POLICY BRIEF | 2026

FROM EARLY DETECTION TO COORDINATED CARE

An action agenda for a child-centred protection pathway in Algeria

Putting the best interests of the child at the centre of identification, reporting, protection and recovery.

Based on the expert meeting held in Algiers, 4-5 June 2026

Foundation for Equality - CIDDEF

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ABOUT THE BRIEF

Purpose, evidence and audience

This policy brief turns the findings of the expert meeting “The Rights of the Child: From identifying a child in difficulty to care through the lens of the best interests of the child”, convened by the Foundation for Equality - CIDDEF in Algiers on 4-5 June 2026, into a decision-focused reform agenda for public authorities and child-protection actors.

Policy objective

Ensure that every child at risk is identified early, reported safely, protected immediately and supported through a coordinated, inclusive and child-sensitive pathway in which the child’s best interests guide every administrative and judicial decision.

Evidence base

The two-day meeting brought together 23 experts and practitioners from juvenile justice, police, social services, disability and women’s rights organisations, psychology, medicine, community services, UNICEF, legal practice and research. Findings are qualitative and practice-based; they identify recurring system bottlenecks rather than nationally representative prevalence.

The policy question

How can Algeria move from a collection of interventions to one dependable protection pathway?

The answer is not another isolated service. It is a national operating model that assigns case ownership, activates the best-interests principle, guarantees emergency protection and holds every institution to common standards and timeframes.

Who should act

National authorities
Set policy, budgets, standards, accountability and a unified referral protocol.

Police and justice
Provide specialised, child-friendly interviews, protection and timely decisions.

Social and health services
Assess danger, coordinate care, provide emergency support and follow recovery.

Schools, childcare and civil society
Recognise warning signs, report safely, accompany families and prevent harm.

EXECUTIVE SUMMARY

Algeria's 2015 child-protection framework recognises danger and the best interests of the child as central principles. The expert meeting nevertheless identified a persistent implementation gap between legal protection and children's actual experience of police, justice, social, health and residential services.

Children may display clear warning signs - abrupt behavioural changes, unexplained physical complaints, disturbed sleep or eating, declining school performance and visible fear - without a report being made. Once a case is reported, fragmented responsibilities, limited emergency accommodation, shortages of trained social workers and uneven specialist capacity outside Algiers can delay protection and compound trauma.

The system can also produce secondary victimisation through repeated questioning, insufficient preparation for interviews, proximity to alleged perpetrators, disbelief of non-offending caregivers and exclusion of children with disabilities from reception services.

Priority reform direction: Protection is a pathway, not a single intervention

A strong law is essential, but the child's safety depends on how quickly and consistently institutions communicate, assess danger, arrange safe placement, deliver specialist support and review outcomes.

Create one nationally recognised, disability-inclusive child-protection pathway: **detect - listen - report - assess - protect - case-manage - review.**
Every case should have a lead professional, clear timeframes, secure information-sharing and access to emergency placement, health, psychological, legal and social support.

Seven immediate priorities

1. Operationalise the best-interests principle through a practical assessment tool and mandatory reasoning in decisions.
2. Adopt a unified intersectoral referral and case-management protocol with named focal points and response timeframes.
3. Expand child-friendly police and judicial practice, limiting repeated interviews and preventing confrontation with alleged perpetrators.
4. Create accessible emergency reception and safe-placement options in all regions, including for children with disabilities and children accompanied by a non-offending parent.
5. Rebuild the social-service workforce and provide local protection teams with transport, staffing and supervision.
6. Guarantee specialised psychological assessment and treatment for child victims and for children displaying harmful sexual behaviour.
7. Track outcomes through data, review of jurisprudence, service standards, complaint mechanisms and protected budgets.

THE POLICY PROBLEM

Where the system breaks - what children experience

The main weakness is not the absence of actors. Police brigades, juvenile judges, social services, health professionals and civil society organisations all intervene.

The problem is that thresholds, roles, handovers and resources are not consistently understood or applied across the pathway.

