ALTERNATIVE CARE IN EMERGENCIES TOOLKIT

Global Protection Cluster
Child Protection

INTERNATIONAL RESCUE COMMITTEE

World Vision

Save the Children

ALTERNATIVE CARE IN EMERGENCIES TOOLKIT

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The full *Alternative Care in Emergencies Toolkit*, including accompanying tools, is available online at www.savethechildren.org.uk/resources/online-library/alternative-care-emergencies-toolkit

The tools can be accessed by viewing the attachments panel in Adobe Acrobat Reader.

This toolkit was first drafted by Louise Melville Fulford and following piloting, revised by Rebecca Smith.

This toolkit is an initiative of the Interagency Working Group on Unaccompanied and Separated Children which comprises UNICEF, UNHCR, ICRC, Save the Children, IRC and World Vision. Members of this group, along with field colleagues, contributed significantly to its development.

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Cover photo: Aida, 12, is a refugee from Syria, now living in Za'atari refugee camp in Jordan. Aida and her sister are separated from their parents and are living with extended family. (Photo: Chris de Bode/Save the Children)

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Tool 60 Example Caseworker Training. (Smith, R. IRC, Ethiopia, 2011).

GLOSSARY

For an extended list of childcare-related definitions, please refer to **Tool 1**.

Adequate care
Adequate care is where a child's basic physical, emotional, intellectual and social needs are met by his or her caregivers and the child is developing according to his or her potential.[1] In an emergency context this means an absence of abuse, neglect, exploitation, or violence and the use of available resources to enable the child's healthy development.

Adoption
Adoption is the permanent placement of a child into a family whereby the rights and responsibilities of the biological parents (or legal guardians) are legally transferred to the adoptive parent(s). For children separated in an emergency, it will take time to determine whether the child's family can be traced and the child reunited, and therefore adoption or other form of permanent care is not recommended until all such efforts have been exhausted.

- Domestic or national adoption is when a child is adopted by a family who are citizens and residents of the same country as the child.
- Intercountry adoption refers to the social and legal process whereby a child in one country is permanently placed with a family other than the biological mother or father in another country, outside of that child's country of origin.
- International adoption, while often used synonymously with intercountry adoption, refers to adoption where the child and adoptive parents are of different nationalities, regardless of where they reside.[2]

Alternative care
Alternative care is the care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care; foster care; other forms of family-based or family-like care placements; residential care; or supervised independent living arrangements for children.[3]

Best Interests Determination (BID)
Best Interests Determination is a formal process with strict procedural safeguards and documentation requirements in which a decision-maker is required to weigh and balance all the relevant factors for a particular case, giving appropriate weight to the rights and obligations recognised in the United Nations Convention on the Rights of the Child and other human rights instruments, so that a comprehensive decision can be made that protects the rights of children.[4]

Biological parents
The biological parents are the birth family of the child. It can mean both parents, if they are together, or the mother or father.[5]

Caregiver
A caregiver is someone who provides daily care, protection and supervision of a child. This does not necessarily imply legal responsibility. Where possible, the child should have continuity in who provides their day-to-day care.[6]

A customary caregiver is someone that the community has accepted, either by tradition or common practice, to provide the daily care, protection and supervision of a child.

Care planning
A care plan is the documentation of the goals and next steps for a child and family based on a comprehensive assessment. On the basis of this assessment, the care plan should outline what is needed, who will meet those needs, what the follow-up should be and the appropriate time frame for each action. Immediate and longer-term goals should be identified. Care planning should involve the participation of children, parents and other relevant stakeholders and should be a written document which is regularly updated and reviewed by all those involved in the plan.

Case management
For the purposes of this toolkit, case management is the method of assessing the needs of the child and the child's family and current caregiver, advocating for, arranging, coordinating, monitoring and following up on both direct services and referrals required to meet the child's complex needs.[7]

Caseworker
For the purposes of this toolkit, a caseworker is the adult who is allocated by a designated body or agency to a registered child in order to carry out assessment, care planning and case management responsibilities. This may be a government social worker, non-governmental organisation (NGO) worker or an adult member of a child protection committee. Caseworkers should receive training in their responsibilities, be under professional supervision and not have a conflict of interest in working with the child.

Child
A child is any person under the age of 18 years unless the law of a particular country sets the legal age for adulthood younger, as provided for under Article 1 of the United Nations Convention on the Child.[8]

Child associated with armed forces or groups[9]
A child associated with an armed force or group is any person below 18 years of age who is or who has been recruited or used by an armed force or group in any capacity, including but not limited to children used as fighters, cooks, porters, messengers or spies, or for sexual purposes. It does not only refer to a child who has taken an active part in hostilities. This term has replaced the term, 'child soldier'.

Child protection worker
For the purposes of this toolkit, a child protection worker is a member of staff employed by the government, United Nations or an NGO, to carry out child protection responsibilities. This does not include care-giving. A child protection worker may be a volunteer who has been trained to carry out child protection responsibilities or may be employed, either with appropriate qualifications or having had a number of years of experience, training and on-the-job mentoring in this sector.

Community-based child protection mechanism
A community-based child protection mechanism is a network or group of individuals at the community level who work in a coordinated way to ensure the protection and wellbeing of children in a village, urban neighborhood or other community.[10] These groups operate at the grassroots level (such as a village) or district level, although they are often linked to groups at the national level.[11] They may be called a child protection committee, child welfare committee or other such group. Not all of these groups focus solely on child protection issues or call their work 'child protection'.

Emergency
An emergency is broadly defined as a threatening condition that requires urgent action. Emergencies can be man-made, such as armed conflict or other situations of violence; they can result from natural hazards, such as floods and earthquakes; or they can be a combination of both.[12]

It should be noted that the *Alternative Care in Emergencies Toolkit* is applicable in emergencies as defined here and also in other types of emergency-like situations where family tracing and other alternative care services are needed.

Emergency shelter
Emergency shelter is something that provides temporary cover or protection. This may be a tent, building or other form of shelter used to accommodate adults and children overnight for a short period of time. Emergency shelter is not a form of alternative care placement.

Family-based care
Family-based care is a type of alternative care that involves the child living with a family other than his or her biological parents. This is a broad term that can include foster care, kinship care and supported child-headed households.[13]

Formal care
Formal care includes all care provided in a family environment (see definition above of family-based care for examples) that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including private facilities, whether or not as a result of administrative or judicial measures.[14]

Foster care
Foster care is a care arrangement administered by a competent authority, whether on an emergency, short-term or long-term basis, whereby a child is placed in the domestic environment of a family who have been selected, prepared and authorised to provide such care, and are supervised and may be financially and/or non-financially supported in doing so.

