International Journal of Sociology and Anthropology Research, 12 (1) 57-80, 2026

Print ISSN: ISSN 2059-1209

Online ISSN: ISSN 2059-121

Website: https://www.eajournals.org/

Publication of the European Centre for Research Training and Development-UK

Family Social Work and Child Development in Southeastern Nigeria: A Narrative Review of Kinship Care, Referral and Follow-up

Onyinyechukwu Stella Ifenze[1*], Gabriel Onyebuchi Oguamanam[2], Nkechi Emma-Echiegu[3], Friday Onwe[3], Obiora Anthony Eke[1], Ogochukwu Militus Ifenze[4]

[1]Social Work Department, Federal university of Allied Health Science, Enugu, Enugu State, Nigeria.
[2]Sociology and Anthropology Department, Nnamdi Azikiwe University, Akwa, Anambra State.
[3]Ebonyi State University, Abakaliki, Ebonyi State, Nigeria
[4]Biomedical Engineering Department, Federal university of Allied Health Science, Enugu, Enugu State, Nigeria.

[*]**Corresponding Author:** ifenze.onyi@fuahse.edu.ng

doi: https://doi.org/10.37745/ijsar.15/vol12n15780 Published November 15, 2026

Citation: Ifenze O.S., Oguamanam G.O., Emma-Echiegu N., Onwe F., Eke O.A., Ifenze O.M. (2026) Family Social Work and Child Development in Southeastern Nigeria: A Narrative Review of Kinship Care, Referral and Follow-up, International Journal of Sociology and Anthropology Research, 12 (1) 57-80

Abstract: *In southeastern Nigeria, relatives and teachers may recognise a child's need before a social worker becomes involved. This narrative review examines what the literature establishes about that transition and what is known about children's safety and development after assistance is received. A targeted English-language search prioritised southeastern Nigerian evidence and used Nigerian and international studies where they clarified service delivery or intervention outcomes. Kinship studies describe how relatives sustain placements and how children are often excluded from placement decisions. School surveys, interviews with practitioners and referral-centre records identify different points of contact, with little evidence following the same child from recognition through assessment, assistance and follow-up. A Nigerian trial found gains in parenting practices after a combined maternal care intervention. International trials reported gains in selected early developmental outcomes, while estimates of maltreatment reduction varied by reporter and follow-up period. These findings place two responsibilities at the centre of family social work practice: supporting the people who provide day-to-day care and establishing whether the child can obtain professional help when that care is insufficient or unsafe. The evidence for southeastern Nigeria is strongest on how needs become visible and weakest on what changes for children after routine services are delivered.*

Keywords: family social work, kinship care, child protection, referral, child development, Nigeria

INTRODUCTION

Research on early childhood development shows how support for caregivers can improve the conditions in which children learn and develop. The Nurturing Care Framework identifies responsive caregiving, opportunities for early learning, health, nutrition and safety as interdependent conditions for development [1]. In a meta-analysis of 102 randomised trials, Jeong et al. found that parenting interventions delivered during the first three years of life improved cognitive, language and

socioemotional outcomes on average, although the programmes and effects varied across studies [2]. These results establish what defined interventions can achieve under studied conditions. For family social work, a prior question is how children and caregivers gain access to professional help when a relative, teacher or health worker first recognises a concern.

Research in sub-Saharan Africa shows why the answer depends partly on how care is organised within families. In a review of 23 African studies, Ariyo et al. found that children's well-being in kinship care varied with the resources available to the receiving household and the caregiver's relationship to the child [3]. Evidence from South Africa also shows that conclusions about the effects of family support can depend on whose account is recorded. In a cluster randomised trial involving 552 families in the Eastern Cape, caregivers reported less abuse and corporal punishment five to nine months after a parenting intervention, while adolescents' reports showed no clear reduction in either outcome [4]. The difference matters for social work because adults and children may give different accounts of the same care arrangement, including whether a child feels safe and whether everyday treatment has changed.

In Nigeria, national evidence describes the scale of need and some of the barriers to obtaining help. The 2021 Multiple Indicator Cluster Survey estimated that approximately nine in ten children aged 1–14 had experienced physical punishment, psychological aggression or both from a caregiver in the preceding month [5]. The 2014 national violence survey examined disclosure and help-seeking, while the updated situation analysis identified continuing gaps in access to protection and support [6,7]. The federal Child's Rights Act establishes a statutory basis for child protection [8] where evidence about how practitioners carry out that responsibility comes from a different source. Isangha et al., in interviews with 11 certified social workers employed by five nongovernmental organisations in Lagos and Kano, found that practitioners provided counselling and practical assistance, including help with food, clothing and shelter, despite staffing and resource constraints[9]. The survey estimates describe exposure to harm, while the interviews explain what practitioners in those organisations were able to provide once children came to their attention.

Nigerian intervention research offers a more direct account of change after a defined service was delivered. In Ibadan, Gureje et al. recruited 242 pregnant adolescents with depression through 30 maternal care clinics and tested a combined psychosocial and parenting intervention. At six months after birth, the adjusted difference on a measure of parenting practices and the home caregiving environment was 3.4 points in favour of the intervention group [10]. The result concerns the caregiving environment within a specified maternal care programme. Its contribution differs from that of the trials reviewed by Jeong et al., which included measures of children's cognitive, language and socioemotional development [2]. This distinction matters when judging whether the evidence supports a claim about what caregivers do, what children experience or how children develop over time.

In southeastern Nigeria, formal responsibilities such as those established by the Enugu State Child's Rights Law coexist with care arrangements negotiated within extended families [11]. In interviews with Igbo community leaders and welfare officers, Nnama-Okechukwu and Okoye found that adults

understood kinship fostering as a collective obligation that could sustain family ties [12]. Anambra focus groups involving 64 participants showed that relatives and family friends influenced where children were placed, with limited participation by the children themselves [13]. Further studies in the region identified safeguarding concerns and described gaps in supervision, welfare support and records of children in informal foster households [14,15]. Taken together, these findings explain how relatives can provide continuity of care while children may still have limited opportunities to raise a concern or obtain an independent assessment after placement.

Studies of schools, street work and specialist services show how the circumstances in which children are identified shape what can be learned about access to support. Okafor et al. surveyed 240 parent–teacher association members in 24 schools in the Nsukka and Enugu areas, obtaining evidence about adults' knowledge and perceptions of school social work [16]. In Nnewi, however, 89 of 147 young street vendors interviewed by Ugochukwu et al. had left school for varying periods, illustrating why school-based research can miss children whose education has been interrupted [17]. In four Enugu secondary schools, 116 of 325 adolescents reported sexual abuse in a questionnaire study [18], while an Anambra referral centre recorded 81 cases of sexual abuse among 820 children seen over 12 months [19]. The school survey describes experiences reported by pupils, whereas the centre study describes children who reached a specialist service. Neither study followed the same children from disclosure to care, a distinction that becomes more important in light of the barriers to disclosure and assistance identified in Ifayomi et al.'s national review [20].

Levy et al. identified 42 child welfare papers in their scoping review of Nigerian social work literature, including research on alternative care, safeguarding, child labour and school social work [21]. The present narrative review brings these bodies of research together to examine how children's needs are recognised in southeastern Nigeria, what is known about professional assessment and assistance after referral, and where the literature connects the support received to subsequent child or caregiver outcomes. The distinction between these stages matters because evidence that a concern was recognised establishes little about whether the family received help, and evidence that help was delivered answers a different question from whether the child's circumstances improved.

Review Approach

The main literature search was conducted from 17th September to 7th November 2026 and covered English-language publications available by the end of that period. It focused on family social work, child protection, kinship and informal foster care, referrals from schools and community settings, and the relationship between caregiving and child development. Studies from southeastern Nigeria were prioritised because they described the families, services and institutions at the centre of the review. Research from elsewhere in Nigeria was included where it helped explain how families accessed support or how practitioners delivered it. Studies from other countries were used where they offered a relevant comparison or reported outcomes for a defined intervention. Legislation, official reports and population surveys provided evidence on statutory responsibilities, service provision and the extent of need.

The OpenAlex Works API was searched using 24 free-text queries, with up to 13 records examined per query in relevance order. Examples included "kinship fostering Nigeria informal foster care child domestic workers", "child abuse neglect Enugu southeastern Nigeria" and "early childhood development Nigeria stimulation home learning children MICS". The Directory of Open Access Journals (DOAJ) article API was searched using 12 title queries, including "Nigeria AND child AND labour" and "Enugu AND child AND abuse", with up to 15 records examined per query. Focused supplementary searches on 8th November 2026 identified a study of placement decisions in Anambra [13] and a trial of psychosocial and parenting support in Ibadan [10]. Appendix A documents the search routes, further query examples and the limits applied when examining results.

