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FROM INSTITUTIONAL CARE TO FAMILY-BASED ALTERNATIVES: A NARRATIVE SYNTHESIS (2009–2025) AND POLICY IMPLICATIONS FOR OGUN STATE, NIGERIA

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Abstract

Prolonged institutional care is consistently associated with cognitive, socioemotional, behavioural, and neurobiological deficits in children. Family-based alternatives such as foster and kinship care demonstrate restorative potential, yet policy translation remains uneven in low- and middle-income contexts. A narrative synthesis guided by the PRISMA framework was conducted. Peer-reviewed English-language studies published between 2009 and 2025 were systematically searched in SCOPUS, PubMed, and Google Scholar. From 603 records, 94 studies met inclusion criteria and were thematically analysed. Evidence from randomized controlled trials (e.g., Bucharest Early Intervention Project), longitudinal cohorts, and implementation studies shows that institutional rearing impairs developmental outcomes, while early and stable family placements promote recovery. Moderators of recovery include caregiving quality, placement stability, and timing of transition. Programmatic evidence highlights the importance of caregiver training, monitoring systems, and culturally adapted

implementation models. For Ogun State, Nigeria, three priorities are recommended: (1) strengthening gatekeeping to reduce institutional exposure, (2) investing in recruitment, training, and sustained support for foster and kinship carers, and (3) embedding developmental screening, mental health integration, and monitoring within phased deinstitutionalisation strategies. A strategic transition toward evidence-informed foster care reform offers a sustainable pathway to improved child outcomes.

Keywords: Child Development, Deinstitutionalization, Family-based care, Foster Care, Neurodevelopment, Ogun State, Social work.

INTRODUCTION

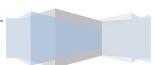
Over the past two decades, the global movement from institutional child care toward family-based alternatives has accelerated, driven by growing empirical evidence on the developmental costs of institutionalisation. Research in neuroscience, developmental psychology, and child welfare consistently demonstrates that prolonged institutional living is associated with atypical brain development, socioemotional dysregulation, and reduced adaptive functioning. For example, Kanel et al. (2024) reported altered associations between white matter structure and emotional control among previously institutionalised adolescents, while Lipton et al. (2024) documented persistent developmental delays and behavioural challenges among children raised in institutional settings. These findings reinforce the consensus that early, stable, and nurturing family environments are critical for healthy neural, emotional, and psychological development.

Evidence from intervention studies further underscores the restorative potential of family-based placements. Niu et al. (2024) found that foster care significantly reduced irritability and improved emotional regulation among post-institutionalised children, while longitudinal analyses by Bakermans-Kranenburg and van IJzendoorn (2024) revealed stronger attachment security and higher cognitive performance among children raised in family-based care compared to those in group facilities. Collectively, these findings provide robust justification for prioritising family-based alternatives within child welfare systems.

Social work interventions have been central to facilitating this transition. From psychosocial assessments to preparing families for fostering and adoption, social workers ensure placement suitability, continuity of care, and post-placement support. Effective interventions often involve multidisciplinary case management, culturally sensitive family engagement, and trauma-informed approaches aimed at enhancing caregiver responsiveness and child resilience. Mukherjee and Krumbein (2023) demonstrated that social work-led interventions such as placement stabilization programs and wraparound services significantly improve retention and emotional outcomes in foster settings. The involvement of trained child protection social workers is also a key predictor of successful reintegration, particularly in low-resource contexts.

At the policy level, many nations have translated these insights into structured deinstitutionalisation reforms. The All4Children Project in Portugal (Baptista et al., 2024) demonstrated measurable improvements in child well-being and family integration through an integrated foster care model supported by multidisciplinary teams. Similarly, Basheva-Nikolova (2024) documented the “Family Children’s Home” experiment in Eastern Europe as an effective substitute for large-scale orphanages, showing that small-group family environments can replicate the stability and developmental benefits of kinship care. These initiatives illustrate that transitioning from institutional to family-centred care is both feasible and impactful when supported by robust policy frameworks, professional training, and systemic oversight.