Informal foster care is where a child is taken into care without third-party involvement. This may also be spontaneous fostering if it is done without any prior arrangements.[15]

Gatekeeping
Gatekeeping is the process of preventing the inappropriate placement of a child into formal care. Placements should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, to determine whether the placement can meet these needs, given its functions and objectives.[16]

Gender-based violence
Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. Examples include sexual violence (including sexual exploitation/abuse and forced prostitution), domestic violence, trafficking, and forced/early marriage. It is important to note that men and boys may also be victims of gender-based violence.[17]

Guardian
A guardian is a person, not a parent of the child, who is given legal responsibility to care for a child; this may entail full parental responsibility, including the care of a child or, in some systems, more limited responsibilities related only to making legal decisions on behalf of the child. A guardian could also be someone recognised by the community or traditional authorities as having the responsibility to care for and protect the child. A guardian may be related or unrelated to a child.

Guardianship usually suspends, but does not terminate, the rights and responsibilities of the birth parents. It differs from adoption, which often results in the termination of parental rights. In general, a child may still inherit from the parents if guardianship exists and the legal responsibilities of a guardian tend to be much greater than those of a foster parent.[18] However, as the definition and responsibilities of a guardian may differ from country to country, it is important to confirm the legal definition in the country in which you are working.

Informal care
Any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by relatives, friends or others in their individual capacity, on the initiative of the child, his or her parents and other people, without this arrangement having been ordered by an administrative or judicial authority or accredited body.[19]

Institutional care
Institutional care is the short- or long-term placement of a child into a large-scale residential care situation which fails to deliver individualised care. Characteristics of institutional care are that it relates to any public or private facility with a capacity of more than ten children, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements. The term institution is often used instead of orphanage as the term 'orphanage' implies that the children living there are orphans, whereas research shows that the majority are not.[20]

Interim care
Interim care is care arranged for a child on a temporary basis of up to 12 weeks. The placement may be formal or informal with relatives, foster carers or in residential care such as an interim care centre. The child's care plan should be reviewed every 12 weeks (three months) in order for a longer-term plan and placement to to be put in place. After this period, if a child is still in the same care situation, this should be referred to as longer-term care.

Kafala
Kafala is a form of family-based care used in Islamic societies that does not involve a change in kinship status, but does allow an unrelated child, or a child of unknown parentage, to receive care and legal protection.[21]

Islamic law prohibits breaking the blood-tie between the child and their birth parents and as a result a change in parental status, name and inheritance rights are often prohibited in Islamic societies. The way in which *kafala* is conceived and practised varies greatly from one country to another, ranging from anonymous financial support, to a child being placed in a residential care facility, to a form of informal adoption or long-term foster

care. When working in a context where kafala is practised, it is important to fully understand how it is interpreted in that setting.[22] For more information on *kafala*, please see the International Social Service (ISS) factsheet at: **http://www.iss-ssi.org/2009/assets/files/thematic-facts-sheet/eng/50.Kafala%20eng.pdf**

Kinship care
Kinship care is family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.[23]

Legal guardian
A legal guardian is a person who has the legal rights and responsibilities to care for another person. A child's legal guardian will normally be the child's mother or father unless they have had their parental rights removed by a court order. Children without a legal guardian will require representation in the decision-making process to ensure their rights, opinions and best interests are protected.

Longer-term care
For the purposes of this toolkit, longer-term care is an alternative care placement lasting for more than 12 weeks (three months). This may be either with new caregivers or those who provided the child with interim care and may be formal or informal.

Orphan
For the purposes of this toolkit, an orphan is a child who has lost both parents (as a result of death).[24] In many countries a child who has lost one parent is considered an orphan, but this can result in the unnecessary placement of a child in alternative care, rather than being supported by their surviving parent.

Permanency
Permanency for the purposes of this toolkit means establishing family connections and placement options for a child in order to provide a lifetime of commitment, continuity of care, a sense of belonging and a legal and social status that goes beyond the child's temporary foster care placement.

A permanent placement is a long-term care arrangement that is stable and expected to continue until the child reaches adulthood, such as adoption or in some cases long-term foster care or *kafala*.[25]

Post-emergency
For the purposes of this toolkit, the post-emergency phase is when the immediate threat to life has diminished and communities begin the process of rebuilding. Depending on the severity and duration of the emergency, this phase may last from several weeks to many months.

Recruitment
Recruitment includes compulsory, forced and voluntary enrolment into any kind of regular or irregular armed force or armed group.[26]

Reintegration
Child-centred reintegration is multi-layered and focuses on family reunification; mobilising and enabling care systems in the community; medical screening and healthcare, including reproductive health services; schooling and/or vocational training; psychosocial support; and social, cultural and economic support.[27]

Residential care
Residential care is a group-living arrangement in a specially designated facility where salaried staff or volunteers ensure care on a shift basis. Residential care is an umbrella term that includes short- and long-term placements in institutions, small-group homes, places of safety for emergency care, and transit centres.[28]

Reunification
The process of bringing together the child and family or previous care-provider for the purpose of establishing or re-establishing long-term care.[29]

Separated children
Children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. Separated children therefore may include children accompanied by other adult family members.[30]

- Primary separation is when a child is separated from his or her caregiver as a direct result of the crisis or emergency.
- Secondary separation occurs after the crisis when children who are not separated during the emergency become separated during the aftermath. Secondary separation is usually a consequence of the impact of the emergency on the protective structures that were in place prior to the crisis and of the deteriorated economic circumstances of a family or community.[31]

Unaccompanied children (also called unaccompanied minors)
Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.[32]

Vulnerable children
Children who, because of a particular situation or context, or because of their own individual circumstances, are deemed to be more at risk of harm than other children. There are many categories or situations that can make children more vulnerable, but it is important to assess the situation to determine which children are the most at risk in any given context. A child's level of vulnerability is usually determined through an assessment of the child, their family and individual circumstances, taking into consideration that the level of vulnerability can change, according to the context, time and access to available services.[33]

Common categories of vulnerability include: children who are unaccompanied or separated, poor, abused, neglected or lacking access to basic services, ill, or living with disabilities, as well as children whose parents are ill, who are affected by fighting forces or who are in conflict with the law. Being in one these categories or living in a specific situation does not automatically mean that the child is more vulnerable, and this illustrates the importance of individualised assessments and responses.