Detection without reporting
Persistent distress is noticed, but families or professionals manage the issue privately or change the child's environment instead of reporting.

Law without implementation
Formal safeguards exist, yet weak dissemination, uneven interpretation, limited specialist skills and local capacity prevent timely action.

Referral without ownership
Children move between services without one named professional responsible for coordinating the case.

Protection without placement
Immediate separation from danger is required, but emergency centres, transport and safe family-based options are insufficient.

Interviewing that increases harm
Repeated or poorly adapted questioning, and contact with alleged perpetrators, intensify fear and distress.

Services that exclude
Children with disabilities may be refused, while regions outside the capital may lack forensic, psychological and social expertise.

What children experience when coordination fails

System gap	Immediate consequence	Longer-term risk
Unclear reporting threshold	Delay or no report	Continued exposure to harm
No emergency placement	Return to an unsafe setting	Escalation and loss of trust
Repeated interviews	Re-traumatisation	Withdrawal or inconsistent testimony
Weak case coordination	Missed appointments and duplicated actions	Case abandonment or chronic instability
Disability exclusion	No suitable safe service	Unequal protection and institutional neglect

Policy implication
Coordination is not an administrative add-on. It is the mechanism that turns legal rights into safety, continuity and recovery for the child.

LEGAL AND POLICY STANDARD

Turn the best-interests principle into a decision method

The 2015 child-protection framework establishes the best interests of the child as the objective of every procedure, measure and judicial or administrative decision concerning a child. Article 7 identifies relevant factors - including sex, age, health, moral, intellectual, emotional and physical needs, family environment and all circumstances linked to the child's situation. However, this principle requires structured professional judgement to guide decisions.

The key implementation gap

The best-interests principle is too often treated as an abstract family-law concept. It must guide public policy, schools, police, courts, social services, health services, placement decisions and budget choices.

A practical best-interests assessment should answer

Safety What immediate and foreseeable harm exists? Can the child remain safely at home or in the current placement?	**Child's views** Has the child been heard in a way suited to age, maturity, disability and communication needs?
Care and relationships Which relationships are protective, and which expose the child to harm, pressure or retaliation?	**Health and development** What physical, psychological, educational and emotional needs require urgent or sustained support?
Identity and inclusion How do disability, sex, age, language, location and other circumstances affect access and risk?	**Stability and future impact** Which option provides the safest, least disruptive and most sustainable path over time?

Required institutional measures

- Issue one national best-interests assessment template for police, social services, prosecutors, juvenile judges, health staff and placement bodies.
- Require written decisions to explain how the child's safety, views, needs, relationships, disability and long-term stability were weighed.
- Translate the UN Committee on the Rights of the Child's General Comment No. 14 into accessible professional guidance and training.
- Compile relevant Supreme Court jurisprudence and establish review or appeal routes where an assessment is incomplete or discriminatory.

Decision standard

Every decision should show what information was considered, how the child was heard and why the chosen option is the safest and most sustainable.

IDENTIFICATION AND FIRST CONTACT

Detect risks early, without turning first contact into an investigation

Early warning signs are usually cumulative rather than conclusive. One sign may have several explanations; persistent change across behaviour, health, sleep, eating and school performance should trigger sensitive enquiry and, where danger is suspected, a report and risk assessment.

Indicator	Examples requiring attention
Abrupt behavioural change	A calm child becomes aggressive; a sociable or high-performing child becomes withdrawn, sad or fearful.
Somatic alerts	Repeated stomach pain, headaches, vomiting or unexplained fatigue without a clear medical cause.
Sleep and eating disruption	Nightmares, difficulty sleeping, refusal to eat or compensatory overeating.
School signals	Sudden decline in results, absenteeism, disinterest or refusal to attend.
Body language of fear	Avoidance of eye contact, fear of touch, startling easily or persistent hypervigilance.

What the cases discussed at the meeting show

Institutional violence
A child's sudden bed-wetting and falling school results led to the discovery of threats and devaluation by a teacher.