When six searches through the African Journals Online (AJOL) interface were blocked, publicly indexed pages on the AJOL domain were searched for research on child abuse, child labour, paediatric rehabilitation and adolescent mental health. Seven publication searches on ResearchGate helped locate study titles and accessible copies. The six direct Google Scholar searches were rate-limited, and domain-restricted searches returned no usable results from that platform. Targeted searches of PubMed-indexed records and publisher websites helped locate articles and verify publication details, while reference lists led to related studies of kinship care. Institutional websites supplied survey reports, legislation and school safety guidance. Ifayomi et al.'s systematic review provided supplementary evidence on Nigerian research concerning child sexual abuse [20].

One reviewer selected and synthesised publications according to their relevance to the review questions and the information available on setting, participants, design and findings. Duplicate records were identified by DOI or by matching the title, authors and publication year. Where recruitment dates, settings or sample descriptions suggested that publications drew on the same participants, their findings were considered together to avoid treating them as independent evidence. Full texts were consulted where accessible, and published abstracts were used for some studies whose full texts could not be obtained.

The synthesis considered what each study could establish about recognition of a child's needs, referral, professional assessment, receipt of assistance and subsequent outcomes. Population surveys described the extent of need and, where measured, patterns of disclosure or help-seeking. Qualitative studies and research on service provision helped explain how families sought assistance, what practitioners could provide and where access or follow-up broke down. Intervention trials and evidence syntheses informed the discussion of measured changes in caregiving and child outcomes. Where findings differed, the review considered who was included, who reported the outcome, what was measured, whether there was a comparison group and how long participants were followed. Table 1 presents the studies most directly relevant to these questions.

The Scale for the Assessment of Narrative Review Articles (SANRA) informed reporting of the review aims, search, referencing, scientific reasoning and outcome data [22]. The search was targeted, and complete counts of records retrieved and retained by platform were unavailable. Selection and synthesis were undertaken by one reviewer, without independent duplicate screening,

formal risk-of-bias assessment or statistical pooling. The review drew on published research and documents, and no primary participant data were collected.

Family Social Work and Developmental Outcomes

Family social work encompasses professional assessment, safeguarding, planned support, referral and follow-up with children and their caregivers. These responsibilities are often shared across a wider social service workforce. UNICEF's guidance distinguishes the roles of professionally trained social workers from those of paraprofessionals and other personnel who support children and families [23]. A teacher may notice repeated absences, a relative may arrange temporary care, and a social worker may assess the child's safety and the household's need for assistance. Each action contributes to the response, but it establishes a different kind of contact with the family. Okafor et al.'s survey of parents and teachers in the Nsukka and Enugu areas describes how those groups understood school social work [16], while interviews with certified social workers in Lagos and Kano describe the counselling and material assistance that practitioners could provide within five nongovernmental organisations [9]. Taken together, these studies illuminate different stages of help-seeking and service delivery, leaving open how often a concern raised at school in southeastern Nigeria led to professional assessment and follow-up.

Nigerian research on social work education also helps explain why the person recorded as a child's parent or guardian may provide only part of the information needed for assessment. In a survey of 142 social work students in Nigeria and Scotland, Levy et al. found that Nigerian respondents called for greater attention to knowledge rooted in the communities where they expected to practise [24]. In a separate Nigerian study, Nnama-Okechukwu et al. drew on interviews with educators, students and practitioners to describe the limited place of indigenous knowledge in professional education [25]. The implications for practice are particularly clear in kinship care. An aunt or grandparent may supervise the child and provide meals, while another relative decides where the child attends school or pays for treatment. Where adults give different accounts of daily care or safety, the child's own account can help establish who is available when assistance is needed.

The developmental significance of family support depends on what it changes in the child's daily life. The Nurturing Care Framework places responsive caregiving alongside health, nutrition, safety and opportunities for early learning [1]. Jeong et al.'s meta-analysis of 102 randomised trials found average gains in cognitive, language, motor and socioemotional outcomes after parenting interventions delivered during the first three years of life [2]. Those measures are pertinent to programmes that help caregivers respond to young children's cues and create opportunities for conversation and play. For an older child whose schooling has been interrupted by a change in care, attendance and psychosocial functioning may be more relevant. Records of an assessment or an attended appointment document contact with a service, while evidence of benefit depends on what assistance was delivered and what subsequently changed for the child.

Nigerian household studies illustrate why developmental concerns need to be interpreted alongside the conditions in which children are raised. Skoufias and Vinha found that stunting was associated with lower early development scores and that greater maternal education was associated with higher

scores. These associations were evident in several developmental domains, with little evidence of a corresponding association in the socioemotional domain [26]. Ujah et al., using 2021 survey data for 11,494 children aged 24–59 months, reported that about 46% were developmentally off track and approximately three-quarters lived in food-insecure households. The association between food insecurity and developmental status was statistically unclear after adjustment, while disability was associated with higher odds of being off track [27]. The studies examined different indicators of household circumstances and development. Together, they support considering nutrition, caregiving resources and disability in assessment while leaving the causes of an individual child's difficulties open.

Research on cash transfers addresses what happens when assistance is available to households experiencing hardship. In a comparison of beneficiaries and non-beneficiaries from the same Nigerian localities, Eluwa et al. found that beneficiaries had approximately three times the adjusted odds of reporting little or no hunger [28]. The study measured household food security, and programme participation was not randomly assigned. Oduenyi et al. examined a separate maternal and child health pilot in which payments depended on enrolment and completion of specified contacts with health services [29]. The two studies address different parts of the response. One describes household circumstances among recipients of a transfer, while the other shows how programme rules govern receipt. In family social work records, a referral for material assistance therefore has a different meaning from confirmed enrolment or payment.

Evidence from civil registration and health care shows how barriers can persist after a family has been referred. Makinde et al. reported an increase in the completeness of birth registration from 31.5% in the 2007 survey to 41.5% in the 2011 survey, with variation across regions [30]. Anaduaka examined possession of a birth certificate, which is a separate issue where families need documentary proof of a child's age or identity [31]. In six Enugu primary health centres, Ogbozor et al. documented informal charges for services including routine immunisation and birth certification, with charges varying across facilities [32]. Williams et al.'s analysis of childhood vaccination coverage likewise identified differences associated with household and geographical circumstances [33]. These findings help explain why a referral can be recorded even when a family cannot obtain the service. For southeastern Nigeria, the developmental contribution of family social work is therefore best understood by tracing whether children reached the relevant services, what assistance families received, and whether the evidence documents a subsequent change in the child's circumstances or functioning.

Kinship Care and Child Protection

Kinship fostering can keep children within familiar relationships when their parents are unable to provide daily care. In interviews with six community leaders and six senior public welfare officers in Igbo communities, Nnama-Okechukwu and Okoye found that participants understood fostering as a shared family obligation and a means of sustaining ties across generations. Participants also expressed concern about weakening extended-family ties and limited formal support for fostering households [12]. An earlier Anambra study, based on focus groups with 64 participants from rural and urban communities, found that relatives and family friends influenced placement decisions,

while children had little opportunity to express a view about where they would live [13]. Read together, the studies explain why families regard kinship placement as a legitimate response to a child's needs and why an agreement among relatives may tell a practitioner little about how the child experiences the move.

The evidence on what happens after placement points to gaps in both oversight and practical support. Interviews in two Anambra local government areas identified circumstances in which informal fostering could expose children to harm and considered how local welfare units might respond [14]. In a later study, six community leaders and 11 public welfare officers described weak supervision, limited welfare support and the absence of registers identifying children in informal foster households [15]. The lack of registers makes it difficult to establish which children are known to welfare services or receive follow-up. Limited support, in turn, affects what a practitioner can offer when a caregiver struggles to meet a child's needs. The interviews document concerns raised by adults familiar with the arrangements, while leaving the frequency of harm and the effects of different forms of supervision uncertain.

Evidence from children adds a dimension that adult accounts of placement cannot supply. Ariyo et al.'s review of 23 African studies found that children's well-being in kinship care varied with their relationship to the caregiver and the resources available to the receiving household [3]. In a Nigerian survey, Ojo et al. found that 71.1% of respondents in family settings and 88.5% of those in orphanages said they were comfortable where they lived. Children in family settings reported concerns about living conditions and access to resources, while those in orphanages described strict caregivers and limited recreation [34]. Because the groups entered their placements under different circumstances and the survey measured perceived comfort, the percentages cannot establish which setting produces better developmental outcomes. The children's accounts do, however, show why an assessment needs to ask about daily life, access to schooling and care, and the adults a child can approach in confidence.