Young people (Youth)
Youth typically denotes people between the ages of 15 and 24. However, the age at which children are defined as 'youth' can vary considerably between one context and another. Legally a youth is still considered a child if under the age of 18. Social, economic and cultural systems define the age limits for the specific roles and responsibilities of children, youth and adults.[34]

ENDNOTES

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[22] Cantwell, N, Davidson, J, Elsley, S, Milligan, I and Quinn, N (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, Centre for Excellence for Looked After Children in Scotland (CELCIS) at the University of Strathclyde. **http://www.alternativecareguidelines.org**

[23] United Nations (2009) Article 29 (c), *Guidelines for the Alternative Care of Children*, United Nations

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[28] Adapted from the United Nations (2009) Article 29 (b), *Guidelines for the Alternative Care of Children*, United Nations and the Definitions of Formal Care for Children by the Children Without Appropriate Parental Care Working Group (2012)

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ABBREVIATIONS

BID	Best Interests Determination
CPC	child protection committee
CPWG	Child Protection Working Group
GBV	gender-based violence
FBC	family-based care
IA CP IMS	Inter-Agency Child Protection Information Management System
IASC	Inter-Agency Standing Committee
ICC	interim care centre
ICRC	International Committee of the Red Cross
IDDR	Integrated Disarmament, Demobilisation and Reintegration
IDTR	Identification, Documentation, Tracing and Reunification
INGO	international non-governmental organisation
IRC	International Rescue Committee
NFI	non-food item
NGO	non-governmental organisation
TOR	terms of reference
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees

INTRODUCTION

The tools and guidance in this resource are designed to facilitate the process of planning and implementing interim care and related services for children separated from or unable to live with their families during an emergency.

They are based on learning from recent emergencies, drawing on the principles and standards set out in the key documents relating to separated children and out-of-home care, including:

- **The United Nations Convention on the Rights of the Child (UNCRC)**, United Nations, 1989
- **Guidelines for the Alternative Care of Children**, United Nations, 2009
- **The Interagency Guiding Principles on Unaccompanied and Separated Children**, ICRC, IRC, Save the Children, UNICEF, UNHCR, World Vision, 2004
- **IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings**, Inter-Agency Standing Committee, 2007.

The legal and policy framework for the delivery of good-quality alternative care for children emphasises the rights of all children to remain with or be reunited with their families. Where this is not possible or in the best interest of the child, alternative care should be provided in family-based settings. The challenge is in realising these aims, given the demands in emergency settings and the potential pre-existing issues related to supporting families and developing alternative family-based care.

Planning for and delivering interim care begins with a focus on the prevention of the need for out-of-home care. Agency efforts can strengthen the ability of families and communities to care for their children and reduce the numbers of children who require an interim care placement. The tools in this document provide guidance on how to prevent separation, support families to care for children, and facilitate reunification of separated children.

The way in which interim care and related supports are developed in an emergency can have significant long-term positive or negative consequences for children, families and communities. When plans for this care are poorly planned, children risk unnecessary or permanent separation from their families; abuse, neglect or exploitation; rejection by their families; or the inability to reintegrate into society. It is therefore vital that interventions do no harm and make every effort to safeguard the longer-term welfare of the child, as well as contributing to improvements to the broader child protection system. Although the context of emergencies puts enormous strains on the ability to provide care and protection for children, it also provides opportunities to help create lasting positive changes in the way in which families and communities care for children.

Interim care should focus only on children who at present do not have anyone to care for them or who are in unsuitable care arrangements. Longer-term care placements will be for children whose families cannot be traced or where reunification is not in the child's best interests. There is no single care placement that will meet the needs of all children. Each emergency will create its own set of protection risks, different societies will have their own unique norms for how children are looked after, and each family and community has different levels of requirements and resources. Most importantly, each

child will have individual needs, concerns and preferences. All of these factors mean that it is the responsibility of those planning and implementing care and protection programmes to carefully assess what is appropriate and feasible, given the particular context, and to develop placement options that are rooted in community norms and at the same time meet a minimum level of quality standards.

There is a large body of evidence highlighting the benefits of good-quality family-based forms of care, as opposed to residential care, in terms of a child's wellbeing and improved outcomes. The provision of family-based care is particularly important for young children and for those in need of longer-term placement[1] and is emphasised in the Guidelines for the Alternative Care of Children.[2] The tools contained in this resource therefore highlight considerations that should be made at each stage of the planning and implementation process, and provide information on potential options to consider for children who require out-of-home care, according to their age needs, and circumstances. It also provides guidance on developing family-based care.

The degree to which the standards and practices highlighted in the toolkit can be met in practice will depend on a large range of factors, including access to the affected population, the level of cooperation from relevant authorities, and the level of insecurity. We recognise that limited capacity and resources, combined with the urgency of an emergency, mean it is likely that some interventions will have to be prioritised above others, or that a phased approach will be necessary; however, carrying out this prioritisation process and, where possible, overall longer-term planning, is crucial to programme success.

There may be times in a crisis when it is not possible or advisable to meet all of the standards and practices proposed in this toolkit. Where the standards and practices cannot be met, however, they still apply as an agreed universal benchmark and can be used to articulate eventual or aspirational goals in alternative care programming. This toolkit will enable humanitarian workers to highlight gaps in the scope or quality of the alternative care response and the investment or conditions required to close those gaps. Although an emergency may make it harder to provide good-quality, appropriate alternative care, it may also be an opportunity to make significant changes – immediate or more gradual – to strengthen longer-term alternative care programming.

HOW TO USE THE ALTERNATIVE CARE IN EMERGENCIES TOOLKIT

This toolkit contains:

1. Guiding principles
2. Summary guidance
3. Extended guidance
4. Tools.

The tools and guidance in the *Alternative Care in Emergencies Toolkit* are designed to facilitate the process of planning for and implementing interim care and related services for children separated from or unable to live with their families during and after an

emergency. They are based on learning from recent and current emergencies, drawing on the principles and standards set out in the key documents relating to separated children and out-of-home care. The guidance in this toolkit recommends methods that build on community norms and capacities **beyond the emergency phase**, looking also at the the process of reforming and rebuilding.

It is not expected that the toolkit will be read from start to finish. Practitioners may use the Contents page and the Summary Guidance section to identify which chapter to refer to or simply turn to the appropriate tool for a practical example of something explained in the guidance. Many of the tools are examples that have been used in other emergencies. They are continually updated and modified in the countries in which they were developed. These tools should therefore be seen as a starting point to develop and contextualise as appropriate. At the end of each chapter is a list of the reference materials related to the topic which can provide additional materials for further research.

The *Alternative Care in Emergencies Toolkit* includes:

- **Guiding principles** that are of central importance to all interim care-related work.
- **Summary guidance**, which provides an overview of the information contained in the rest of the Extended Guidance, and highlights which section to go to in the toolkit for more detailed information or related tools.
- **Extended guidance**, divided into three sections:
  - **Managing a programme**: contains guidance on how to provide support to families and caregivers without encouraging secondary separations. It also provides information on: coordinating the care response; the types of policies and practices required by various actors; staffing and caregiver issues; and determining which types of care provision may be suitable in the given context.
  - **Managing individual care**: includes information on responding to the care and protection needs of each individual child, from the identification of a child in need of alternative care; assessing what placement may be in the child's best interests; care planning; monitoring; and reviews. It also includes guidance on assessing family capacity to care for a child, and how to support family reunification.
  - **Types of alternative care**: provides more detailed information on how to set up formal foster care programmes, and on how to support children in kinship and informal foster care, small-group homes, and child-headed households.
- The toolkit concludes with the **Resources list**. This provides an overview of key texts to refer to for additional guidance.
- **Tools**: This toolkit contains a range of tools to assist in the implementation of good-quality care. The full **list of tools** is given in the Contents. The **summary guidance** section highlights which tools to refer to for priority actions at different stages of an emergency response. The tools can be accessed by viewing the attachments panel in Adobe Acrobat Reader.