Family instability
A young child's exhaustion, absenteeism and eating difficulties signalled a critical lack of stability following family disruption.

Minimum standard for first-contact professionals

1. Notice and document observable facts, dates and changes - not assumptions or labels.
2. Listen calmly in a private setting; do not press for a detailed account or ask leading questions.
3. Explain what will happen next, in child-friendly language, and clarify the limits of confidentiality.
4. Assess immediate safety and activate the appropriate reporting channel without delay.
5. Maintain contact until responsibility is formally accepted by the designated service.

Practice safeguard

First contact should establish safety and enable referral. It should not become a repeated informal interview that risks contaminating evidence or increasing distress.

REPORTING AND IMMEDIATE ACTION

Make every report trigger protection, not another referral

Reports may be made by any person, the child, a legal representative, the public prosecutor or through a formal request. The identity of the reporting person should be protected. The national 1111 child-protection line is an important entry point, but reporting has value only when it triggers a rapid and coordinated response.

Policy principle

No child should be returned to a potentially dangerous setting merely because an appropriate emergency placement, transport arrangement or authorised decision-maker is unavailable.

A report should trigger five actions

1. Immediate triage Determine whether there is imminent danger, urgent medical need or risk of retaliation.	**2. Protected contact** Contact the child and caregiver without alerting a suspected perpetrator or increasing risk.
3. Multidisciplinary assessment Bring together social, health, psychological, police and judicial expertise as required.	**4. Temporary protection** Use emergency accommodation, a trusted person or a safe family-based option while the case is assessed.
5. Recorded handover Assign a case manager, confirm referrals and set the date for the next review.	**Information to the child** **Explain decisions, rights, available support and complaint routes in an accessible way.**

Operational requirements

- Map 24/7 emergency placement capacity by province and maintain a secure, up-to-date referral directory.
- Define who can authorise immediate placement after hours and how cases escalate when capacity is full.
- Resource transport for local child-protection teams and police carrying out urgent protection measures.
- Create continuity plans covering medical care, medication, disability support, school attendance, identity documents and safe family contact.
- Ensure emergency options are accessible to children with disabilities and can accommodate a child with a non-offending parent where separation is not in the child's best interests.

Infrastructure priority

Emergency reception centres and regulated family-based options are essential so the report can remove danger immediately rather than send a child back to the same unsafe setting.

POLICE AND JUSTICE

Reduce repeated questioning and prevent secondary victimisation

Specialised police brigades and juvenile judges are essential safeguards, but specialisation must be visible in daily practice. Participants reported difficulty interviewing unprepared children, uneven training outside the capital, repeated questioning and situations in which children were brought close to alleged perpetrators in court. These practices can intensify trauma and weaken evidence.

Child-friendly interview safeguards

Preparation A trained professional explains the setting, participants, purpose and next steps in language the child understands.	**One coordinated interview plan** Police, justice and psychosocial actors agree what information is required to minimise repetition.
Adapted environment Use a private, calm and accessible space, with communication support and reasonable adjustments.	**No confrontation** Prevent visual or physical contact with the alleged perpetrator before, during and after proceedings.
Support person Permit a qualified support person where this protects the child and does not compromise the process.	**Recorded and reviewed** Where legally permitted, record interviews and document why any repeat interview is necessary.

Justice-system reforms

- Strengthen dedicated child-justice arrangements and ensure juvenile judges have specialised experience and continuous training.
- Provide free, child-sensitive legal information and psychosocial accompaniment from the first report through case closure.
- Use fast-tracks protective orders where ongoing contact, intimidation or return to the household creates risk.
- Issue national guidance on evidence, incest and sexual violence cases, avoiding disbelief or blame directed at the child or non-offending caregiver.
- Create confidential complaint and review mechanisms for harmful treatment by police, courts or institutions.

Measure the child's experience

Track the number of interviews per child, use of adapted rooms, access to support persons and cases in which contact with the alleged perpetrator was prevented.

