.g. education and religion) and periodic reviews of their care plans, with feedback mechanisms that show how their views have influenced decisions. However, insufficiently trained staff, weak monitoring, and funding hamper the implementation of the National Standards (Darkwah et al., 2018; Manful & Manful, 2014). Studies by parents and professionals in child protection indicate that children's views are often not excluded because of barriers such as a lack of child-friendly spaces and children's fear of adult reprisals if they express their views (Boadu et al., 2020; Cudjoe et al., 2020; Manful & Manful, 2014). Amissah (2026) found that care leavers in Ghana were not involved in decisions about the care leaving process which had a negative impact on their preparation for leaving care.

Methodology

Study design and sampling

The study used a qualitative research design. The residential facilities included in the study were all located in the Greater Accra region and chosen for their accessibility. Using purposive sampling, we recruited 65 children (32 girls and 33 boys) aged 10–17 years from four residential facilities. Most participants lived in care between one and seven years of age. Staff in the selected facilities helped identify children who, in the researchers' judgement, had the developmental and communicative ability to participate

in the study. We conducted five focus group discussions (FGDs), each with 13 children, held in the respective residential facilities.

Data collection and analysis

We used FGDs to collect data. We chose FGDs to enable children to interact freely and share their diverse experiences and perspectives (Vogl et al., 2023). The FGDs lasted 60–90 min and followed a guide that included topics related to participation during pre-admission, daily routines, and transitioning from care, developed from existing literature. A child-friendly version of the guide was shared with participants a week before the interviews began to help them reflect on their experience before the FGDs. Most participants engaged actively, although the younger participants contributed less. The children were informed of the study's purpose in advance of the FGDs.

The FGDs were facilitated by one of the authors and a trained research assistant. The facilitators were mindful of peer pressure and fear of judgement, which can arise at FGDs and potentially discourage disclosure. To mitigate this, we set the ground rules for respectful listening. FGDs were also held without staff being present, and icebreakers were used to foster trust and rapport among participants. Holding the FGD in children's residential facilities increased participants' comfort by providing a familiar setting, but it may also have constrained their openness. The discussions were conducted in English, the primary language of instruction in Ghanaian schools, and the participants spoke fluently enough to engage in the discussions. The sessions were audio-recorded, and an assistant took field notes.

We analysed data from FGDs using Braun and Clarke's six-phase thematic analysis (Braun & Clarke, 2022). All authors read the transcripts repeatedly to familiarise themselves with the data. Two researchers manually conducted initial deductive coding based on the domains specified in the National Standards (e.g. pre-care decision-making, participation in the home, and care-leaving), and we searched inductively for additional codes that extended beyond the scope of the National Standards.

After individual coding, the team held analysis workshops to refine the coding framework, reconcile discrepancies, and reach consensus on the final themes and sub-themes. Coding matrices were created in Excel to compare the FGDs and support consistency. The analysis was grounded in a child-rights perspective and examined how participation (or its absence) influences children's emotional wellbeing, agency, and trust in adult carers. The topics analysed from the children's accounts included their involvement in admissions, day-to-day decisions (study rules, food), religious practices and family contact. The findings indicated that admissions were often adult-led and poorly explained and that decision-making in care was largely consultative, with limited scope for children's input.

Ethical considerations

Ethical approval was obtained from Ghana's Ministry of Gender, Children and Social Protection and Ashesi University. The children provided age-appropriate consent to participate in the study without the residential care staff being present to avoid institutional influence. The directors of the residential facility provided written informed consent. Data was collected using culturally appropriate language. Study participants were

informed of their right to skip any question or withdraw from the study at any time without any consequences. To protect their confidentiality, we used pseudonyms and removed any identifying details. They were also given the option to request that their responses be excluded from both the study. Facilitators were trained to create a supportive environment (e.g. giving the participants breaks) and avoided putting pressure on them to disclose experiences they did not want to discuss.

Findings

The themes emerging from this study were classified under three broad themes: lack of informed and consulted input, limited decision-making involvement, and insufficient listening.

Not informed or consulted

The National Standards for residential facilities stipulate that children should be prepared before admission to care, including involvement in placement decisions. However, only a few children in the FGDs indicated that their parents or other adults had informed them of and explained the reasons for the changes. Those too young to understand what was happening at the time indicated that staff in the residential facilities explained to them why they were in care when they asked. Others were provided their case files when they were mature enough to handle such information. Older children more often expressed anger and questioned their separation, whereas younger children typically accepted explanations or showed detachedness.