Studies of domestic work show why the responsibilities a child takes on after moving into another household deserve attention. Ajibo and Ene's qualitative study of 13 respondents in southeastern Nigeria identified gaps in protective services for under-18 domestic helpers who experienced abuse [35]. Onalu et al., drawing on interviews with five parents and five household helpers, described safety concerns affecting children under 15 living with adults who were not their biological parents [36]. Olayiwola's research in southwestern Nigeria adds an account of the choices children made within unequal employment relationships [37]. These studies help explain why the existence of a family connection offers limited information about the terms of care. The relevant questions concern who assigns work, whether the child can refuse, whether the work interferes with schooling or rest, and whether help is available outside the household.

Where researchers look for children also shapes what they learn about work and school participation. Enebe et al. surveyed 332 pupils in six public junior secondary schools in Enugu metropolis. In that sample, 71.7% met the study's definition of child labour, including 52.1% classified as engaged in domestic labour and 34.0% in economic labour. The categories could overlap [38]. In Nnewi,

Ugochukwu et al. approached children and young people selling goods on the street. Of the 147 participants aged 8–19, 63 lived with relatives or friends, and 89 reported having dropped out of school for varying periods [17]. The Enugu study identifies work among children still enrolled in school, while the Nnewi study brings into view young people whose schooling had already been interrupted. The national child labour survey provides broader household estimates [39], and Ogunkan's synthesis situates street work within the combined pressures of urban poverty, family circumstances and exposure to hazards [40]. For child protection, the comparison shows why school-based identification will reach some children and why others may first come to the attention of services through community contacts or outreach.

The sexual abuse literature shows a similar difference between experiences reported by children and cases known to services. In a questionnaire study of 325 adolescents in four Enugu secondary schools, Chime et al. found that 116 respondents (35.7%) reported sexual abuse [18]. In a convenience sample of 372 adolescents from four Enugu secondary schools, Chinawa et al. found that 38 respondents (10.2%) reported having been forced or persuaded into a sexual experience against their wishes [41]. The studies used differently worded measures, so the percentages describe responses to different questions and cannot be read as a change in prevalence over time. Two papers by Manyike and colleagues also report recruitment of 506 adolescents from three schools in Enugu and Ebonyi between June and October 2014. One examined parental sex education, while the other reported that 199 respondents had experienced sexual abuse [42,43]. The matching recruitment details suggest possible sample overlap, so the papers are interpreted together.

At the Ntasi referral centre in Anambra, Ajaegbu et al. recorded 81 children diagnosed with sexual abuse among 820 children seen over 12 months. Sixty-nine of the 81 were girls [19]. The denominator consists of children who reached that centre, whereas the school studies describe experiences disclosed through research questionnaires. These sources cannot establish how many children who disclosed abuse subsequently obtained professional help. Ifayomi et al.'s national review identifies barriers to disclosure and gaps in care that help explain why a child's experience may never appear in a service record [20]. Across the placement, labour and abuse literature, the clearest evidence concerns who takes responsibility for children and where concerns become visible. Much less is known about what follows. A kin caregiver may need practical help to sustain a placement, while a child who reports harm may need confidential access to an independent assessment. Whether either receives appropriate help, and whether that help improves the child's circumstances, remains poorly documented in the evidence reviewed.

Schools, Referrals and Professional Capacity

Schools can bring a child's difficulties to the attention of families and agencies, particularly when those difficulties first become visible through irregular attendance, changes in behaviour or a disclosure to a teacher. In 24 schools in the Nsukka and Enugu areas, Okafor et al. surveyed 240 parent–teacher association members and found no statistically clear differences between parents and teachers on measures of perceived school social work provision ($p = 0.23$) or knowledge of school social work ($p = 0.28$) [16]. These comparisons describe responses from the adults surveyed, leaving open whether a social worker was available when a particular concern arose. The federal Minimum

Standards for Safe Schools set out expectations for school safety [44], and UNICEF's two monitoring rounds in 2023 covered 5,993 and 6,638 schools across ten states [45]. The monitoring provides evidence on implementation at school level, while the question of whether a child received an assessment or assistance requires information that follows the case beyond the school.

Nigerian analyses of child welfare policy and child rights implementation describe difficulties translating formal obligations into services [46,47]. Studies drawing on police and social work perspectives show how those difficulties can emerge within a single case. Police accounts of child sexual abuse emphasise investigation and prevention [48], while child protection social workers describe the work of assessing vulnerability and responding to children's immediate needs [49]. In interviews with 11 certified social workers from five nongovernmental organisations in Lagos and Kano, Isangha et al. found that practitioners provided counselling and practical assistance with food, clothing and shelter under constraints on staffing and resources [9]. Those interviews illustrate pressures on the organisations studied, and their relevance to public welfare agencies in southeastern Nigeria lies in the question they raise about who can act once a referral is received. A disclosure at school may call for an investigation, an assessment of the child's immediate safety and continued support for the family, each involving different responsibilities and decisions about who needs access to sensitive information.

Research on adolescent sexual and reproductive health in southeastern Nigeria provides a more detailed account of what can happen when schools or community organisations rely on another service for assistance. In nine local government areas of Enugu State, Odo et al. analysed 1,447 adolescent questionnaires and 192 public facility checklists. The facilities provided general services, but none had a dedicated adolescent clinic or unit, and sexuality education and safe motherhood services were the only service categories classified as financially accessible in the study [50]. In Ebonyi, adolescents interviewed by Ezumah et al. expressed differing views about sexual relationships, with some linking transactional relationships to poverty or a lack of family support [51]. In a separate Ebonyi study, adolescents and adult stakeholders identified needs for counselling, education and contraceptive information and access, and described young people outside school as particularly vulnerable to abuse [52]. Read together, the studies show why a nearby facility and a school-based programme may each leave some needs unmet, especially for adolescents who are outside school or cannot afford the services available to them.

The Ebonyi implementation studies clarify what can be inferred from changes in programme delivery and pupils' knowledge. Agu et al.'s stakeholder analysis examined how public institutions and nongovernmental organisations were involved in policy and service provision [53]. Odii et al. examined adoption of a school- and community-based intervention across six local government areas through 30 interviews with policymakers and health workers and 18 focus groups with parents, community leaders and adolescents [54]. A separate post-intervention comparison involving 503 pupils found that 94.16% in participating schools met the study's threshold for good sexual and reproductive health knowledge, compared with 85.77% in comparison schools ($p = 0.002$) [55]. Exposure was not randomly assigned, and the outcome measured was knowledge. These studies

therefore inform how education and services can be organised, while evidence that an adolescent could consult a practitioner privately and obtain assistance remains limited.

The school mental health literature illustrates a related distinction between recognising distress and obtaining care. In a vignette study involving 285 senior secondary pupils at one federal school in southeastern Nigeria, fewer than 5% identified depression, and only four recommended consulting a psychiatrist or psychologist [56]. In a broader questionnaire study in Enugu schools, Ogbonna et al. reported that 57.9% of respondents fell below the study's threshold for knowledge of mental illness [57]. The first study tested recognition of a specific presentation, while the second assessed a broader set of beliefs and knowledge. Other studies examined depression and anxiety symptoms among adolescents in southeastern Nigeria [58], mental health among Enugu secondary pupils reporting psychoactive substance use [59], and links between childhood adversity and later distress or suicidality among higher education students in southeastern Nigeria and adolescents in Calabar [60,61]. These populations and measures describe different needs. Qualitative work in Lagos further suggests that the language young people use to describe distress and the people they trust matter when discussing help [62]. Across these studies, the evidence is more informative about where concerns become visible and what may obstruct a response than about how often the same child moves from recognition at school to professional assessment, assistance and follow-up.

Parenting Support and Child Development

Parenting interventions can improve aspects of child development by changing how caregivers respond, talk and play with children in everyday life. In a synthesis of 102 randomised trials of interventions delivered during the first three years of life, Jeong et al. reported pooled standardised mean differences of 0.32 for cognitive development (95% confidence interval [CI] 0.23 to 0.40), 0.28 for language (95% CI 0.18 to 0.37) and 0.19 for socioemotional development (95% CI 0.10 to 0.28) [2]. These estimates describe average gains across programmes that differed in content, delivery and setting. The review found no clear pooled reduction in parental depressive symptoms, which matters for families whose caregiving difficulties occur alongside depression. Support with responsive play and communication may improve children's opportunities to learn, while a caregiver experiencing depression may also need care that addresses their own symptoms.