CARE AND RECOVERY

Build an inclusive service package around safety, recovery and stability

Social services are the backbone of risk assessment, placement and follow-up, yet the meeting described severe workforce pressure. One DASS example reported a reduction from ten social workers to two. Local teams may lack transport, while residential and specialist services remain unevenly available. Civil society organisations often bridge gaps but cannot substitute for a functioning public system.

Essential service package

Safety and case management Risk assessment, protection planning, placement, family-contact decisions and regular review.	**Health and forensic care** Immediate treatment, disability-sensitive access and specialist forensic examination where required.
Psychological support Trauma-informed assessment and ongoing therapy for the child and, where appropriate, the non-offending caregiver.	**Legal support** Information, representation, accompaniment and help obtaining documents or protective measures.
Education continuity Rapid re-entry to education, safe school arrangements and support for learning disruption.	**Family and economic support** Emergency assistance, parenting support and recovery planning where poverty or instability increases risk.

Workforce and system priorities

- Recruit and retain social workers, educators and psychologists against assessed caseload needs.
- Professionalise residential educators through accredited training, supervision and safeguarding standards.
- Fund transport, secure communication, interpretation and disability accommodations as core operating costs.
- Provide multidisciplinary case supervision and staff wellbeing support to reduce burnout and unsafe decision-making.
- Formalise cooperation with experienced civil society organisations through referral agreements, service standards and sustainable funding.

Non-discrimination is non-negotiable

Refusing children with disabilities from reception services is incompatible with equal protection. Every service should meet accessibility standards, provide communication support and plan for mobility, health and personal-assistance needs.

COMPLEX CASES

Protect the affected child and address harmful sexual behaviour without stigma

A child who displays harmful sexual behaviour may also have a history of abuse, neglect, exposure to pornography, weak boundaries or severe emotional dysregulation. This possibility never minimises the harm to the affected child. It requires a dual response: immediate protection and support for the affected child, alongside specialised assessment, accountability, treatment and supervision for the child who displayed the behaviour.

Indicators requiring specialist assessment

Power and isolation Persistent attempts to isolate substantially younger or more vulnerable children.	**Force, threats or inducements** Intimidation, manipulation, gifts or secrecy used to secure compliance.
Developmentally inappropriate sexualisation Explicit language or repeated adult-like acts disproportionate to developmental stage.	**Repetition and concealment** Compulsive or hidden behaviour continuing despite boundaries and intervention.
Rigid denial or blame Extreme minimisation or projection of responsibility onto the affected child.	**Dissociation and dysregulation** Emotional detachment, hypervigilance, explosive anger or regression.

A dual-track response

Protect and support the affected child - Separate and safeguard immediately. - Provide trauma-informed health, social, psychological, and legal support. - Use an individual protection plan and no pressured mediation.	**Assess and treat the child displaying the behaviour** - Conduct specialist developmental and psychological assessment, including possible prior victimisation. - Establish treatment, supervision and clear safety boundaries with caregivers and relevant institutions.