THE DEVELOPMENT OF THE TOOLKIT

The guidance and tools contained in this toolkit have been developed over a 12-month period and are based on an extensive literature review and interviews with practitioners with experience of implementing care and protection responses in emergency settings. The toolkit has undergone a series of edits by members of the Inter-Agency Working Group on Unaccompanied and Separated Children, as well as specialists and practitioners in alternative care. This version of the toolkit was field-tested over a two-year period and has received inputs from experienced practitioners and numerous child protection agencies in different countries and contexts.

Given that so much of the guidance is relatively new, feedback from multiple contexts was fundamental to shaping the guidance notes and to annexing appropriate tools. The finalisation of the toolkit was also informed by the ongoing development of the Field Handbook on Unaccompanied and Separated Children by the Inter-Agency Working Group for Unaccompanied and Separated Children and by the Guidelines for the Alternative Care for Children endorsed by the United Nations and the Implementation Handbook that accompanies them.[3]

ENDNOTES

[1] For more information, please see Browne, K (2009) *The Risk of Harm to Young Children in Institutional Care*, Save the Children

[2] United Nations (2009) Articles 22, 53 and 154, *Guidelines for the Alternative Care of Children*, United Nations

[3] Cantwell, N, Davidson, J, Elsley, S, Milligan, I and Quinn, N (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, Centre for Excellence for Looked After Children in Scotland (CELCIS) at the University of Strathclyde. **http://www.alternativecareguidelines.org**

GUIDING PRINCIPLES IN INTERIM CARE PLANNING AND PROVISION

The following principles should define the actions and activities of all those working to protect and care for children in emergencies and after the immediate crisis has subsided. These principles apply to all aspects of the work including: the prevention of separation, delivering interim care, the reunification and reintegration process, and longer-term care placements. While contexts are diverse, and there are often constraints on the ability to protect all children who are vulnerable, these principles reflect the guidance given in the UN Convention on the Rights of the Child,[1] the Guidelines for the Alternative Care of Children,[2] and the Inter-agency Guiding Principles on Unaccompanied and Separated Children,[3] and therefore should be upheld to the best of your ability. For a summary of each legal framework, please refer to **Tool 2**.

1. **Base all decisions on the best interests of the individual child.** Every child is unique. An assessment of the risks to the child and of his or her needs, wishes and capacities will determine what actions are in the child's best interests. A range of services and placement options are needed to ensure that the services and placements meet the specific needs and circumstances of the individual child. Decisions regarding the child's care or status should be made by an authorised person or agency and should be made in accordance with the legal rights of the child and those of his or her guardian. In the event that the child's guardian's rights conflict with the child's rights, the best interests of the child should prevail.
2. **Respond to the care and protection needs of vulnerable children, families and communities in an integrated manner.** Policies and practices should be coordinated across government and non-governmental organisations, and between all departments responding to children and their families, eg, livelihoods, child protection, health, nutrition and education. This enables families to access the support required for their sustained recovery and raises their ability to care for their children in the long term. Where children are displaced, on the move, or hold refugee status, a broader regional integrated policy will be required to prevent and respond to the needs of children and their families. (See **Tools 18, 20, 53, 58**.)
3. **Prevent and respond to family separation.** All reasonable measures should be taken to understand the causes of separation, to help families stay together and to reunite families who become separated, where this is in the best interests of the child. This includes:
   - ensuring that the allocation and distribution of aid does not encourage or prolong family separation as families seek to receive assistance
   - making sure that no action is taken that can interfere with tracing efforts, such as placing the child far from his/her community, changing the child's name, disposing of items the child is found in possession of or not informing tracing agents of any moves
   - assessing all children entering care with appropriate gatekeeping measures to ensure that only children with absolutely no other option[4] will be placed in out-of-home care.

4. **Prioritise reunification for all unaccompanied and separated children and long-term stable placements for children unable to be reunified.** Unaccompanied and separated children in informal and formal kinship and foster care, and children in all forms of residential care should be provided with services aimed at reuniting them with their parents or primary legal or customary caregivers as quickly as possible. When reunification is not possible, desired or in the child's best interests, the child should be helped to stay in contact with family members, where feasible and appropriate, and to find durable long-term alternative family or community-based care that meets the needs of the individual child.
5. **Emergency child protection responses should build on existing alternative care structures and capacities in place.** It is imperative that at the beginning of an emergency, a rapid assessment is conducted of both the legal government structures and community-based structures to address child protection and care. This will build on the strengths of existing resources and highlight gaps where future advocacy is needed. External agencies should support and build the capacity of government, and national and local organisations and groups, to lead on the planning, management and delivery of care and protection work.
6. **Ensure that children and their caregivers have sufficient resources for their survival and maintenance.** Families, alternative caregivers and children living independently must have access to basic services and supports to enable them to care for themselves and their children. Social protection mechanisms, including but not limited to cash transfers, can play a vital role in strengthening vulnerable households and families who have taken in additional children.
7. **Listen to and take into account children's opinion.** Staff should keep children, as well as their caregivers and their parents or other legal guardians, regularly updated on plans relating to their care and protection, and those of their siblings. Staff and caregivers should enable children of all ages, in keeping with their degree of mental and emotional maturity, to express their views and be actively involved in matters affecting them. All decisions about childcare placements and discharge should be made in consultation with the child, his or her caregivers and parents or other legal guardian, and in accordance with the legal process. To the greatest extent possible, children without a legal guardian should have some form of formal representation.
8. **Use and develop family-based care alternatives wherever possible.** Not all separated children will require interim care. Many children may be supported in child- or peer-headed households, or in their current care arrangements, where these are acceptable.
   - For children who do require interim care, family-based care should be the first consideration, and should be prioritised for infants and young children. Children should be placed with their siblings, wherever possible.
   - Where family-based care is not possible, consideration may be given to small-group care within the child's community. Children in group care should be of mixed ages and abilities, to increase their opportunities for attention and stimulation.
   - Non-group home residential care should be used only as a short-term measure until family-based care alternatives can be developed, or where it is specifically appropriate, necessary and constructive for the individual child.