The Nigerian RAPiD trial examined this combination of needs among 242 pregnant adolescents with moderate to severe depression recruited through 30 maternal care clinics in Ibadan. Frontline providers delivered a package that combined problem-solving therapy, behavioural activation, parenting skills and support from an adult nominated by the participant. At six months after childbirth, 80.1% of participants had completed follow-up, and the intervention group scored an adjusted 3.4 points higher than the usual-care group on the infant–toddler version of the Home Observation for Measurement of the Environment inventory (95% CI 2.12 to 4.69) [10]. The result concerns the quality of the caregiving environment after a combined intervention. Because the components were delivered together, the difference cannot be attributed to parenting instruction alone. The reported score also answers a different question from the child-level measures in Jeong et al.'s review, such as whether children's language or cognitive development improved [2].

For families with adolescents, the evidence on parenting support depends partly on whose account is used and when it is obtained. In a cluster randomised trial involving 552 families in South Africa's Eastern Cape, caregivers reported lower rates of physical and emotional abuse five to nine months after the intervention (incidence rate ratio 0.55, 95% CI 0.40 to 0.75) and lower rates of corporal punishment (0.55, 95% CI 0.37 to 0.83). Adolescents' reports showed no clear reduction in either outcome at that follow-up [4]. Backhaus et al.'s meta-analysis also found that reductions in physical and emotional violence tended to diminish over time [63]. WHO guidance recommends parenting interventions for caregivers of children aged 0–17, taking account of the child's age and the purpose of the programme [64]. In southeastern Nigeria, the relevance of this evidence depends on whether programmes reach the people who provide daily care, including relatives, and whether families can participate in a language they use comfortably. Where a child and caregiver give different accounts of safety, retaining both accounts is important for interpreting any apparent improvement.

Nigerian studies also show why an outcome measure needs to fit the child's age and the assistance received. Anyanwu's study of secondary-school pupils in southeastern Nigeria examined associations between parental relationships and psychological well-being, providing evidence about adolescents' circumstances without testing a parenting intervention [65]. For younger children, Enelamah et al. found low to average internal consistency and weak face validity for the original Early Childhood Development Index in Nigerian survey data on three- and four-year-olds [66]. These findings apply to the original index. They also illustrate a broader measurement issue. An index designed to describe development across a population may give limited information about a change in an individual child's communication, relationships or daily functioning after a specific form of support.

For children with disabilities, evidence from southeastern Nigeria shows why family assistance may need to extend across home, school and clinical services. In Enugu, Iloeje and Ogoke found that the severity of gross motor impairment among children with cerebral palsy was associated with clinical type, aetiology, malnutrition and accompanying impairments [67]. In a separate hospital records review, Okenwa and Edeh found that 86 of 146 children with cerebral palsy attended fewer than five physiotherapy sessions and were subsequently lost to follow-up [68]. The first study describes factors associated with impairment, while the second documents how often contact with rehabilitation ended early. In another Enugu study, Onyejaka et al. found differences in oral hygiene between 80 children attending a neurology clinic and 72 primary-school pupils, although differences in dental caries and tooth fracture were statistically unclear [69]. These findings draw attention to needs that may fall outside the main reason for referral.

The school and workforce evidence adds detail to this picture with a Nigerian study of 44 children living with intellectual disabilities, Bakare et al. found that 21 scored in the borderline or abnormal range on the total difficulties scale of the Strengths and Difficulties Questionnaire [70]. In Ebonyi, Igwe et al. found that 40 psychiatric nurses scored an average of 13.35 out of 19 on a questionnaire on childhood autism, compared with 11.78 among 40 paediatric nurses [71]. The studies describe different issues that can shape a family's experience of care, including behavioural support needs and differences in practitioners' knowledge. For family social work, the evidence supports

distinguishing whether assistance helped a family obtain and continue using a service from whether the child's motor, adaptive or psychosocial functioning subsequently improved. Each outcome shows a different contribution that support may make.

Evidence on Recognition, Referral and Outcomes

The literature documents how children's needs become known in southeastern Nigeria, who takes part in decisions about their care and what some services provide once children reach them. The studies in Table 1 observe different stages of this process, often in different populations. Their findings can be read together to explain how a concern comes to the attention of a family, school or agency, but they rarely show whether the same child went on to receive an assessment, appropriate assistance and follow-up.

The Anambra kinship studies illustrate the difference between deciding where a child will live and knowing how the child fares after the move. Relatives and family friends influenced placement decisions, while children had limited opportunities to express their views [13]. Subsequent interviews identified safeguarding concerns and gaps in supervision, welfare support and records of children in informal care [14,15]. Without records linking a placement to later contact with a practitioner, it is difficult to establish which children received follow-up. A related problem arises in school-based research. Okafor et al. examined what parents and teachers knew about school social work, but the survey did not track what happened when an individual pupil needed help [16]. Enebe et al.'s study of enrolled pupils in Enugu and Ugochukwu et al.'s interviews with street vendors in Nnewi further show how recruitment determines which children become visible. The street-based sample included young people whose schooling had already been interrupted, a group that school surveys can easily miss [38,17].

The evidence on sexual abuse makes the consequences of these differences particularly clear. Chime et al. found that 116 of 325 adolescents surveyed in four Enugu secondary schools reported sexual abuse [18]. At a referral centre in Anambra, Ajaegbu et al. recorded 81 children diagnosed with sexual abuse among 820 children seen over 12 months [19]. The school survey measured experiences disclosed through a questionnaire, whereas the centre study described children who reached a particular service. Because the samples are separate, the two figures cannot be used to estimate how often disclosure leads to referral or care. Ifayomi et al.'s national review identifies barriers to disclosure and gaps in survivor care [20]. Interviews with child protection social workers in Lagos and Kano add evidence about what may happen once a concern reaches a provider. The practitioners described offering counselling and material assistance while working with limited staff and resources [9]. Their accounts help explain why the receipt of a referral and the delivery of assistance are separate events, while the frequency with which referrals lead to sustained support in southeastern Nigeria remains unclear.

Intervention studies offer firmer evidence of change within defined programmes, although their outcomes answer different questions. The Ibadan RAPiD trial found improvement in a measure of the home caregiving environment after a combined psychosocial and parenting intervention [10]. Jeong et al.'s synthesis included direct measures of children's cognitive, language and

socioemotional development [2]. In the Eastern Cape trial, caregivers and adolescents gave different accounts of changes in abuse and corporal punishment at five to nine months [4]. Backhaus et al.'s finding that reductions in violence tended to diminish over time further qualifies conclusions based on early follow-up [63]. The evidence therefore supports specific conclusions about caregiving, development and safety under the conditions studied. For routine family social work in southeastern Nigeria, the unresolved question is whether children identified by families, schools or community services received the intended assistance and experienced a sustained improvement in the outcome that prompted the referral.

Table 1. Evidence on placement, recognition, service contact and outcomes

Study	Setting and design	Main finding	What remains uncertain
Nnama-Okechukwu et al. [13]	Focus groups with 64 participants from rural and urban communities in Anambra.	Relatives and family friends influenced placement decisions, with little involvement from children.	How children experienced the placement after moving.
Nnama-Okechukwu et al. [14]	Key informant interviews in two Anambra local government areas.	Informants identified safeguarding concerns and gaps in oversight of informal foster care.	How often harm occurred and whether follow-up reduced it.
Nnama-Okechukwu [15]	Interviews with six community leaders and 11 public welfare officers in southeastern Nigeria.	Participants reported inadequate supervision and welfare support, together with a lack of registers of children in informal foster households.	How many children in informal care were known to services or received follow-up.
Okafor et al. [16]	Survey of 240 parent–teacher association members in 24 schools in the Nsukka and Enugu areas.	Parent and teacher responses did not differ clearly on perceptions (p = 0.23) or knowledge (p = 0.28) of school social work.	Whether a practitioner was available for an individual case and whether the family received help.
Chime et al. [18]	Questionnaire survey of 325 adolescents in four secondary schools in Enugu metropolis.	Of the pupils surveyed, 116 (35.7%) reported sexual abuse.	Whether disclosures led to referrals or assistance, and what was experienced by adolescents outside school.