Yeah, my grandma explained to me why I was going to the residential home. They spoke to me about it and said that I would have a good life because I think the white lady [proprietor of the residential facility] explained to her [grandma] they would take good care of me. (FGD Participant, Female, 15 years)

Most children reported they were admitted hastily into residential care and without their involvement. This experience made it difficult for them to understand what was happening. The participants explained that the reasons given for their placement were not always accurate. They indicated that because of inadequate and inaccurate communication and preparation before their admission, their experiences in care, especially at the beginning, were traumatic.

I was 6 years old when I came to [name of residential facility]. A lady from social welfare brought me here. I didn't even know what this place was; all I knew was that I had a sore. My mother burned me because I went out to play with my friends. I ran outside, and someone saw me and took me back to my mother, but she wouldn't let me in. She said I was bad and wicked, so the lady took me to the police, and then someone from social welfare brought me here. I have been here ever since. (FGD Participant, Female, 13 years)

Subsequently, after placement in care, many of them became distant from their families and communities despite the desire to remain close.

My parents were going through a divorce when they brought me to the children's home as a little girl was difficult. They separated me from my sister, which saddened me since no one

told me anything, and there was no one to ask questions. It was only recently that I was able to reconnect with her. (FGD Participant, Male, 17 years)

They told me that my mother was mentally ill and could no longer take care of us, so they took us to the orphanage without any mental preparation. We lived in [name of town], and they brought us to a village that was far from [name of town]. (FGD Participant, Female, 16 years)

Because they were excluded from decisions made prior to their entry into care, many children had unanswered questions about their backgrounds and the reasons for their placement. Most said they felt reluctant to seek this information, believing that adults would not listen to them. One explained, “No one [the adults in residential care] would listen to me even if I asked them.”

Limited involvement in decision-making

Several participants shared that they were involved in making choices related to daily matters, such as their studies and house rules in residential facilities. In group homes, carers use scheduled or spontaneous meetings to communicate their decisions, allowing minimal opportunity for children to voice their opinions. For example, one participant stated that even though she wanted to watch TV every day, she could not do so because her caregiver decided when she could:

Our mother [caregiver] told us not to watch television from Monday to Thursday because those days are school days, and we have to learn and do our homework ... (Female, 14 years)

Nonetheless, several aspects of the children’s lives were determined without their participation or consent. For example, those in dormitory-type accommodation indicated that they were not involved in deciding what they ate because menus were set centrally, resulting in their dietary requirements sometimes being overlooked.

There is always food to eat, but it is mostly the same. You can have banku [a local staple] every evening of the week. I love Sundays because we eat rice then. (FGD Participant, Female, 13 years)

When we have visitors, the food is much better, but these days, people rarely visit, so we have very little food, and every day it’s the same for breakfast, lunch, and supper. However, Christmas is coming, and I hope things will change because many people will visit. (FGD Participant, Male, 12 years)

Religion was a significant part of the daily schedule in the residential facilities, with prayers held most mornings and before meals. Mosques or church services can take place on-site or in the vicinity. According to the children, they often had limited options to practise their religion other than those prescribed by the adults in the facilities. One female participant stated: “I was a Muslim when I came here, but I became a Christian by force.” Another 15-year-old boy in the focus group said, “We have services every Sunday.” Unless you are very sick, you have to go to church.

A few expressed a desire to attend a different church or avoid church entirely, but felt this was not possible due to frequent issues with the institution’s management.

At first, we were attending Pentecost before coming to the residential facility. When I arrived here [residential facility], everyone attended a different church. I wanted to go to

my church [Pentecost], but they asked me not to. I rebelled at home and decided not to go to church any more, and that started the problem. (FGD Participant, Male, 15 years)

Discussions about contact with birth families revealed a mix of emotions and insights among participants. Many of them reported occasional visits from their family members. For example, one girl said, “My brother used to be here [in the care home] with me, but now he works, so he visits when he can.” For others, these meetings take place at various times throughout the year, particularly during festivals:

My mother comes to see me during Homowo [festival] and she brings me things. I used to ask her if I could go home with her, but she said I would get better school and food if I stayed here [residential facility], so now I don’t ask. This year she hasn’t come. (FGD Participant, Female, 15 years)

While none of the participants had left care, many were on the verge of transitioning to independent living. According to them, their peers who left care were not involved in these decisions. They learned that they were leaving care only a few days before it happened. Additionally, they felt that few strategies were in place to prepare them for this significant life transition. Very few had clear plans for the future.