9. **Ensure that care placements meet agreed standards, especially before emergency placement.** All residential care facilities must be registered and independently inspected. If the quality of care is unknown, a child should not be placed in the facility until a minimum inspection has been completed. The level of care provision in all forms of alternative care should be assessed regularly against an agreed set of standards that are based on the Guidelines for the Alternative Care of Children. (See **Tool 4**.)
10. **Ensure each child's care placement is registered, monitored and reviewed.** All formal and informal interim care placements must be registered, monitored and reviewed on a regular basis and in a manner that does not disrupt the arrangement.
    - No child should be placed in temporary care for an unlimited period.
    - Children who require longer-term alternative care need stability and continuity. Care planning for the child should actively seek to achieve this.
    - Children's views should be heard and taken seriously as part of the care review process.
    - Children must have mechanisms to report abuse, neglect or other concerns and plans must be in place for responding to children's reports within their families, and in all forms of placement.
11. **Ensure that services are provided without discrimination and with attention to the specific needs of the child.** All children, regardless of their nationality, ethnicity, gender, age, ability or status, must be protected and provided with the basic services required for their survival and development. While each country and emergency is different, specific groups may require individual attention such as: infants (and children under three years old), unaccompanied children, children with disabilities and young mothers. Contextual analysis at the beginning of your programme will allow you to provide the appropriate level of support.

ENDNOTES

[1] United Nations (1990) UN Convention on the Rights of the Child, United Nations

[2] United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

[3] ICRC (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children, UNICEF, UNHCR and World Vision

[4] This may include children whose immediate or extended families or customary caregivers have not yet been located, or children whose family are unable or unwilling, even with appropriate support, to provide adequate safe care for the child.

SUMMARY GUIDANCE

The steps below are a summary of the guidance contained in this toolkit. They outline the key priority actions relating to: preparing and determining the need for interim care, developing and delivering placements, preventing separation and reunifying families, and ensuring effective case management for children in care. Several of the actions within each stage are likely to be carried out simultaneously. Guidance is provided on where to go in the toolkit for detailed information and associated tools. The key actions are divided into the following stages:

1. Emergency preparedness
2. Rapid-onset programme planning
3. Initial care response
4. Building on the initial response and preparing longer-term care options.

Each of the stages should ideally be led and coordinated by the relevant government department and undertaken with representation from children and adults within local communities. Where no suitable pre-existing coordination mechanism exists, a new coordination body such as the Child Protection Working Group (CPWG) or, in a cluster context, the child protection sub-cluster, would lead on the coordination of child protection, including an interim-care response. In emergencies involving refugees, protection coordination would be led by the United Nations High Commissioner for Refugees (UNHCR) or the relevant national authority. Every effort should be made to involve and build the capacities of national and local actors in all stages of the emergency and post-emergency response.

The following summary is provided to give the reader quick access to the appropriate section of the extended guidance. It is not intended to give enough advice for programme implementation. Reading the appropriate extended tool will allow for a more comprehensive understanding of the issues outlined below.

1. EMERGENCY PREPAREDNESS	**GUIDANCE AND TOOLS**
Inter-agency and government coordination. In order to avoid duplication, link with existing coordination groups or the cluster system. If required, set up a sub-coordination group focusing on interim care, consisting of government, international non-governmental organisations (INGOs) and local organisations responsible for the care and protection of children. Develop terms of reference (ToR) for how this group would operate in an emergency, roles and responsibilities. Work with other sector groups to ensure linkages between care and protection activities concerning health, security, livelihoods, sanitation, education, etc. Coordinate interventions in-country (eg, Child-Centred Disaster Response Plan, Inter-Agency Child Protection Information Management System [IA CP IMS], etc), and any national disaster response plan.	**Chapter 1.1**

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1. EMERGENCY PREPAREDNESS *continued*	**GUIDANCE AND TOOLS**
Inter-agency policies and procedures. Where guidance is not readily available or sufficient, develop policies and procedures with the inter-agency group relating to:	**Chapter 1.3** **Tools 3, 4, 10**
• intake of children	
• community messages on prevention, separation, protection, care of children	**Tools 11, 12, 13, 14, 15**
• use of a database and/or information-sharing	**Tools 7, 8, 9, 10**
• types of care provision and standards of care	**Tool 4**
• case management, discharge and follow-up.	
Ensure required guidance materials are available in all relevant languages and distributed to all involved, including relevant community groups.	
Clarify the inter-agency policy with regard to the registration of children separated before the current emergency.	
The coordinating body for child protection in the emergency should clarify the mechanisms for determining the legal status of children who require interim care and who has the authority to make decisions regarding the child.	**Tools 22, 23, 24, 25, 26, 27, 28, 29**
Develop referral pathways for:	
• identifying and reaching unaccompanied, separated and other extremely vulnerable children (including children in informal foster care or existing institutions, and children living on the street or in child-headed households)	**Tools 5, 6**
• available health, education, legal aid, income-generation, psychosocial and other child protection resources.	
Where the IA CP IMS system is in place, customise the care arrangement forms in-country, taking into consideration existing templates.	**Tools 7, 8, 9, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 44, 45, 46, 47, 48, 49** (Note that additional IMS forms are available – see **Resources list**)

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1. EMERGENCY PREPAREDNESS *continued*	GUIDANCE AND TOOLS
Situation analysis. Assess community caring norms and determine the most viable and suitable forms of emergency, interim and longer-term alternative care available locally. This type of analysis could take place at the cluster level and should be informed by assessments that have already taken place. Complete an extensive mapping of important national- and local-level economic and social services, eg, emergency food assistance, legal advocacy, economic support (including government cash transfers) and child protection services (including community-based child protection committees). List each organisation's address, contact details, activities and referral procedures. Ensure that this list is dated so it can be updated appropriately.	**Chapter 3.2**
Staff recruitment/allocation. Ensure sufficient numbers of trained local personnel, with back-up contingency planning for additional local and/or international staff who can support the programme if required. All personnel/caregivers and volunteers to be trained on child safeguarding policies and procedures and they should have signed a code of conduct. Have names and contact information for those people who can support a response in the event of an emergency. Have draft job descriptions prepared. Map which government agencies are concerned with care arrangements, and initiate training for government care workers where required.	**Chapter 4** Tool 51 Tool 52 **Chapter 4.5**
Training. Train all relevant child protection staff, volunteers, committee members and relevant staff in related sectors on the principles of interim care programmes and their key duties within the programme. Training sessions may have to be repeated where there is a high turnover of personnel. Prepare and provide emergency preparedness and response guidance for families of children with special healthcare and other needs. Where possible a community-based group should be identified to be responsible for ensuring that the needs of children with disabilities, or other special needs, are catered for during an emergency.	**Guiding principles** **Chapters 3, 4, 5, 6, 7** Tools 51, 59, 60 Tools 5, 6, 16, 18, 19, 20, 21, 22