Use child-centred language

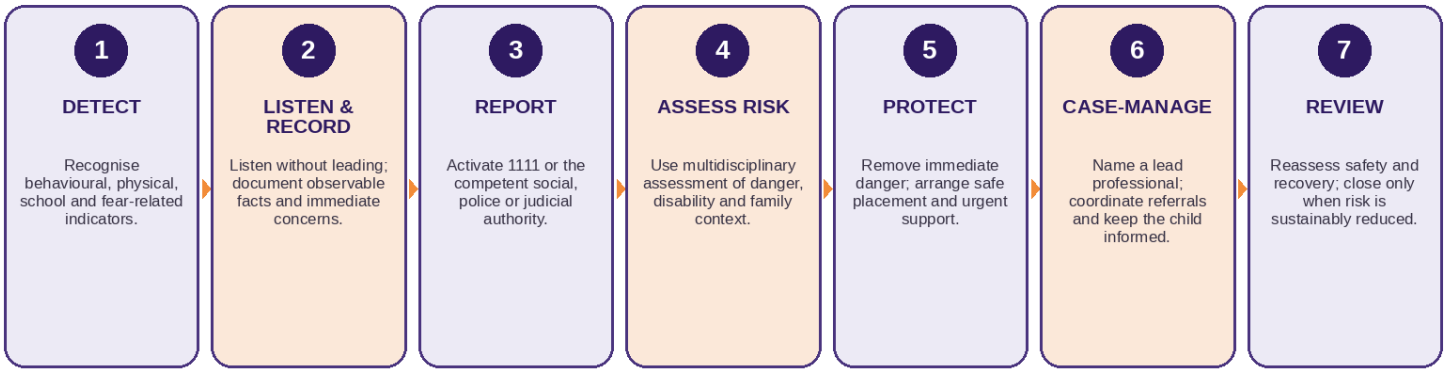
Describe the behaviour and safeguarding concern; do not label a child as an adult offender. Stigma can block treatment, conceal prior victimisation and reduce the prospects of safe reintegration.

Public communication and short awareness videos can help parents, schools and professionals recognise concerning behaviour while avoiding sensationalism and stigma.

PROPOSED OPERATING MODEL

A seven-stage pathway for every child at risk with accountable handovers

The model below converts the meeting's recommendations into a common sequence for schools, health services, police, justice, social services and civil society. It requires a national protocol, standard forms, secure information-sharing rules and province-level service directories.



The accountable handover standard

Named receiver The person and service accepting responsibility.	**Date and purpose** When and why the case is being transferred.	**Safety status** Immediate risks, protective measures and urgent needs.
Confirmation Evidence that the child reached the service and was accepted.	**Next review** A specific review date and the professional responsible for convening it.	**Child informed** Accessible explanation to the child and non-offending caregiver.

Critical design feature

Responsibility must never disappear between steps. Each transfer should identify the receiving professional, record the date and purpose, confirm that the child reached the service and set the next review date.

Safeguards across all seven stages

- Best-interests assessment and meaningful child participation.
- Disability inclusion, communication support and reasonable accommodation.
- Confidentiality, protected reporting and secure case information.
- Minimum necessary interviewing and protection from alleged perpetrators.
- Continuity of education, health care, identity documents and safe family relationships.
- Time-bound review, complaint options and documented case closure.

POLICY RECOMMENDATIONS

Ten policy actions, grouped into five reform pillars

The recommendations below preserve the full reform agenda while organising it around the decisions government must take: establish common rules, guarantee protection, improve practice, build capacity and sustain accountability.

PILLAR 1 | GOVERNANCE AND DECISION STANDARDS

1. Adopt a national intersectoral protocol
Define thresholds, roles, timeframes, referral routes, emergency escalation and case-management responsibility across police, justice, social, health, education and civil society.

2. Standardise best-interests decision-making
Use a mandatory assessment tool, child-participation guidance and written reasoning for administrative, placement and judicial decisions.

PILLAR 2 | PROTECTION AND CHILD-FRIENDLY JUSTICE

3. Guarantee emergency protection in every region
Create accessible 24/7 reception capacity, safe family-based alternatives, transport and after-hours authorisation so children are not returned to danger.

4. Institutionalise child-friendly police and justice practice
Train specialised teams, coordinate interviews, prevent confrontation and provide legal and psychosocial accompaniment.

PILLAR 3 | INCLUSIVE SERVICES AND WORKFORCE

5. Rebuild the social and specialist workforce
Increase social workers, educators, psychologists and forensic capacity; provide supervision, wellbeing support, transport and caseload standards.

6. Make disability inclusion a service condition
Require accessibility, communication support, reasonable accommodation and acceptance of children with disabilities in emergency and residential services.

PILLAR 4 | SPECIALIST RESPONSE AND ACCOUNTABILITY

7. Establish specialist responses to sexual violence and sexual behaviour
Protect affected children, assess possible prior victimisation, provide treatment and supervision, prevent recurrence without stigma.