I would say that for my older brother, who has since left, they didn’t discuss anything with him. One day, when he returned from school, he received a letter from the national office informing him that he had three months to wean himself off the support of [name of residential facility]. It all happened unexpectedly! (FGD Participant, Female, 16 years)

Listen to us

In the focus group, more than half of the participants reported being unaware of their right to participate in decision-making. They commonly cited this as a lack of information about the areas of their lives where they could engage and how to participate in decisions. For example, few have not heard of or participated in the development or implementation of a care plan:

In the [name of residential facility] they don’t involve us in the decisions that they take. Whether it [decision] is the right or not, you cannot do anything about it because it is their [organisation] decision. You cannot do anything about it. The thing it is an organisation, and they have decided to do something. That is what they have decided. What can I do? You discuss it with them, and they think that what you are saying is not important. Even if you tell them your views, they don’t take it because they always make their decisions and nothing, we say makes a difference. (FGD Participant, Female, 17 years)

The children reported that staff sometimes held meetings to announce organisational decisions, but they were given limited opportunities to express their views. When children challenged decisions or expressed different opinions, they reported being labelled as difficult and disrespectful. Consequently, many became less willing to participate in the few opportunities available or actively resisted adults’ decisions.

I am branded a bad boy because I am the type who will disagree with something if I feel that what an elderly person is saying is not in my best interests. This often gets me in trouble. (FGD Participant, Male, 16 years)

As reflected in the participants' accounts, they did not believe that all decisions adults made for them were in their interests. They expressed a willingness to participate in decision-making if they trusted adults would genuinely listen, engage in discussions, and take their views seriously. One participant stated, "They have to sit down and discuss things with us, so we understand the reasons for decisions." Another participant explained why he felt comfortable talking to a particular staff member:

Mr [name] is someone to whom I can talk. He has a listening ear for everyone, and he explains things to you. He does not force suggestions or decisions on us but helps us to understand them. (FGD Participant, Male, 17 years)

Most of the children hinted that they lacked avenues to report issues about which they were worried about. The statement of a 13-year-old boy emphasises this point:

If anyone hurt me, I would tell Grandma [owner of the care home] and she will take care of it. What if Grandma were the person who hurt you or allowed someone to hurt you, who would you tell? She would not do that. (FGD Participant, Male, 13 years)

Discussion

The study's aim was to explore how children in residential care experience participation in decisions to fill a gap in the literature. The children participate in a few areas of daily life, such as study time and house rules, in informal meetings, particularly in residential facilities organised as family-like units. These findings align with those made in other international studies (Baloyi et al., 2025; Equit et al., 2024; Jamieson, 2017). The children reported that their participation improved when staff were approachable and gave them access to their files. While this finding indicates positive practices that enhance children's participation as highlighted in other studies (e.g. Borić et al., 2021; Göbbels-Koch & Gupta, 2025), they were inconsistent and person-dependent.

The majority of children indicated that they lacked participation in decisions before entering care. Decisions about their placement were made quickly, and the information given to the children about what was happening was often inaccurate, suggesting manipulation and non-participation (Hart, 1992), and silencing the children's voices during this critical transition (Lundy, 2007). Being unable to participate in decisions prior to their admission to care traumatised the children and made it difficult for them to adjust after their placement, contributing to the emotional and behavioural issues prevalent among children in residential care in Ghana (Ghana DSW & UNICEF, 2021). These findings support evidence suggesting that providing children with early and honest information improves their participation and reduces distress (McTavish et al., 2022).

National standards provide guidelines for decisions regarding children's participation in care. In the children's accounts, participation was mostly consultative at best: rules were communicated in meetings with limited scope for their input or influence, and children described these processes as "performative" (Lundy, 2007). Their rights seem to be violated in many areas: not only the lack of participation, but also their right to maintain their religion and contact with their families, make dietary choices, and get help when leaving care. Several said they were unaware of these rights. These shortfalls align with prior research linking such practices to identity disruption, emotional difficulties, and

social exclusion during and after care (Frimpong-Manso, 2012; Frimpong-Manso & Bugyei 2019; Boadu et al., 2020). Taken together, practices in residential facilities in the study clustered between non-participation and adult-led participation (rungs 1–3 on Hart’s ladder). The findings show that controlling information, opposing dissent, and failing to provide feedback are barriers to children’s participation. What these findings reveal is that tokenistic consultation can coexist with minimal opportunities for children to express their views (Borić et al., 2025; Brady et al., 2019), exemplified by staff occasionally inviting children to meetings, which rarely influences the final decisions that are made. The findings reinforce Hart’s distinction between consultation and genuine decision-making power (Hart, 1992). It also demonstrates that without all of Lundy’s (2007) four elements being present and interconnected, giving children space and some level of voice is not sufficient for meaningful participation to occur.