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1. EMERGENCY PREPAREDNESS *continued*	GUIDANCE AND TOOLS
Existing childcare facilities/placements. Determine which existing foster placements/nurseries/daycare/residential care facilities can be used for emergency placements and interim care, and develop selection criteria, agreement and referral methods. Any residential care used should meet set standards, and should ideally provide small-group care.	**Chapters 3.5, 9** Tool 4, 54, 55
Develop plans for establishing emergency shelters and/or interim care centres until more suitable family-based care or group care can be developed. Wherever possible, schools should not be used as emergency shelters, to enable education and recreation activities for children to resume as quickly as possible.	**Chapter 9**
Create a memorandum of understanding (MOU) with all care provision for monitoring standards of care (including child protection procedures). This will help to ensure accountability with relevant government departments or other appointed agencies and provide an exit strategy.	**Chapter 1.3**
Foster caregiver recruitment. Recruit, screen and train emergency standby foster caregivers and maintain contact at regular intervals with them.	**Chapters 4, 8** Tools 42, 43, 56, 57
Since foster care placements should be prioritised for infants and young children, and children with special needs, caregivers should be trained accordingly to provide the appropriate support.	Tools 18, 19
Where necessary, define policies on how foster families will be supported and compensated and ensure that resources are available to provide agreed supports, and to monitor the wellbeing of children placed in foster families.	**Chapters 2.3, 8.2** Tools 38, 39, 43, 50, 51, 52, 53, 54, 56, 57, 58, 59, 60
Resources. Procure and, where applicable, stockpile the items that may be needed by emergency foster caregivers, small-group care facilities or, if necessary, emergency shelters. This should include emergency food, kitchen utensils, feeding implements for children of all ages (including bottle-fed infants and infants on introductory solid food diets) and basic cooking equipment, water and water purification equipment, storage containers, oral rehydration salts, nutritional supplements, sleeping mats and blankets, and feeding implements for children of all ages.	**Chapter 1.2** Tools 19, 50 See The Sphere Project: *Humanitarian Charter and Minimum Standards in Disaster Response*, The Sphere Project, 2011
Capacity-building. Where there is external agency involvement, or where existing local and national services require support, plan how to build the capacity of local and national governmental and non-governmental organisations. Where relevant, develop a plan for transferring ownership of care and protection services, and for agency exit strategy.	**Chapter 1.2**

2. RAPID-ONSET POLICY PROGRAMMING	GUIDANCE AND TOOLS
Coordination. Set up a coordination group to include all the relevant actors relating to the care and protection of children. This will typically include or be led by the Child Protection Working Group (CPWG), under the Protection Cluster. There may be a specific working group or sub-working group concerned with interim care issues. Consideration should be given to linking those working in outlying areas with the main coordination group. This group should coordinate with other relevant emergency response groups, eg, gender-based violence (GBV) and psychosocial clusters, as well as other sectors. As the cluster system does not apply in refugee situations, other similar coordination mechanisms are established in these emergencies.	**Chapter 1.1**
Assessment. Undertake initial and rapid mapping of care and protection needs of children in households and on their own, and the situation and capacity of existing child-protection-related structures including foster caregivers/interim care centres/residential institutions and appropriate government regulations. Assessments should be ongoing and inter-agency (to avoid duplication) in order to evaluate the changing situation of children in the affected areas. As much as possible, children should participate in the process. Assessments should identify at-risk children living in: households; on their own; in the care of other adults; in the care of institutions; in hospitals, etc. Consult girls and boys to better understand their situation. There should be analysis of the causes of primary and secondary separations.	**Chapter 3** Tools 5, 6, 53 Tool 50 **Chapter 2.1**
Planning. On the basis of an initial mapping of the geographic and programmatic areas of coverage, determine a strategy for rapid immediate Identification, Documentation, Tracing and Reunification (IDTR), care and protection interventions, and a division of geographic and programmatic areas of coverage in order to reach all affected areas with at least a minimal rapid response. Confirm guidance and tools to be distributed, eg, inter-agency rapid assessment tool, registration form for unaccompanied and separated children.	**Chapter 1.3** Tools 29, 54 **Resource list** Tools 35, 36, 37, 38, 39, 40 See **Contents list** for a list of all the tools available

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2. RAPID-ONSET POLICY PROGRAMMING *continued*	GUIDANCE AND TOOLS
Planning *continued*. Identify which immediate care placements can be used, and how these and informal care arrangements can be supported and monitored.	**Chapters 2, 3, 5, 6** Tools 41, 42, 43, 53, 54, 58
Where necessary, initially prioritise children who are most at risk. This should be done through a rapid contextual analysis. Vulnerability should be determined by determining which children are the most likely to experience the most common forms of abuse, exploitation and neglect within a specific context. This analysis should take into account: age (specifically 0–5 years), sex, disability, unaccompanied and separated children, and marginalised social and ethnic groups. Ensure they have access to care, shelter, water, non-food items (NFIs), etc.	For additional information on prioritisation, consult the Minimum Standards for Child Protection in Humanitarian Action, p. 139. Tools 4, 5, 6, 18, 19, 20, 21 **Chapters 3, 5**
Funding strategy. Develop and make available concept notes, response plans and funding proposals regarding: supporting or setting up interim and longer-term care placements; developing community capacities to identify, support and monitor vulnerable children; and developing required family support services, psychosocial provision, etc. Integrate plans and budgets for community and children's participation to monitor and provide follow-up care and protection support to children in families.	**Chapters 1.2, 1.3** Tool 17 For additional information see: *Keeping Children Out of Harmful Institutions*, Save the Children, 2009.
Advise donors of the risks associated with channelling resources into orphanages.	Tools 12, 13, 14
Staffing. Deploy care and protection staff to undertake work on prevention of separation, identification and registration of vulnerable children, and tracing and reunification, and to support interim care programming and delivery.	See **Contents list** for specific sections
The lead agency on interim care should assign an experienced child protection manager and allocate logistics support to develop/oversee the setting-up of the interim care programme (at least for the first six weeks). Depending on the scale of the emergency, it is likely that a child protection officer or officers will be needed to manage: the running of any shelters used; recruitment and training of foster caregivers; and community-based monitoring and reintegration services.	**Chapter 4** Tools 51, 52
Allocate staff and/or community volunteers to undertake community-based monitoring of children in interim care, ensuring that they are under the supervision of a child protection worker. Ensure links to existing community-based child protection committees and/or child groups which can support community-based monitoring and follow-up support.	**Chapter 6**

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2. RAPID-ONSET POLICY PROGRAMMING *continued*	GUIDANCE AND TOOLS
Resources. Promote and/or facilitate the distribution of essential resources to households and unaccompanied children. Coordinate the distribution of food assistance and NFIs to childcare institutions and make sure the facilities and the children within them are registered. Ensure the distribution of aid does not promote family separation.	**Chapter 2.3** Tool 52
Communication. Issue a government or inter-agency brief and media release on the issue of family separation and the actions to be taken by agencies to help restore families and care for children.	Tools 3, 4, 12, 13, 14
Issue guidance for families on measures to prevent separation, and on psychosocial measures that can help children and adults recover.	Tools 11, 15
Disseminate guidance to all those working in childcare and protection to promote international standards and principles.	**Guiding Principles** **Chapter 1** Tool 4
Protection. Identify protection risks and, as necessary, rapidly establish mechanisms to address them such as preventing: the separation of children; trafficking; gender-based violence; recruitment of children into armed forces or groups; the illegal adoption of separated children; and evacuations that do not follow appropriate procedures.	**Chapters 1.3, 2.1, 2.2, 6.2** Tools 5, 6
Recommend and advocate for the deployment of police/security personnel to borders/airports to prevent the illegal movement of children.	
Advocate with relevant embassies to prevent the movement of children out of the country without appropriate and verified documentation. Disseminate guidance to all medical and humanitarian staff as well as police, schools and communities on prevention-of-separation measures.	Tools 3, 12, 13, 14, 20, 21, 28
Information management. If one is not already in place, establish an information management system (which may include a database) to support child protection activities, and agree on confidentiality and reporting mechanisms, and standard operating procedures to report, monitor and address child protection issues.	Tools 7, 8, 9, 10, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 44, 45, 46, 47, 48, 49