8. Improve accountability and institutional learning
Compile jurisprudence, publish service standards, track outcomes, create complaint mechanisms and conduct multidisciplinary case reviews.

PILLAR 5 | PREVENTION, INFORMATION AND FINANCING

9. Invest in prevention and public information
Promote the 1111 line, explain warning signs and reporting duties and engage schools, media and communities with accessible information.

10. Protect sustainable financing
Create dedicated budget lines for emergency placement, local teams, disability accommodations, workforce development, data and civil-society partnership.

Operational measures

The recommendations below complement the ten policy actions by identifying specific legal, institutional, service-delivery, workforce and training measures for implementation.

OPEERATIONAL MEASURES	
1. Legal and regulatory framework	· Establish a dedicated child court in every wilaya to guarantee access to child-adapted justice. · Adopt implementing regulations governing the protection and care of children at risk, with clear responsibilities for the Ministry of National Solidarity, including emergency and residential accommodation. · Regulate protection arrangements for children of mixed nationality who are sent by their parents to relatives in Algeria and subsequently left in their care.
2. Child-protection structures	· Establish specialised child-protection facilities operating through a one-stop service model to simplify assessment, referral and case follow-up. · Create appropriate temporary reception facilities, drawing on the former cités de l'enfance model, and clearly separate children at risk from children in conflict with the law; a child at risk is first and foremost a social-protection case. · Ensure every temporary placement includes an individual reintegration and plan before the child leaves the facility.
3. Reporting and education	· Establish mandatory reporting duties for suspected situations of danger. · Create clear reporting mechanisms throughout the national education system. · Include a compulsory module on children at risk, warning signs and reporting duties in the initial training of education-sector personnel.
4. Care pathway and civil-society participation	· Review and correct the entire care pathway, from the first police intervention through access to justice, with clear handovers and responsibility at every stage. · Review procedures for children affected by incest or sexual violence so that dignity and child-sensitive safeguards are respected at every stage, particularly in forensic medicine. · Enable qualified associations to participate

OPEERATIONAL MEASURES	
	through a formal public-interest mandate or accreditation within the child-protection response. • Revitalise and regulate the network of "Trusted families" as a safe family-based care option.
5. Best interests and multidisciplinary decisions	• Develop and disseminate a harmonised best-interests criteria grid for all sectors. • Reduce subjective decision-making by linking assessments and decisions explicitly to the law and documented evidence. • Require multidisciplinary input in significant protection, placement and care decisions, rather than leaving judges to decide in professional isolation. • Build professional awareness that the best interests of the child must be applied across all public policies, not only judicial proceedings. • Produce and widely disseminate a practical guide to situations of danger. • Produce a guide or digest of judicial decisions concerning the best interests of the child.
6. Social-care workforce	• Address shortages of specialised educators, supervisors and social workers. • Create a mechanism to integrate educators trained by the youth sector into services for children at risk. • Develop a national occupational map and workforce plan for social-care professions. • Review job profiles, career pathways and professional status to strengthen and value social-care work.
7. Research and regulatory review	• Conduct a field study to better understand the situation and needs of children at risk. • Review all regulations relating to abandoned children, identify gaps across the care pathway and rebalance decision-making so that no single actor holds excessive power.
8. Training and public awareness	• Train personnel working with both children in conflict with the law and children at risk, using clearly differentiated and child-sensitive approaches. • Strengthen specialised training for magistrates and juvenile judges on children's rights and child protection. • Use short videos, documentaries and other visual media to raise awareness of violence against children, risk indicators and reporting.

FROM RECOMMENDATIONS TO RESULTS

Reform roadmap so immediate safeguards arrive first

Reform should begin with measures that reduce immediate danger while building the capacity required for sustained improvement. The roadmap is indicative and should be converted into a national implementation plan with designated lead institutions, provincial focal points and protected budgets.