Aside from theoretical perspectives, the findings can be discussed through a socio-cultural lens. The recurring practices that hamper participation reflect the culture in residential facilities prioritising adult authority over children’s agency. In contrast to McCarthy (2015), who attributes professional power and control primarily to care and protection mandates, our evidence suggests that similar dynamics are rooted in professionals’ socio-cultural values. Most Ghanaian residential facilities make operational and administrative decisions informally (Manful & Manful, 2014). Within this culture, staff who often oppose children’s rights because they perceive them as foreign to their local child-rearing norms that emphasise respect for elders, deference to authority and communal harmony (Darkwah et al., 2018) can unintentionally position children’s dissent as disrespectful.

The findings also indicate a top-down decision-making process, with examples of the way decisions about religion and menus were made, highlighting a prioritisation of peaceful compliance over engagement in participatory processes involving children (Darkwah et al., 2018) and explaining practices such as scheduled meetings where adults set the agenda and children are given few opportunities to provide their input. It is also possible that the children’s limited participation in these decisions was because of the resource constraints faced by many residential facilities in Ghana (Frimpong-Manso, 2021). Research evidence suggests that most Ghanaian residential facilities have limited trained staff and operate on a tight budget (Frimpong-Manso, 2021). This situation could also explain why some decisions are central and top-down (e.g. menu and religious choices) without the input of children. As such, decision-making may be a practical option. In such a context, it may be a resource- and time-consuming process to solicit each child’s individual preferences.

Implications

The study is one of the few on child participation in residential care in Ghana. However, a limitation of the study is that only a few children in residential care took part, and the perspectives of staff were not included. Nonetheless, the findings can inform policy and practice in Ghana and other similar contexts by providing evidence of how collectivist non-western cultural values intersect with rights-based norms promoted by the UNCRC and ACRWC. Children reported limited involvement in different areas of their lives, including placement decisions and day-to-day activities in residential

facilities. This lack of participation adversely affects their care experience. Contributing factors include limited awareness among children of their right to participate and limited knowledge among institutional staff of children's rights.

Accordingly, both children and staff in residential facilities should receive training on national standards and children's rights, particularly the right to participate and how to engage with children in meetings and other decision-making forums, delivered by district social workers. Residential facilities should document children's involvement in decision-making in all aspects of their care and home life, including pre-placement, care planning and review, and exit planning. These activities should be regularly monitored by DSW social workers who have oversight of the facilities in their districts.

Residential facilities should be required to renew their licences only when they meet verifiable indicators of child participation (e.g. documented pre-admission briefings). For every child placed in care, they should be given early, honest, and age-appropriate information. Caseworkers should explain to the child the reason for their admission and the process. Once in care, the facility should provide child-friendly information packs or videos explaining their rights to participate in different areas of their lives, offer periodic briefings, allow supervised access to case files at set ages and provide complaint mechanisms.

Since 2018, the Standard Operating Procedures (SOPs) for the inspection, licensing, and monitoring of residential homes for children have guided the planning, conduct, and reporting of monitoring visits. Social workers are encouraged to use these SOPs to ensure children in care are actively involved in decision-making. To maximise impact, district social welfare offices need additional resources to implement the National Standards effectively. The MoGCSP should allocate sufficient funds and staffing to residential facilities so children can influence decisions that affect them (including religion and diet) without structural impediments.

Author contributions

CRedit: **Kwabena Frimpong-Manso**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing; **Emmanuel Nene Odjidja**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Visualization, Writing – original draft, Writing – review & editing; **Antoine Deliege**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Antoine Deliege is currently based in Tunis, Tunisia, where he serves as the Chief of Child Protection at UNICEF. With a career spanning fifteen years at UNICEF, Deliege has dedicated himself to child protection, working in various countries including Ghana, China, Bolivia, Rwanda, and Indonesia. He holds a PhD in Sociology from the University of Louvain in Belgium. His research interests focus on child protection, with a particular emphasis on violence against children and alternative care.

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