Table 1. Evidence on placement, recognition, service contact and outcomes (cont'd)

Study	Setting and design	Main finding	What remains uncertain
Ajaegbu et al. [19]	Prospective study at one sexual assault referral centre in Anambra over 12 months.	Of 820 children seen, 81 were diagnosed with sexual abuse, including 69 girls.	How many children never reached the centre and what happened after the visit.
Isangha et al. [9]	Interviews with 11 certified social workers employed by five nongovernmental organisations in Lagos and Kano.	Practitioners described providing counselling and material assistance amid staffing and resource shortages.	How frequently public welfare services in southeastern Nigeria can provide comparable assistance.
Gureje et al. [10]	Cluster randomised trial involving 242 pregnant adolescents with depression across 30 maternal care clinics in Ibadan.	At six months, the adjusted difference on the measure of the caregiving environment was 3.4 points in favour of the intervention (95% CI 2.12–4.69).	Which component accounted for the difference and whether children's development improved.
Jeong et al. [2]	Global meta-analysis of 102 randomised trials of parenting interventions delivered during the first three years of life.	Pooled SMDs were 0.32 for cognition, 0.28 for language and 0.19 for socioemotional development.	How closely the pooled estimates apply to a particular programme or service setting.
Cluver et al. [4]	Cluster randomised trial involving 552 families in the Eastern Cape, South Africa.	At five to nine months, the IRR was 0.55 for both caregiver-reported abuse and caregiver-reported corporal punishment. Adolescent reports showed no clear reduction in either outcome.	Whether reported changes persist and how estimates vary by respondent.

CI, confidence interval. IRR, incidence rate ratio. SMD, standardised mean difference.

Implications for Practice and Evaluation

Literatures on family social work in southeastern Nigeria distinguishes how far a service reaches from what it achieves for the children and families who receive it. Okafor et al.'s survey in the Nsukka and Enugu areas describes what parents and teachers knew about school social work, while records of individual cases would be needed to establish whether a concern reached a welfare agency, was assessed and led to assistance [16]. A low number of completed referrals can reflect limited service coverage, delays at the receiving agency or practical difficulties for families. These

explanations have different implications for practice because each points to a different stage at which a child may lose contact with services. This distinction is consistent with guidance on complex interventions, which treats delivery and the circumstances in which it occurs as part of the explanation for observed outcomes [72].

Estimates of service reach also depend on which children are visible to the organisations that record referrals. Enebe et al.'s study describes child labour among pupils enrolled in public junior secondary schools in Enugu [38], while Ugochukwu et al.'s interviews with street vendors in Nnewi included young people whose schooling had already been interrupted [17]. School records can therefore describe responses to pupils known to staff, while community contacts may reveal concerns among children who attend irregularly or are out of school. The number of children who receive help is more informative when considered alongside the numbers eligible, referred, assessed and offered assistance. The provider's role also matters. A family's account can establish what help it reports receiving, while any claim that the help constituted professional social work depends on evidence about who provided it and in what capacity.

The kinship literature shows why follow-up needs to consider both the child's safety and the caregiver's ability to sustain care. Studies in southeastern Nigeria describe limited child participation in placement decisions and gaps in supervision and welfare support after placement [13,15]. A placement record can establish where a child lives, while accounts from the child and caregiver can clarify who provides daily care, whether schooling continues and which needs remain unmet. Where it is safe and appropriate, speaking privately with the child can reveal concerns that are difficult to raise in front of adults. A caregiver's account can explain what material or practical assistance would help sustain the arrangement. UNICEF's guidance places these activities within a wider social service workforce, where responsibility for assessment, referral and continued support needs to be clear [23].

What counts as an outcome depends on the purpose of the service. In early childhood parenting programmes, changes in caregiver behaviour and changes in children's language, cognition or socioemotional development provide different evidence about what the intervention achieved [2]. In school liaison, returning to school and attending regularly over time describe different changes. In safeguarding, the interval between referral and assessment indicates how promptly an agency responded, while the child's account of access to a trusted adult describes support available in daily life. Similarly, the loss to physiotherapy follow-up documented in an Enugu hospital concerns continuity of care. Any claim about improved mobility or participation requires evidence about the child's functioning [68].

Service records and family accounts can also explain why a referral remains incomplete. An agency may record that it offered an appointment, while a family may describe costs, delays or other circumstances that made attendance difficult. Research on informal payments in Enugu primary health centres shows how costs can affect access even when a service is available [32]. The Nigerian review of child sexual abuse likewise documents barriers to disclosure and gaps in care [20]. In that context, an increase in recorded concerns could reflect easier reporting, more harm or both.

Information on who took responsibility for follow-up and whether assistance was received helps interpret the change, while clear arrangements for sharing information allow schools and agencies to confirm what they did with due regard for the child's privacy.

The strength of claims about effectiveness ultimately depends on what the evidence can establish about change after assistance. Children with the most urgent needs may be more likely to receive a service and may start from less favourable circumstances. Differences observed after support can therefore reflect the assistance, differences already present when families entered the service or subsequent changes in their circumstances. Where studies attribute outcomes to family social work, the comparison used, baseline differences and the completeness of follow-up determine how much weight those claims can carry [72].

Limitations

The review drew on a targeted search of English-language material and a purposive selection of sources. Limits on the number of ranked results examined in OpenAlex and DOAJ, together with restricted access to the AJOL search interface and Google Scholar, may have favoured readily indexed publications. As a result, unindexed Nigerian studies, unpublished work and local administrative records may be underrepresented. The absence of a complete record-level search log and platform-specific retention counts limited reconstruction of how individual publications entered the review. One reviewer selected and interpreted the evidence, and reliance on published abstracts for some articles restricted scrutiny of recruitment, measurement and analysis. SANRA informed reporting [22]. The appraisal was narrative, without independent duplicate screening or a formal assessment of risk of bias.

The Nigerian studies varied in location, institutional setting, participant age and respondent group, which limited direct comparison. Interviews with community leaders and welfare officers help explain how adults understand and organise kinship care, while offering less detail about how children experience their placements [12]. The school social work survey by Okafor et al. represents parents and teachers in selected schools [16], and Ajaegbu et al.'s study represents children who reached one referral centre in Anambra [19]. These sources illuminate particular points of contact, leaving uncertainty about children who were never identified or referred, those who did not reach a service, and those whose support ended after initial contact. Possible overlap between two reports that describe the same recruitment period and sample size also limits the extent to which their findings can be treated as independent [42,43].

Evidence from intervention studies has more direct bearing on the programmes evaluated than on routine family social work in southeastern Nigeria. Jeong et al. pooled early childhood parenting trials that varied in content, delivery and setting [2], while Cluver et al. found that estimates of change in abuse and corporal punishment differed according to whether caregivers or adolescents reported the outcomes [4]. Within Nigeria, the Ibadan trial evaluated a combined psychosocial and parenting programme delivered through maternal care clinics to pregnant adolescents with depression. Its parenting measure assessed the caregiving environment [10]. These studies help identify outcomes

that can be measured after support, but offer limited grounds for estimating the size or durability of changes following routine referrals and assistance in southeastern Nigeria.

CONCLUSION

In southeastern Nigeria, relatives, schools and community organisations are often the first to recognise a child's need for help. Studies of kinship fostering show how extended-family obligations can sustain care, while also documenting children's limited participation in placement decisions and gaps in welfare support and supervision after placement [12,13,15]. Research on school social work describes what parents and teachers know about available support [16], and interviews with child protection practitioners elsewhere in Nigeria show how staffing and resource constraints can limit the assistance agencies provide [9]. Taken together, these studies explain how concerns come to light and where a response may falter. They offer less evidence on whether the same child reached a qualified practitioner, received appropriate assistance and remained in contact long enough for any benefit to be assessed.

Trials of defined interventions provide more direct evidence of change. The Ibadan trial documented an improvement in the caregiving environment after combined psychosocial and parenting support [10], while international trials of early childhood parenting programmes reported gains in selected areas of child development [2]. Evidence on safety is more dependent on whose account is heard and when it is obtained. Caregivers and adolescents reported different patterns of change in abuse and corporal punishment in the Eastern Cape trial [4], and a wider synthesis found that reductions in violence tended to diminish over time [63]. These findings help clarify what family support can achieve under the conditions studied. For routine family social work in southeastern Nigeria, the principal gap is evidence linking the assistance a child actually received to what happened afterwards. Service records can establish who provided the help and whether contact continued, while children's and caregivers' accounts can show whether the response addressed the concern that brought them to the service.