Phase	Priority actions	Primary coordination
0-6 months	- Map emergency and specialist services. - Issue interim child-friendly interview and no-confrontation instructions. - Establish national and provincial focal points. - Disseminate 1111 information. - Begin jurisprudence compilation.	National coordinating authority with relevant ministries, justice and provincial focal points.
6-18 months	- Adopt the unified referral protocol and best-interests tool. - Train first responders. - Fund emergency transport and accessible placements. - Introduce case-management records and multidisciplinary review.	Intersectoral implementation taskforce and professional training institutions.
18-36 months	- Expand regional specialist services and regulated family-based care. - Implement staffing and caseload standards. - Strengthen dedicated child-justice arrangements. - Publish performance data and independent review findings.	National and provincial authorities, service providers and independent review mechanisms.

Who owns which part of the pathway?

National authorities
Policy, budgets, national standards, data governance and accountability.

Provincial coordination
Service mapping, referral directories, capacity escalation and multidisciplinary review.

Police and justice
Immediate protection, child-friendly evidence gathering, orders, legal safeguards and case progression.

Social and health services
Risk assessment, placement, case management, treatment, recovery and follow-up.

Education and childcare
Detection, safe reporting, continuity of education and prevention.

Civil society
Accompaniment, specialist support, community outreach, independent feedback and partnership delivery.

MONITORING AND ACCOUNTABILITY

Measure whether the pathway is safer, faster and more inclusive

Suggested indicators

Timeliness Median time from report to initial risk assessment and, where required, safe placement.	**Continuity** Cases with a named case manager, documented referrals and a scheduled review.
Child-friendly justice Interviews per child, use of adapted rooms, support persons and prevention of contact with alleged perpetrators.	**Coverage** Emergency placement, psychological, forensic and legal support available by province and after hours.
Inclusion Services meeting accessibility standards and accepting children with disabilities.	**Workforce** Staffing, caseloads, training completion, supervision and turnover.
Outcomes Safety at review, education continuity, placement stability and access to recovery services.	**Accountability** Complaints received, resolved and used to improve policy and practice.

Implementation disciplines

- **Assign one accountable owner and a budget line to every action.**
- **Publish service standards and update referral directories regularly.**
- **Consult children, non-offending caregivers, disability organisations and civil society on implementation.**
- **Use case reviews and complaints to correct practice, not only to record failure.**

CONCLUSIONS

The expert meeting confirmed a strong professional commitment to protecting children in Algeria and a clear legal foundation for action. It also showed that children remain vulnerable at the points where institutions meet: between detection and reporting, reporting and emergency protection, police and justice, placement and recovery, and public services and civil society.

The next reform phase should therefore focus on coordination rather than isolated projects. A unified pathway, operational best-interests' assessments, child-friendly interviews, emergency placement, a strengthened social workforce and disability-inclusive specialist services would convert legal commitments into a dependable public protection system.

The central recommendation

Make one institution and one named professional responsible for coordinating each child's pathway, while requiring every participating service to act within clear standards and timeframes.

Selected sources and methodological note

- Foundation for Equality - CIDDEF, “The Rights of the Child: From identifying a child in difficulty to care through the lens of the best interests of the child”, Expert Meeting Report and Recommendations, Algiers, 4-5 June 2026.
- Algerian child-protection framework adopted in 2015, including the best-interests criteria referenced in Article 7, as discussed in the expert meeting report.
- UN Committee on the Rights of the Child, General Comment No. 14; Convention on the Rights of the Child, ratified by Algeria in 1992, as noted in the expert meeting report.

Methodological note

This brief synthesises the expert meeting report and reformulates its findings for policy use. Case examples are presented without identifying details and should be understood as illustrations of system issues. Where the source report records participant observations, the brief presents them as qualitative findings rather than nationally verified prevalence estimates. The recommendations were consolidated for policy use without changing their substantive intent.

A CHILD-PROTECTION SYSTEM SUCCEEDS WHEN

every professional recognises risk, every report triggers a timely response, and every decision is guided by the child's best interests.

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Policy brief based on the expert meeting report, Algiers, June 2026.