Despite this growing evidence, most empirical and implementation research originates from high- and middle-income countries, leaving a notable gap in low-resource and culturally diverse contexts such as Nigeria. In Ogun State, one of Nigeria’s most



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socioeconomically dynamic regions, child welfare systems remain heavily reliant on institutional placements due to limited foster care infrastructure, inadequate regulatory frameworks, and cultural misconceptions surrounding non-kinship caregiving. Consequently, many children continue to experience prolonged institutional care despite mounting evidence of its developmental harms. Addressing this gap requires localised research synthesis to guide evidence-informed policy and implementation strategies tailored to the social, cultural, and resource realities of Ogun State.

This narrative review responds to that need by systematically synthesising global empirical, mechanistic, and programmatic evidence on the developmental consequences of institutional care and the restorative potential of family-based alternatives. The overarching goal is to translate this evidence into actionable, context-sensitive recommendations for strengthening foster care policy and practice in Ogun State, Nigeria. Specifically, the review seeks to:

Synthesise multidisciplinary evidence (2009–2025) on the cognitive, socioemotional, behavioural, and neurobiological impacts of institutional rearing and the outcomes of family-based placements.

Identify mechanisms and moderators of recovery, including caregiving quality, placement stability, and timing of transition.

Evaluate global programmatic and policy models of deinstitutionalisation to inform locally relevant strategies for Ogun State.

Develop evidence-based recommendations for phased, sustainable foster care reform suited to the state's sociocultural and institutional context.

By filling a critical gap in the literature, this review contributes the first comprehensive synthesis connecting global evidence on family-based child welfare reform to Nigeria's subnational policy landscape. It offers an evidence-based foundation for guiding local policy design, capacity building, and implementation research on foster care reform within Ogun State and similar low- and middle-income settings.

MATERIALS AND METHODS

Review Design and Rationale

This study adopted a narrative synthesis design guided by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses, 2020) framework to ensure transparency, replicability, and methodological rigour. Although a quantitative meta-analysis was not conducted, systematic procedures were applied in the identification, screening, and synthesis of empirical and policy-oriented literature on the global transition from institutional care to family-based alternatives. This hybrid approach, combining systematic search methods with interpretive synthesis, was selected to provide conceptual depth and policy relevance, aligning with the interdisciplinary nature of social policy and child welfare research.

Search Strategy and Data Sources

A comprehensive literature search was conducted between February and June 2025 using three major databases: SCOPUS, PubMed, and Google Scholar. These were chosen to capture multidisciplinary evidence spanning psychology, social work, developmental neuroscience, and public policy. The Boolean search string applied was:

TITLE-ABS-KEY ("institutional care" OR "residential care" AND "foster care" OR "family-based care" OR "kinship care" AND "child")

The search was restricted to peer-reviewed English-language publications released between January 2009 and April 2025, reflecting the global policy momentum following the 2009 United Nations Guidelines for the Alternative Care of Children. Only empirical studies, policy evaluations, and systematic reviews were considered.



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All retrieved records were exported into an Excel database for coding, screening, and classification. The search process was supplemented with manual reference checks to identify additional relevant studies not captured through automated search filters.

Eligibility Criteria

Inclusion Criteria

Studies examining transitions from institutional or residential care to family-based, foster, or kinship care.

Research addressing psychosocial, developmental, neurobiological, or policy implications of deinstitutionalisation.

Empirical studies (quantitative, qualitative, or mixed-method) and policy-evaluation research relevant to child welfare reform.

Exclusion Criteria

Studies focusing exclusively on adult or disability-specific institutions.

Theoretical or conceptual papers without applied empirical evidence.

Non-peer-reviewed, non-English, or grey literature sources

Screening and Selection Process

The initial SCOPUS query yielded 603 records. After removing duplicates, 542 unique studies remained for title and abstract screening. Based on eligibility criteria, 200 studies were selected for full-text review. A final total of 94 studies met all inclusion requirements and were retained for thematic synthesis.