REFERENCES

1. World Health Organization; United Nations Children's Fund (UNICEF); World Bank Group *Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential*; World Health Organization: Geneva, Switzerland, 2018;
2. Jeong, J.; Franchett, E.E.; Ramos De Oliveira, C.V.; Rehmani, K.; Yousafzai, A.K. Parenting Interventions to Promote Early Child Development in the First Three Years of Life: A Global Systematic Review and Meta-Analysis. *PLOS Med.* **2021**, *18*, e1003602, doi:10.1371/journal.pmed.1003602.
3. Ariyo, E.; Mortelmans, D.; Wouters, E. The African Child in Kinship Care: A Systematic Review. *Child. Youth Serv. Rev.* **2019**, *98*, 178–187, doi:10.1016/j.childyouth.2018.12.013.

4. Cluver, L.D.; Meinck, F.; Steinert, J.I.; Shenderovich, Y.; Doubt, J.; Herrero Romero, R.; Lombard, C.J.; Redfern, A.; Ward, C.L.; Tsoanyane, S.; et al. Parenting for Lifelong Health: A Pragmatic Cluster Randomised Controlled Trial of a Non-Commercialised Parenting Programme for Adolescents and Their Families in South Africa. *BMJ Glob. Health* **2018**, *3*, e000539, doi:10.1136/bmjgh-2017-000539.
5. National Bureau of Statistics; United Nations Children's Fund *Nigeria 2021 Multiple Indicator Cluster Survey (MICS) & National Immunization Coverage Survey (NICS): Survey Findings Report*; Multiple Indicator Cluster Survey (MICS), Round 6; National Bureau of Statistics and United Nations Children's Fund: Abuja, Nigeria, 2022;
6. National Population Commission of Nigeria; UNICEF Nigeria; U.S. Centers for Disease Control and Prevention *Violence Against Children in Nigeria: Findings from a National Survey, 2014*; National Population Commission of Nigeria: Abuja, Nigeria, 2016;
7. Federal Ministry of Budget and Economic Planning; United Nations Children's Fund Nigeria *Situation Analysis of Children and Adolescents in Nigeria, 2024*; Federal Ministry of Budget and Economic Planning: Abuja, Nigeria, 2024; p. #174;
8. *Childs-Right-Act-2003*; 2003; Vol. Act No. 26 of 2003;
9. Isangha, S.O.; Akintunde, T.Y.; Choi, W.M.A.; Lin, T.C.H. 'There Is Not Much We Can Do': The Roles and Challenges of Nigeria's Child Protection Social Workers. *Child Fam. Soc. Work* **2024**, *29*, 625–636, doi:10.1111/cfs.13122.
10. Gureje, O.; Oladeji, B.D.; Kola, L.; Bello, T.; Ayinde, O.; Faregh, N.; Bennett, I.; Zelkowitz, P. Effect of Intervention Delivered by Frontline Maternal Care Providers to Improve Outcome and Parenting Skills among Adolescents with Perinatal Depression in Nigeria (the RAPiD Study): A Cluster Randomized Controlled Trial. *J. Affect. Disord.* **2022**, *312*, 169–176, doi:10.1016/j.jad.2022.06.032.
11. *The Enugu State Child's Rights Law, 2016*; 2016; Vol. 2016, p. 286;.
12. Nnama-Okechukwu, C.U.; Okoye, U.O. Exploring Belief Systems in Kinship Fostering Practice in Igbo Indigenous Communities of Southeast Nigeria. *Child Fam. Soc. Work* **2025**, *30*, 1015–1025, doi:10.1111/cfs.13242.
13. Nnama-Okechukwu, C.U.; Anazonwu, N.P.; Okoye, U.O. Vulnerable Children, Alternative Care System and Placement Decision in Nigeria: In Who's Best Interest? *Afr. Popul. Stud.* **2018**, *32*, doi:10.11564/32-2-1194.
14. Nnama-Okechukwu, C.; Agwu, P.; Okoye, U. Informal Foster Care Practice in Anambra State, Nigeria and Safety Concerns. *Child. Youth Serv. Rev.* **2020**, *112*, 104889, doi:10.1016/j.childyouth.2020.104889.
15. Nnama-Okechukwu, C.U. Indigenous Knowledge and the Challenges of Informal Foster Care Practice in South-East Nigeria: The Need for a Formalised Process for Child Safety. *Adopt. Foster.* **2025**, *49*, 461–480, doi:10.1177/03085759251387742.
16. Okafor, S.O.; Chuke, N.U.; Abdulrouf, I.; Izueke, E.M.C.; Kekeocha-Christopher, I.C.; Udenze, C.; Okoye, E.O.; Okezi, O. Knowledge and Perception of School Social Work Services Among Parents Teachers Association (PTA) and Its Implication to Community and Sustainable Development in South-East Nigeria. *Ital. J. Sociol. Educ.* **2022**, *14*, 175–200, doi:10.14658/pupj-ijse-2022-2-9.

17. Ugochukwu, E.; Okeke, K.; Onubogu, C.; Edokwe, E. Socio - Demographic Characteristics of Child Street Vendors in Nnewi, Nigeria. *Niger. J. Paediatr.* **2012**, *39*, 174–178, doi:10.4314/njp.v39i4.5.
18. Chime, O.H.; Orji, C.J.; Aneke, T.J.; Nwoke, I.N. Prevalence, Pattern and Predictors of Child Sexual Abuse Among Senior Secondary School Students in Enugu Metropolis. *Malays. J. Med. Sci.* **2021**, *28*, 123–137, doi:10.21315/mjms2021.28.4.13.
19. Ajaegbu, O.C.; Madubuike, C.N.; Ezeonwu, B.U.; Uchendu, B.U.; Obidike, A.; Ajaegbu, F.N. Child Sexual Abuse (Rape) in Anambra State: South Eastern Nigeria. *Int. J. Community Med. Public Health* **2023**, *10*, 4644–4648, doi:10.18203/2394-6040.ijcmph20233757.
20. Ifayomi, M.; Ali, P.; Ellis, K. Child Sexual Abuse in Nigeria: A Systematic Review. *Trauma Violence Abuse* **2024**, *25*, 3597–3614, doi:10.1177/15248380241254077.
21. Levy, S.; Gray, M.; Okoye, U.; Amadasun, S. Identifying Nigerian Literature to Inform Culturally Relevant Social Work Education: A Scoping Review. *Int. Soc. Work* **2025**, *68*, 238–254, doi:10.1177/00208728241305451.
22. Baethge, C.; Goldbeck-Wood, S.; Mertens, S. SANRA—a Scale for the Quality Assessment of Narrative Review Articles. *Res. Integr. Peer Rev.* **2019**, *4*, 5, doi:10.1186/s41073-019-0064-8.
23. United Nations Children's Fund (UNICEF) *Guidelines to Strengthen the Social Service Workforce for Child Protection*; United Nations Children's Fund: New York, NY, USA, 2019; p. #44;
24. Levy, S.; Okoye, U.O.; Ingram, R. Making the 'Local' Visible in Social Work Education: Insights from Nigeria and Scotland on (Re)Balancing and Contextualising Indigenous and International Knowledge. *Br. J. Soc. Work* **2022**, *52*, 4299–4317, doi:10.1093/bjsw/bcac028.
25. Nnama-Okechukwu, C.; McLaughlin, H.; Okoye, U.; Hendricks, E.; Imaan, L.; Malinga, T.; Wizi-Kambala, A.; Ebimgbo, S.; Veta, O.; Imo, N. Indigenous Knowledge and Social Work Education in Nigeria: Challenges and Need for Sustainable Development. *Int. Soc. Work* **2023**, *66*, 1857–1871, doi:10.1177/00208728221098511.
26. Skoufias, E.; Vinha, K. Child Stature, Maternal Education, and Early Childhood Development in Nigeria. *PLOS ONE* **2021**, *16*, e0260937, doi:10.1371/journal.pone.0260937.
27. Ujah, O.I.; Adaji, O.C.; Ujah, I.A.O.; Kirby, R.S. Food Insecurity and Early Childhood Development among Children 24–59 Months in Nigeria: A Multilevel Mixed Effects Modelling of the Social Determinants of Health Inequities. *PLOS ONE* **2025**, *20*, e0316381, doi:10.1371/journal.pone.0316381.
28. Eluwa, T.F.; Eluwa, G.I.E.; Iorwa, A.; Daini, B.O.; Abdullahi, K.; Balogun, M.; Yaya, S.; Ahinkorah, B.O.; Lawal, A. Impact of Unconditional Cash Transfers on Household Livelihood Outcomes in Nigeria. *J. Soc. Policy* **2025**, *54*, 595–610, doi:10.1017/S0047279423000533.
29. Oduenyi, C.; Ordu, V.; Okoli, U. Assessing the Operational Effectiveness of a Maternal and Child Health (MCH) Conditional Cash Transfer Pilot Programme in Nigeria. *BMC Pregnancy Childbirth* **2019**, *19*, 298, doi:10.1186/s12884-019-2418-0.
30. Makinde, O.; Olapeju, B.; Ogbuoji, O.; Babalola, S. Trends in the Completeness of Birth Registration in Nigeria: 2002-2010. *Demogr. Res.* **2016**, *35*, 315–338, doi:10.4054/DemRes.2016.35.12.