3. INITIAL CARE RESPONSE	GUIDANCE AND TOOLS
Immediate reunification. For children recently and accidentally separated, undertake immediate actions to locate and reunify the child with his or her parents or customary caregivers, where it is in the child's best interest. Ensure children's views are heard and that they have access to available basic provisions for their survival, care and protection.	Tools 35, 36, 45, 46, 47, 48 **Chapter 2.3**
Identification and registration. Identify and register children in need of interim care, tracing and child protection, and children in informal care arrangements. This should include separated children who have been admitted to hospital for treatment. Respect registration criteria previously set in order to avoid unmanageable caseloads. Upload on to the Inter-Agency CP IMS where this is being used.	Tools 36, 37, 38, 39
Assess child's current care situation. Undertake basic checks to ensure that only those children who genuinely require alternative care are placed in interim care. Clarify whether the child has a contactable legal guardian.	**Chapter 5.1**
For children who have been taken in by adults, children living in child- or peer-headed households, and children at high risk of abuse or separation, assess with each child (according to his/her capacities) and the caregiver whether the current arrangements are suitable and whether additional supports or services are required.	**Chapters 5.1, 8.2** Tools 39, 50, 53
For children without current caregivers or in unsuitable care arrangements, refer for interim care.	**Chapter 5**
For each child entering care, ensure that the placement is registered, the child has had a medical screening and, if required, has access to emergency medical treatment or prescription medicines. Provide the child and caregiver with basic information about each other, the placement, the plan forward, and who they should go to in case of serious problems.	**Chapter 5.4** Tools 54, 56, 57
Organise infant and supplementary feeding as required. Follow guidance given by the Infant and Young Child Feeding in Emergencies Core Group.	**Chapter 2.3** Tools 18, 19
Where necessary distribute basic provisions to support formal and informal caregivers. Supplies should be sufficient to address survival needs of birth children present in formal and informal care arrangements and should be equal to those available to other households in the community.	**Chapter 2.3** Tool 58

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3. INITIAL CARE RESPONSE *continued*	GUIDANCE AND TOOLS
Family-based care. For children without suitable current caregivers and in need of interim care, it will usually be in the child's best interests to be placed with extended family members or other adults known to the child who could care for him/her (these relationships must be verified, an assessment made of whether the placement is in the child's best interests, and the placement registered).	**Chapters 5.3, 8** Tool 50
Trained foster carers should be prioritised for children under the age of three and for children who do not have families to care for them, but who require specialist care, or have specific requirements (for example, to keep sibling groups together). Encourage and support the community in spontaneous foster care.	**Chapter 8.2** Tools 18, 41, 42, 43, 59, 60
Supported child- and peer-headed households. Sibling groups and older children may ask to live together. Where there are older siblings capable of caring for younger siblings, or where adult support is available or can be arranged, this may be a suitable care option. Ensure that community-based monitoring and support is available and children in child-headed households have access to tracing services, if required.	**Chapters 5.3, 10** Tool 50
Residential care. Where there is a shortage of foster caregivers, where older children do not want live with a substitute family, or when it is in the child's best interests to be in supervised group-living arrangements, make use of existing residential care that meets agreed quality standards. Ideally these should be based on a small-group care model. As in normal families, children in group care should ideally be of mixed ages and abilities – avoid placing children of all the same age or disability in one placement, unless they are siblings, as this reduces the opportunities for children to learn from and be stimulated by each other. It can also put greater pressure on the caregivers. Children should not be in temporary residential care for more than 12 weeks.	**Chapters 5.3, 9** Tools 4, 55 **Chapter 4.4**
Where a young person's life would be put at risk if their location became known, a temporary stay in a safe house (safe residential accommodation) may be necessary until more suitable community-based care can be found or until the risk has diminished.	**Chapter 6.1**

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3. INITIAL CARE RESPONSE *continued*	**GUIDANCE AND TOOLS**
Interim care centres. If none of the above options is sufficient, consider how the capacity of existing informal and formal care options can be increased to cope with additional demand or to improve the quality of care to meet basic agreed standards. If this is not feasible, appropriate or sufficient, consider setting up other temporary care provisions, eg, emergency shelters, interim care centres.	**Chapters 5.3, 9** See The Sphere Project: *Humanitarian Charter and Minimum Standards in Disaster Response*, The Sphere Project, 2011
Monitoring and case management. Open a case file for each registered child in family-based or residential care and allocate a case worker responsible for monitoring the child's wellbeing, supporting the placement, and updating on tracing and other activities. Monitoring visits should take place at least every 1–2 weeks for children in interim care. During each visit the case worker should take time to listen to the views and feelings of the child.	**Chapters 5, 6** **Chapter 6** Tool 53
The case worker should develop a care plan and organise a 12-week placement review involving the child, caregivers and other key stakeholders. The review should determine whether the child can and should remain in the placement until family reunification is possible or as a durable long-term option, or whether the child needs to be moved to a more suitable care arrangement.	**Chapter 5.5** Tools 54, 58
Regularly update the case file. Upload the case on to the IA CP IMS if used. Where inter-agency services are involved, agree and maintain strict data protection and confidentiality protocols	
Inter-agency coordination. Work with the inter-agency coordination group to ensure key agencies/personnel are referring children in need of care and tracing to the relevant child protection staff/agencies, and that they are identifying and supporting vulnerable households, including children in child- and peer-headed households, children in existing institutions, children in informal foster care, children living on the street, and children with or in households with disabilities, serious health problems, or other key vulnerabilities.	**Chapter 2.3**
Check that agencies are taking immediate steps to prevent unnecessary or further separations through their services, including the distribution of basic provisions to all households in need (and not just to separated children) and raising awareness among the community on how to prevent separation	**Chapter 2.2**
Coordinate ongoing reviews of the causes of family separation and adapt responses to address these root causes.	**Chapter 2.1**