The included studies represented diverse geographic and disciplinary contexts, encompassing randomized controlled trials, longitudinal cohorts, and implementation evaluations. Representative examples include Niu et al. (2024), Kanel et al. (2024), Bakermans-Kranenburg & van IJzendoorn (2024), Baptista et al. (2024), and Basheva-Nikolova (2024). Although formal quality appraisal was not undertaken using a standardized scale due to methodological heterogeneity, studies were qualitatively assessed for relevance, methodological clarity, and peer-reviewed status.

Data Extraction and Thematic Analysis

Key bibliographic and methodological information was extracted for each study, including author(s), year, country, design, sample, and principal findings. Data were coded and analysed using an inductive thematic approach. The synthesis was organised into three analytical dimensions:

Evolution of Care Models – tracing historical and global transitions from institutional to family-based paradigms.

Structural and Policy Mechanisms – identifying systems enabling effective foster and kinship care implementation.

Outcomes and Implementation Barriers – analysing developmental recovery, institutional reform challenges, and contextual variations.

This multi-dimensional synthesis ensured analytical coherence while maintaining policy relevance.

Figure 1: PRISMA flow diagram showing the identification, screening, eligibility, and inclusion process for studies on the shift from institutional to family-based child care (2009–2025).

Stage	Description of Process	Number of Records
Identification	Records identified through the SCOPUS database search	603



Stage	Description of Process	Number of Records
Screening	Additional records identified through PubMed and Google Scholar searches	84
	Total records identified	687
	Duplicate records removed	145
	Records screened by title and abstract	542
Eligibility	Records excluded (did not meet inclusion criteria)	342
	Full-text articles assessed for eligibility	200
	Full-text articles excluded (conceptual, adult/disability focus, non-peer-reviewed, or non-English)	106
Included	Studies meeting the final inclusion criteria and included in the narrative synthesis	94

Note: The screening and selection process followed PRISMA (2020) guidelines to ensure transparency and replicability. A qualitative assessment of methodological clarity and peer-review status was used to determine study inclusion.

Figure 1: Representative Studies on the Shift from Institutional Care to Family-Based Alternatives (2009–2025)

Author(s) & Year	Country / Region	Study Design	Sample / Population	Main Findings / Key Contributions
Humphreys et al. (2022)	Romania	Randomised Controlled Trial (BEIP)	136 children randomly assigned to foster care or institutional care	Children placed in foster care showed sustained IQ gains and improved cognitive outcomes into adolescence compared to those who remained institutionalised.
King et al. (2023)	Romania / USA	Multilevel Longitudinal Analysis	Follow-up of BEIP participants (ages 2–18 years)	Early family placement predicted higher cognitive and emotional functioning; caregiving stability was a major moderator of developmental recovery.
Niu et al. (2024)	USA / Romania	Longitudinal Intervention Study	112 adolescents with histories of institutional care	Foster care significantly reduced irritability and emotional dysregulation, highlighting the role of nurturing caregiving in behavioural recovery.
Bakermans-Kranenburg & van IJzendoorn (2024)	Netherlands / Global	Integrative Review	78 family-based and institutional studies	Children in family-based care show stronger attachment and cognitive development than those raised in institutional settings; quality and stability are key moderators.



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Author(s) & Year	Country / Region	Study Design	Sample / Population	Main Findings / Key Contributions
Baptista et al. (2024)	Portugal	Implementation Study	120 children and 60 foster carers (All4Children Project)	The multidisciplinary foster care model improved child well-being and integration outcomes; it supports the need for structured monitoring and training.
Basheva-Nikolova (2024)	Eastern Europe	Historical Case Study	Family Children's Home model (1984–1992)	Small-group homes replicated the benefits of natural family care, providing a scalable alternative to large orphanages.
Guyon-Harris et al. (2021)	Romania	Longitudinal Cohort	174 children with early institutional experience	Early caregiving quality predicted consistent functional competence and social adjustment into adolescence.
Zeytinoglu et al. (2023)	Romania / USA	Developmental Neuroscience Study	80 post-institutionalised children	High-quality foster care and caregiver sensitivity improved executive function and social skill development.
Delgado (2023)	Portugal	Policy Analysis	National foster care reform review	Identified systemic challenges in scaling deinstitutionalisation; emphasised cross-sector collaboration and caregiver professionalisation.
Onayemi et al. (2022)	Nigeria	Qualitative Policy Study	30 social workers and caregivers in Nigerian orphanages	Highlighted structural barriers, bureaucratic delays, funding gaps, and stigma hindering transitions to family-based care.