31. Anaduaka, U.S. Multilevel Analysis of Individual- and Community-Level Determinants of Birth Certification of Children under-5 Years in Nigeria: Evidence from a Household Survey. *BMC Public Health* **2022**, *22*, 2340, doi:10.1186/s12889-022-14786-2.
32. Ogbozor, P.A.; Hutchinson, E.; Goodman, C.; McKee, M.; Onwujekwe, O.; Balabanova, D. The Nature, Drivers and Equity Consequences of Informal Payments for Maternal and Child Health Care in Primary Health Centres in Enugu, Nigeria. *Health Policy Plan.* **2023**, *38*, ii62–ii71, doi:10.1093/heapol/czad048.
33. Williams, S.V.; Akande, T.; Abbas, K. Systematic Review of Social Determinants of Childhood Immunisation in Low- and Middle-Income Countries and Equity Impact Analysis of Childhood Vaccination Coverage in Nigeria. *PLOS ONE* **2024**, *19*, e0297326, doi:10.1371/journal.pone.0297326.
34. Ojo, O.O.; Afolabi, M.M.; Ekundayo, O.O.; Akintomide, A.G.; Babalola, O.B.; Aliyu, T.K.; Salami, J.O. Stakeholders' Involvement and Orphans' Comfortability with Residential Placement Options in Nigeria. *Eur. Rev. Appl. Sociol.* **2022**, *15*, 25–33, doi:10.2478/eras-2022-0008.
35. Ajibo, H.T.; Ene, J. Under-18 Household Help in South-East Nigeria and Abusive Concerns: Implications for Child Protection and Social Work: Children with Welfare Needs in Contexts Such as out of Home Care, Foster Care, or Kinship Care. *Soc. Work Soc. Sci. Rev.* **2023**, *24*, 29–47, doi:10.1921/swssr.v24i1.2017.
36. Onalu, C.; Ramsey-Soroghaye, B.; Okah, P.S. Safety Concerns for Under-15 House Helpers Living with Their Non-Biological Parents in Nigeria: A Call to Revamp Social Protection Strategies: Safety Concern, House Helpers, Social Protection, Social Worker, Nigeria. *Soc. Work Soc. Sci. Rev.* **2023**, *24*, 112–129, doi:10.1921/swssr.v24i1.2008.
37. Olayiwola, P. On Exploitation, Agency and Child Domestic Work: Evidence from South-West Nigeria. *Child. Geogr.* **2023**, *21*, 1058–1070, doi:10.1080/14733285.2023.2180345.
38. Enebe, N.O.; Enebe, J.T.; Agunwa, C.C.; Ossai, E.N.; Ezeoke, U.E.; Idoko, C.A.; Mbachu, C.O. Prevalence and Predictors of Child Labour among Junior Public Secondary School Students in Enugu, Nigeria: A Cross-Sectional Study. *BMC Public Health* **2021**, *21*, 1339, doi:10.1186/s12889-021-11429-w.
39. International Labour Organization; National Bureau of Statistics *Nigeria Child Labour Survey 2022*; International Labour Office: Geneva, 2024; p. #98;
40. Ogunkan, D.V. A Multisource Analysis of Child Streetism in Nigerian Urban Centres. *Dev. Policy Rev.* **2024**, *42*, e12739, doi:10.1111/dpr.12739.
41. Chinawa, J.M.; Aronu, A.E.; Chukwu, B.F.; Obu, H.A. Prevalence and Pattern of Child Abuse and Associated Factors in Four Secondary Institutions in Enugu, Southeast Nigeria. *Eur. J. Pediatr.* **2014**, *173*, 451–456, doi:10.1007/s00431-013-2191-4.
42. Manyike, P.; Chinawa, J.; Aniwada, E.; Udechukwu, N.; Eke, C.; Chinawa, T. Impact of Parental Sex Education on Child Sexual Abuse among Adolescents. *Niger. J. Paediatr.* **2015**, *42*, 325, doi:10.4314/njp.v42i4.8.
43. Manyike, P.; Chinawa, J.; Aniwada, E.; Np, U.; Odetunde, O.; Chinawa, A. Child Sexual Abuse among Adolescents in Southeast Nigeria: A Concealed Public Health Behavioral Issue. *Pak. J. Med. Sci.* **2015**, *31*, doi:10.12669/pjms.314.7115.

44. Federal Ministry of Education *Minimum Standards for Safe Schools*; Federal Ministry of Education: Abuja, Nigeria, 2021; p. #57;
45. United Nations Children's Fund (UNICEF) *Minimum Standards for Safe Schools in Nigeria: Monitoring Report July–December 2023*; United Nations Children's Fund: Abuja, Nigeria, 2024; p. #64;
46. Anazonwu, N.; Mbah, P.; Ajaero, C.K. Neo-Liberal State and Child Welfare Policy in Nigeria. *Soc. Work Soc. Sci. Rev.* **2023**, *24*, 96–111, doi:10.1921/swssr.v24i1.2019.
47. Danjuma, I.; Joel, K.A. The Legal Conundrum in the Implementation of the Convention on the Rights of the Child in Nigeria. *Sriwij. Law Rev.* **2021**, 1–13, doi:10.28946/slrev.Vol5.Iss1.603.pp1-13.
48. Aborisade, R.; Adeleke, O.; Adegoke, N.; Ebobo, U.; Ogunmefun, F.; Chineyemba, L.; Adedayo, S. Child Sexual Abuse in Nigeria: Exploring Vulnerability and Prevention from a Policing Perspective. *J. Soc. Serv. Res.* **2023**, *49*, 461–475, doi:10.1080/01488376.2023.2236141.
49. Omorogiuwa, T.B.E. Child Vulnerabilities in Nigeria: What Is the Nature of Our Work as Child Protection Social Workers? *Mediterr. J. Soc. Sci.* **2023**, *14*, 1, doi:10.36941/mjss-2023-0001.
50. Odo, A.N.; Samuel, E.S.; Nwagu, E.N.; Nnamani, P.O.; Atama, C.S. Sexual and Reproductive Health Services (SRHS) for Adolescents in Enugu State, Nigeria: A Mixed Methods Approach. *BMC Health Serv. Res.* **2018**, *18*, 92, doi:10.1186/s12913-017-2779-x.
51. Ezumah, N.; Agu, I.C.; Okeke, C.; Agu, C.; Mbachu, C.O.; Onwujekwe, O. Adolescents' Perceptions About Dating and Sexual Permissiveness in Ebonyi State, Nigeria: What Can Be Done to Enhance Adolescents' Sexual Health and Well-Being. *Front. Reprod. Health* **2021**, *3*, 626931, doi:10.3389/frph.2021.626931.
52. Okeke, C.C.; Mbachu, C.O.; Agu, I.C.; Ezenwaka, U.; Arize, I.; Agu, C.; Obayi, C.; Onwujekwe, O. Stakeholders' Perceptions of Adolescents' Sexual and Reproductive Health Needs in Southeast Nigeria: A Qualitative Study. *BMJ Open* **2022**, *12*, e051389, doi:10.1136/bmjopen-2021-051389.
53. Agu, C.; Mbachu, C.; Agu, I.; Iloabachie, U.; Onwujekwe, O. An Analysis on the Roles and Involvements of Different Stakeholders in the Provision of Adolescent Sexual and Reproductive Health Services in Southeast Nigeria. *BMC Public Health* **2022**, *22*, 2161, doi:10.1186/s12889-022-14644-1.
54. Odii, A.; Akamike, I.C.; Mbachu, C.O.; Onwujekwe, O. Factors Influencing Adoption of Sexual and Reproductive Health Intervention for Adolescents in Ebonyi, Nigeria. *BMC Health Serv. Res.* **2024**, *24*, 643, doi:10.1186/s12913-024-11103-y.
55. Agu, C.; Mbachu, C.O.; Agu, I.C.; Eigbiremolen, G.; Iloabachie, U.; Nwankpa, O.; Onwujekwe, O. Evaluating Knowledge Gains from Structured Sexual and Reproductive Health Education among In-School Adolescents in Southeast Nigeria. *Discov. Public Health* **2025**, *22*, 42, doi:10.1186/s12982-025-00412-0.
56. Aluh, D.O.; Anyachebelu, O.C.; Anosike, C.; Anizoba, E.L. Mental Health Literacy: What Do Nigerian Adolescents Know about Depression? *Int. J. Ment. Health Syst.* **2018**, *12*, 8, doi:10.1186/s13033-018-0186-2.