Note. The table summarises key representative studies reviewed in the narrative synthesis, highlighting the diversity of study designs, geographic coverage, and major findings relevant to the global transition from institutional to family-based child care systems.

RESULTS AND DISCUSSION OF FINDINGS

This section synthesises empirical evidence on the developmental, psychosocial, and neurobiological effects of institutional care and evaluates the outcomes of transitioning to family-based alternatives. It also highlights moderating factors influencing recovery and discusses policy implications for sustainable child welfare reform in Ogun State, Nigeria.

Theme 1: Harmful Developmental Consequences of Prolonged Institutional Care and the Mitigating Role of Family-Based Placements



Prolonged institutional care is characterised by deprived, non-familial environments that lack the stable, individualised, and sensitive interactions required for healthy child development. Convergent evidence from randomised controlled trials, longitudinal cohorts, and observational studies demonstrates consistent multidomain deficits among children reared in institutions, alongside measurable improvements following transition to family-based care—particularly when placements occur early and are stable.

Findings from the Bucharest Early Intervention Project (BEIP) and large-scale observational cohorts indicate that institutional rearing is linked to persistent deficits in cognition, language, and socioemotional functioning extending into adolescence and adulthood. Children placed in family-based foster care show substantially higher IQ and language scores than peers who remain institutionalised, while longer durations of institutional exposure predict poorer receptive language and cognitive outcomes (Humphreys et al., 2022; King et al., 2023; Tan et al., 2023).

Institutional care also heightens risk for broad-spectrum psychopathology, social communication difficulties, and internalising and externalising disorders. BEIP analyses reveal higher rates of psychiatric disorders among children in care-as-usual conditions compared to those randomised to foster care (Humphreys et al., 2020; King et al., 2023). Social-communication impairments and peer difficulties further mediate the link between early deprivation and later psychopathology (Wade et al., 2020; Tang et al., 2021).

At the neurobiological level, institutional rearing has been associated with altered brain structure and function, including dysregulated hypothalamic–pituitary–adrenal (HPA) axis activity, atypical electroencephalogram (EEG) patterns, and reduced white-matter integrity (Debnath et al., 2020; Buzzell et al., 2020; Kanel et al., 2024). Importantly, timely and supportive family placements can partially normalise these biological markers when accompanied by high-quality caregiving.

Policy Implications for Ogun State

To mitigate developmental harms, gatekeeping mechanisms must be strengthened to minimise the duration of institutional placements and prioritise early family-based alternatives. Policy efforts should include systematic caregiver recruitment, trauma-informed training, professional supervision, and sustained psychosocial and financial supports. Developmental screening, early stimulation, and mental health linkages should be embedded within placement and follow-up processes to promote optimal recovery.

Summary

Institutional care produces measurable cognitive, socioemotional, and neurobiological harm, whereas early, stable family-based care offers a powerful corrective pathway. Ogun State's child welfare framework should therefore prioritise rapid family placement and robust caregiver support systems to prevent developmental loss.

Theme 2: Benefits of Family-Based Placements — Cognitive, Socioemotional, and Psychiatric Outcomes

A strong and convergent body of longitudinal and randomised evidence confirms that family-based placements, including foster care and adoption, yield sustained improvements in children's cognitive, physical, and psychosocial development compared with continued institutional care. Follow-up studies from the Bucharest Early Intervention Project (BEIP) report significantly higher IQ, improved physical growth, and reduced psychopathology among children assigned to foster care, with benefits persisting into adolescence (Humphreys et al., 2020; King et al., 2023). Meta-analytic and review evidence further supports these findings, showing broad recovery across cognitive, behavioural, and



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emotional domains following family placement (van IJzendoorn et al., 2020; Bakermans-Kranenburg & van IJzendoorn, 2024).

International cohort studies reinforce that when caregiving quality is high, outcomes for fostered children can approximate those of non-institutionalised peers (Moretti et al., 2024; Cassibba et al., 2023). However, recovery remains moderated by placement stability and age at transition; earlier and more stable placements consistently yield stronger developmental outcomes (Humphreys et al., 2022).

Policy Implications for Ogun State

Scaling family-based care should be prioritised over expanding institutional capacity. Practical measures include establishing clear foster care frameworks, improving recruitment and culturally attuned training of carers, and ensuring continuous professional supervision. Mechanisms to promote placement stability—such as financial supports, respite options and mediation services—are equally vital, as disruptions can reverse developmental gains.

Summary

Family-based placements provide a reliable pathway to mitigate the harms of institutionalisation. Ogun State's child welfare policy should therefore invest in systemic support, quality assurance, and cultural adaptation to strengthen the foster and kinship care ecosystem.

Theme 3: Mechanisms Linking Institutional Rearing to Later Outcomes — Neurobiological, Physiological, and Cognitive Pathways

Mechanistic studies reveal multiple pathways through which early deprivation translates into later developmental and mental health difficulties. Neurophysiological research associates institutional rearing with elevated resting theta power, atypical mediofrontal theta, and altered diffusion MRI patterns, markers predictive of lower IQ and emotional dysregulation into adolescence (Tan et al., 2023; Buzzell et al., 2020; Kanel et al., 2024). Dysregulated hypothalamic–pituitary–adrenal (HPA) axis activity, autonomic responses, and heightened inflammatory markers further indicate biological embedding of deprivation (Wade et al., 2020; Tang et al., 2019).

Importantly, early transition to supportive family care has been shown to normalise many of these physiological and neural markers, providing causal evidence of the restorative effects of high-quality caregiving (Debnath et al., 2023; Tan et al., 2023). Emerging research in epigenetics, immune response, and the gut–brain axis also suggests that multiple biological systems mediate the effects of early psychosocial deprivation (Chernego et al., 2023).

Policy Implications for Ogun State:

These insights underscore the need for trauma-informed program design and early intervention during sensitive periods of neural plasticity. Foster care programs should integrate developmental and mental health screening into routine care and establish referral networks connecting child welfare services with primary health and psychological care providers.

Summary

Biological and physiological evidence strongly supports early, nurturing caregiving as a pathway to neural and behavioural recovery. Integrating developmental screening and mental health supports within family-based systems will maximise child outcomes.



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Theme 4: Caregiving Quality, Placement Stability, and Timing — Moderators of Recovery

Across experimental and observational studies, caregiving quality, placement stability, and timing consistently moderate recovery following institutional deprivation. High caregiver sensitivity and commitment predict better executive functioning, sustained social competence, and lower behavioural difficulties (Guyon-Harris et al., 2021; Zeytinoglu et al., 2023). Conversely, disruptions in foster placements have been associated with adverse EEG patterns and developmental regressions (Debnath et al., 2020).

Earlier placement is also a robust predictor of improved cognitive and psychiatric outcomes (Buzzell et al., 2020; Tan et al., 2023). Stable, emotionally responsive caregiving environments promote attachment security and buffer against transdiagnostic psychopathology risk (Turner-Halliday et al., 2022).

Policy Implications for Ogun State

To enhance foster care effectiveness, recruitment and retention of caregivers capable of providing sensitive, stable, and enduring care must be prioritised. Training and professional supervision should be continuous, complemented by financial supports, respite care, and crisis response mechanisms to prevent placement breakdowns. Early placement, especially during infancy and toddlerhood, should be prioritised to harness developmental plasticity.