57. Ogbonna, P.N.; Ogbonnaya, N.P.; Iheanacho, P.N.; Mbadugha, C.J. Knowledge and Attitude towards Mental Illness among In-School Adolescents in Enugu, Southeast Nigeria. *Afr. J. Biomed. Res.* **2024**, *27*, 107–113, doi:10.4314/ajbr.v27i1.14.
58. Nnubia, U.I.; Emmanuel, N.C. GENDER VARIATIONS IN THE PREVALENCE AND CORRELATES OF DEPRESSION AND ANXIETY AMONG ADOLESCENTS IN SOUTH-EASTERN NIGERIA. *Int. J. Child Youth Fam. Stud.* **2024**, *14*, 26–44, doi:10.18357/ijcyfs144202421718.
59. Igwe, W.C.; Ojinnaka, N.C. Mental Health of Adolescents Who Abuse Psychoactive Substances in Enugu, Nigeria - A Cross-Sectional Study. *Ital. J. Pediatr.* **2010**, *36*, 53, doi:10.1186/1824-7288-36-53.
60. Agbaje, O.S.; Nnaji, C.P.; Nwagu, E.N.; Iweama, C.N.; Umoke, P.C.I.; Ozoemena, L.E.; Abba, C.C. Adverse Childhood Experiences and Psychological Distress among Higher Education Students in Southeast Nigeria: An Institutional-Based Cross-Sectional Study. *Arch. Public Health* **2021**, *79*, 62, doi:10.1186/s13690-021-00587-3.
61. Edet, B.E.; Essien, E.A.; Eleazu, F.I.; Atu, G.E.; Ogunkola, I.O. Childhood Adversity as a Predictor of Depression and Suicidality among Adolescents in Calabar, Nigeria. *J. Glob. Health Neurol. Psychiatry* **2022**, e2022005, doi:10.7189/001c.33811.
62. Ottman, K.; Wahid, S.S.; Flynn, R.; Momodu, O.; Fisher, H.L.; Kieling, C.; Mondelli, V.; Adewuya, A.; Kohrt, B.A. Defining Culturally Compelling Mental Health Interventions: A Qualitative Study of Perspectives on Adolescent Depression in Lagos, Nigeria. *SSM - Ment. Health* **2022**, *2*, 100093, doi:10.1016/j.ssmmh.2022.100093.
63. Backhaus, S.; Leijten, P.; Jochim, J.; Melendez-Torres, G.J.; Gardner, F. Effects over Time of Parenting Interventions to Reduce Physical and Emotional Violence against Children: A Systematic Review and Meta-Analysis. *eClinicalMedicine* **2023**, *60*, 102003, doi:10.1016/j.eclinm.2023.102003.
64. World Health Organization *WHO Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent-Child Relationships with Children Aged 0-17 Years*; World Health Organization: Geneva, 2022; p. #70;
65. Anyanwu, J.I. Parental Relationship as a Correlate of Psychological Wellbeing of South Eastern Nigerian Adolescents. *Afr. J. Teach. Educ.* **2011**, *1*, doi:10.21083/ajote.v1i1.1579.
66. Enelamah, N.V.; Rao, S.; Lombe, M.; Yu, M.; Newransky, C.; Villodas, M.L.; Foell, A.; Nebbitt, V. Examining the Utility of the Early Childhood Development Index (ECDI) among Children in the Nigeria Context. *Children* **2024**, *11*, 361, doi:10.3390/children11030361.
67. Iloeje, S.O.; Ogoke, C.C. Factors Associated with the Severity of Motor Impairment in Children with Cerebral Palsy Seen in Enugu, Nigeria. *South Afr. J. Child Health* **2017**, *11*, 112, doi:10.7196/SAJCH.2017.v11i3.1246.
68. Okenwa, W.; Edeh, A. A Review of Clinical Presentation and Physiotherapy Management of Cerebral Palsy Patients in Esut Teaching Hospital, Enugu, Nigeria. *Afr. Health Sci.* **2019**, *19*, 3085–3090, doi:10.4314/ahs.v19i4.30.
69. Onyejaka, N.K..; Onyia, E.N.; Nwamba, N.P.; Aronu, A.E.; Ojinnaka, N.C. Oral Findings in Children with Chronic Neurological Disorders Attending Paediatric Neurology Clinic, University of Nigeria Teaching Hospital (UNTH), Enugu, Nigeria. *BMC Oral Health* **2025**, *25*, 1385, doi:10.1186/s12903-025-06759-9.

70. Bakare, M.O.; Ubochi, V.N.; Ebigbo, P.O.; Orovwigho, A.O. Problem and Pro-Social Behavior among Nigerian Children with Intellectual Disability: The Implication for Developing Policy for School Based Mental Health Programs. *Ital. J. Pediatr.* **2010**, *36*, 37, doi:10.1186/1824-7288-36-37.
71. Igwe, M.N.; Ahanotu, A.C.; Bakare, M.O.; Achor, J.U.; Igwe, C. Assessment of Knowledge about Childhood Autism among Paediatric and Psychiatric Nurses in Ebonyi State, Nigeria. *Child Adolesc. Psychiatry Ment. Health* **2011**, *5*, 1, doi:10.1186/1753-2000-5-1.
72. Skivington, K.; Matthews, L.; Simpson, S.A.; Craig, P.; Baird, J.; Blazeby, J.M.; Boyd, K.A.; Craig, N.; French, D.P.; McIntosh, E.; et al. A New Framework for Developing and Evaluating Complex Interventions: Update of Medical Research Council Guidance. *BMJ* **2021**, n2061, doi:10.1136/bmj.n2061.

Appendix A. Search sources and limits

The initial search ran from 17th September to 7th November 2026. The search record gives examples and per-query inspection limits. Complete query strings, platform totals and exclusions were unavailable. Two sources were added through the focused searches on 11 November.

Table A1. Initial searches and supplementary source identification

Source	Documented search approach	Limits and use
OpenAlex Works API	24 free-text queries, including "child protection social workers Nigeria roles Isangha" and "kinship fostering Nigeria informal foster care child domestic workers".	Up to 13 relevance-ranked records inspected per query.
DOAJ article API	12 title queries. Examples: Nigeria AND child AND labour, Enugu AND child AND abuse, and Nigeria AND early AND childhood AND development.	Up to 15 records examined per query.
AJOL	Six direct searches blocked. Domain-restricted searches of ajol.info covered abuse, child labour, rehabilitation and adolescent mental health.	Publisher records and PDFs were checked where available. The number inspected was not recorded.
ResearchGate	Seven publication searches on child protection, kinship care, abuse, street hawking, home stimulation, cerebral palsy and school social work.	Used to locate titles and accessible versions.
Google Scholar	Six direct attempts included "kinship fostering southeast Nigeria" and "child protection social workers Nigeria".	Rate-limited. Domain-restricted lookups yielded no usable Scholar results.
PubMed-indexed records, publisher	Targeted lookups and reference lists for studies, surveys, laws and school safety guidance.	Search and retention totals were not recorded.

sites and official sources		

Table A2. Focused supplementary searches on 11 November 2026

Search route and exact query	Addition and basis for inclusion
Web search: southeastern Nigeria Enugu social work kinship foster care child protection referral Nnama Okoye empirical studies	Nnama-Okechukwu et al. [13]. Added for its evidence on who participates in placement decisions. Publisher abstract and full text consulted.
Web search restricted to PubMed-indexed pages: Nigeria positive parenting intervention randomized trial child development parenting responsive stimulation Nigeria child development trial site:pubmed.ncbi.nlm.nih.gov	Gureje et al. [10]. Added as a Nigerian intervention study with a specified provider, comparison group and parenting outcome. PubMed abstract consulted.