Summary

Stability, quality, and timing are decisive in determining recovery trajectories. Investment in caregiver support and early placement systems offers high leverage for improving child outcomes in family-based settings.

Theme 5: Interventions, System Design, and Implementation Challenges

Program-level evidence on deinstitutionalisation reveals heterogeneous but instructive patterns. Evaluations such as Portugal's All4Children Integrated Foster Care Model (Baptista et al., 2024) and trauma-informed training initiatives in Rwanda (Hunsley et al., 2022) highlight the importance of multidisciplinary, well-supported implementation. However, systematic reviews show that most intervention research remains focused on child-level outcomes, with limited evaluation of system-wide reforms (Finch et al., 2021; Schüller et al., 2022).

Contextual studies illustrate persistent barriers. Delgado (2023) in Portugal and Onayemi et al. (2022) in Nigeria document bureaucratic delays, stigma, and funding gaps that hinder transitions to family-based care. Bibliometric analyses further reveal a concentration of empirical evidence in high-income settings, underscoring the evidence gap for LMICs (Priyadarshini & Jose, 2024).

Policy Implication

For Ogun State, effective reform requires a phased, well-resourced approach. Priorities include professionalising the child welfare workforce, reforming legal frameworks, embedding monitoring and evaluation systems, and piloting integrated foster care models that combine caregiver training, mental health support, and developmental screening.

Summary

Across five thematic dimensions, the evidence demonstrates that prolonged institutional care leads to widespread developmental and neurobiological harm, while early, high-quality family-based care promotes recovery and resilience. For Ogun State, these



findings provide a foundation for a strategic, phased transition toward strengthened foster and kinship care systems.

Implications for Social Work Practice and Systems

The synthesis of evidence across cognitive, socioemotional, neurobiological, and implementation domains highlights critical implications for social work, both at the frontline and systems level.

Minimising Institutional Exposure

Social workers are central to reducing reliance on institutional care by strengthening gatekeeping, conducting intake assessments, and ensuring permanency planning. These functions help restrict institutionalisation to short-term emergencies and safeguard developmental windows that are often missed in Ogun State (Delgado, 2023; Petrowski et al., 2017).

Enhancing Caregiving Quality

Evidence underscores the importance of sensitive, stable caregiving. Social workers play a pivotal role in recruiting foster carers, delivering trauma-informed and attachment-based training, and providing ongoing supervision and psychosocial support. Such interventions directly moderate child outcomes and reduce placement disruption (Turner-Halliday et al., 2022; Hunsley et al., 2022; Zeytinoglu et al., 2023).

Coordinating Multidisciplinary Services

Children transitioning from institutions present complex needs requiring integrated responses. Social workers manage developmental and mental health screenings, facilitate timely referrals, and build collaborative networks across health, education, and legal systems. Leadership in social work is essential for embedding routine monitoring and individualized care planning into service delivery (Finch et al., 2021; James et al., 2022).

Strengthening Workforce and Systems Capacity

Effective deinstitutionalisation in Ogun State requires a significantly expanded, trained, and regulated social work workforce. Strategic investments in education, professionalisation, and legal empowerment are necessary to align foster care models with global standards. Social workers must also act as policy advocates and organizational change agents, influencing system design, cultural acceptance, and sustainable financing (Schüller et al., 2022; Priyadarshini & Jose, 2024; Onayemi et al., 2022).

Promoting Culturally Responsive Practice

Social work's ethical framework and person-in-environment perspective position practitioners to lead culturally grounded interventions. This includes engaging extended families, religious leaders, and community stakeholders in foster care support, conflict resolution, and reintegration processes, ensuring reforms are socially embedded and contextually appropriate (Delgado, 2023; Munson et al., 2021).

Summary

Across micro-level casework and macro-level policy design, social workers are indispensable to the transition from institutional to family-based care in Ogun State. Strengthening social work infrastructure is both an operational requirement and a moral imperative for delivering safe, effective, and developmentally reparative care to vulnerable children.



LIMITATIONS AND CONCLUSION

Although the global evidence base supporting deinstitutionalisation is extensive, several methodological and contextual limitations constrain its generalisability. The strongest causal evidence derives primarily from a small number of randomised controlled trials and long-term follow-up studies, most notably the Bucharest Early Intervention Project (BEIP), conducted by a limited set of research teams with extensive programmatic experience. This concentration raises concerns about external validity across diverse cultural, social, and resource settings (van IJzendoorn et al., 2020; King et al., 2023).

Many observational studies vary considerably in design quality, measurement tools, and control for confounding variables such as prenatal alcohol exposure or other early biological risks (Koren & Ornoy, 2021). In addition, heterogeneity in institutional quality and caregiving environments complicates interpretation of outcomes and limits comparability across studies.

Implementation research remains particularly sparse in low- and middle-income countries (LMICs), where socioeconomic conditions, cultural norms, and policy infrastructures differ significantly from those in high-income contexts (Baptista et al., 2024; Finch et al., 2021). This gap underscores the need for localised adaptation and piloting before large-scale foster care reforms are introduced.

Despite these constraints, the literature provides strong, convergent evidence that prolonged institutional care is associated with adverse cognitive, socioemotional, behavioural, and neurobiological outcomes. Conversely, early and stable family-based care consistently mitigates these effects, offering a developmentally restorative alternative. Future studies in Nigeria should employ longitudinal designs and integrate routine monitoring to validate adaptation strategies and ensure cultural relevance.

For Ogun State, the synthesis of global evidence supports a clear policy trajectory toward family-based alternatives. Key priorities include early placement, caregiver quality, and sustained program supports. A contextually adapted deinstitutionalisation strategy — anchored in regulatory reform, workforce capacity-building, and rigorous monitoring — offers a pragmatic and evidence-informed pathway to improved child development and well-being. These findings provide a foundation for adaptive policy experimentation and longitudinal monitoring, ensuring that reform strategies remain effective, sustainable, and culturally grounded.

RECOMMENDATIONS

The synthesis of evidence highlights several priority actions for Ogun State to achieve a sustainable transition from institutional to family-based child care.

Establish a Clear Deinstitutionalisation Policy

Family-based care should be formally recognised as the preferred placement model, with institutionalisation reserved only for short-term emergencies. This requires strengthening child protection regulations, defining standards for foster care practice, and ensuring dedicated, sustainable funding to maintain program continuity.

Invest in Workforce Development

Foster and kinship caregivers must be recruited through transparent, culturally sensitive processes and trained in trauma-informed, attachment-based caregiving. Regular supervision, peer learning, and certification programs should be institutionalised to guarantee caregiving quality and consistency.

Support Placement Stability

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Practical supports such as financial allowances, respite care, counselling, and crisis intervention are essential to prevent placement breakdowns. Fostered children should have seamless access to health, education, and mental health services to promote holistic development.

Strengthen Inter-sectoral Integration

Foster care systems must be linked with health, education, and community mental health services to ensure coordinated support. Developmental screening and referral pathways should be embedded into primary care and child welfare workflows to identify and address children's needs early.

Embed Monitoring and Evaluation

A centralised database should track placement stability, caregiver training, and child well-being outcomes. Regular independent reviews and partnerships with academic institutions will enable data-driven decision-making and continuous improvement.

Prioritise Prevention Alongside Reform

Reducing institutional admissions through family preservation programs is critical. Addressing poverty, parental mental health, and substance use will strengthen long-term outcomes. Public awareness campaigns should promote social acceptance of foster and kinship care and encourage community participation.

Summary

Ogun State's successful transition to family-based care will depend on strong leadership, inter-sectoral collaboration, and phased implementation grounded in evidence. With sustained political commitment, investment in caregivers, and integrated monitoring systems, the state can build a responsive, child-centred welfare model that enhances development and protects every child's right to grow up in a family environment. This framework positions Ogun State as a potential model for subnational child welfare reform in Nigeria and other low- and middle-income contexts.

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