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3. INITIAL CARE RESPONSE *continued*	GUIDANCE AND TOOLS
Tracing and reunification. Support tracing teams to locate and verify family members, and to assess whether reunification is in the child's best interests. Follow up with the child and family after a set period to ensure that the placement has gone as planned and that no other issues are emerging.	**Chapter 7** Tools 32, 37, 38, 44, 45, 46, 47, 48
Child protection. If there are child protection concerns with the child's current caregivers, refer to local or designated authorities and consider whether an alternative care placement is required. If there are immediate safety concerns, work with the child to determine the best immediate solution for the child (for example, if there is somewhere he/she could go if the situation deteriorated, could he/she call someone for help).	**Chapter 6.1, 6.2** Tools 22, 23, 24, 25, 26, 27, 50

4. BUILDING ON THE INITIAL RESPONSE AND PREPARING LONGER-TERM CARE OPTIONS	GUIDANCE AND TOOLS
Development of interim and longer-term care placements. Continue to develop and support a range of care provision that can meet the needs of the individual children requiring interim care, with consideration to the preference of the child, cultural norms, keeping siblings together, the ages of the children, any special needs, and the likely required length of the placements. Placements should be developed in partnership with the children and adults from the child's community.	**Chapters 3, 6.4** Tools 53, 54, 55
Where the child is with suitable caregivers who can continue to look after the child until reunification or other care plan, they should be encouraged to do so.	**Chapter 6.1, 6.4**
For children who are unlikely to be reunified in the short term, who cannot remain with current caregivers, or who have been in temporary residential care for more than 12 weeks, a decision will have to be made regarding longer-term stable care placements. A best interests determination (BID) should be conducted.	**Chapters 5.3, 6.4** Tools 22, 23, 24, 25, 26, 27, 28, 29
Social integration. Evaluate how children in (family-based and residential) care are spending their day. Refer children to local schools and community-based activities (eg, safe spaces). Consider setting up day centres/non-formal education for children in temporary care if they cannot be enrolled in school.	**Chapter 2.3.1** Tool 53

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4. BUILDING ON THE INITIAL RESPONSE AND PREPARING LONGER-TERM CARE OPTIONS *continued*	**GUIDANCE AND TOOLS**
Logistic support. Ensure that sufficient trained staff and resources for developing, supporting and monitoring interim and longer-term care placements are available.	**Chapter 4**
Provide ongoing training and supervision to staff and paid caregivers.	**Chapter 4.5–4.8** Tool 59, 60
Case management. Check that all children in temporary care (short or long-term) have sufficient monitoring and support and have reviews of their situation every 12 weeks. Children should be prepared for any placement moves or reunification. Ensure consideration of children's views and feelings and children's understanding of the outcomes of the review meeting.	**Chapter 6** Tools 53, 54
Every child in interim care should have a care plan.	**Chapter 6** Tool 54
The case worker should make use of the BID process where a more complex assessment of the child's situation is required.	**Chapter 6.5** Tools 22, 23, 24, 25, 26, 27, 28
Identification of children in care. Scale up efforts to make certain that children in informal/spontaneous foster care and in residential care have been identified and registered. Refer the children for case management and other appropriate protection services as required. Ensure such children are included in family tracing and reunification programmes.	**Chapter 8.2** Tools 39, 40
Residential care. Work with the local government and residential care institutions to ensure that care institutions are registered and are providing care according to agreed standards. Institutions should be encouraging families to care for their children, and should be referring children under the age of three for family-based care. Where this is not the case, coordinate with the inter-agency groups on a strategy on how to work with such institutions.	**Chapter 3.5** Tool 4

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4. BUILDING ON THE INITIAL RESPONSE AND PREPARING LONGER-TERM CARE OPTIONS *continued*	**GUIDANCE AND TOOLS**
Community-based protection and support. Continue to develop sustainable community-based mechanisms to identify and respond to protection concerns including monitoring, reunification and reintegration services. Support children's participation in community-based monitoring, prevention and protection initiatives.	**Chapter 6.1** Tools 50, 53, 54, 55, 58
Support community awareness relating to reintegration of children who are in or who have been in care; and the recruitment of temporary or permanent alternative families.	**Chapter 7.4**
Consider how child protection activities can be scaled up within and beyond the population affected by the emergency, to improve the capacity and functioning of the broader child protection system.	**Chapter 1**
Initiate exit/transition plan. Where there is external agency involvement, or where existing local and national services require support, set a time frame and capacity-building plan for handing over the management and delivery of the care programme to local government and community partners.	**Chapter 1**
Consider how long-term care placements can be sustainably monitored and supported and how service providers can be independently inspected.	

SECTION ONE

MANAGING AN INTERIM CARE PROGRAMME

CHAPTER 1
INTERIM CARE PROGRAMME PLANNING

An understanding of both the pre-existing child protection system and the impact of the emergency is vital for planning an appropriate interim care response and for building the capacity of a community to protect and care for their children, both in the immediate aftermath of an emergency and in the longer term. A significant lesson from previous emergency responses is that taking time to plan interventions with a long-term view from the outset provides an invaluable opportunity to build the broader child protection system, and reduces the risk of children entering or remaining in alternative care placements unnecessarily.

This chapter provides guidance on how to understand the context in which you are working and how to prepare for the actual and potential need for alternative care. The chapter includes:

1.1 Leading and coordinating interim care provision: the role of the state and supporting organisations

1.2 Resource and capacity planning

1.3 The development of care and protection policies

1.1 LEADING AND COORDINATING INTERIM CARE PROVISION: THE ROLE OF THE STATE AND SUPPORTING ORGANISATIONS

As stated in the United Nations Convention on the Rights of the Child (UNCRC; articles 18 and 27), parents have the primary responsibility for the care and protection of their children and it is the duty of the state to ensure that parents and legal guardians receive the assistance they require to be able to care adequately for their child. The state is also obliged to provide special protection for a child deprived of his or her family, and to ensure that appropriate alternative care is available (article 20).

The government, along with local communities, should therefore ideally take the lead on interim care programming, with external agencies restricted to certain functions, in coordination with the national government. However, in many emergency situations, and particularly in conflicts, the national government may not have the capacity to adequately and effectively lead this process. In such circumstances external agencies may need to take the lead role and advocate for the government to fulfil its obligation, or the international community may have to play a *de facto* governmental role on an interim basis.

Where this is the case:

- Responsibility for protecting separated children can be delegated temporarily to organisations that have a mandate or expertise in this area.
- Agencies, international and national non-governmental organisations (NGOs), and community-based groups must work together to allocate specific lead roles for key areas such as childcare or family tracing, according to each organisation's mandate, expertise and capacity.

- Strategies must be coordinated across departments to ensure that child protection, livelihoods, basic health, water/sanitation, education, shelter, nutrition and security services are integrated to target the most vulnerable households.
- As this role is temporary, during the early stages of their involvement all external agencies must consider how they will consult and build capacity with local and national authorities. This is essential in order to ensure that the response is culturally appropriate and able to progress towards the the longer-term goal of reducing the reliance on external agencies while enhancing the overall protection of children. It will entail regularly updating authorities about the size of the caseload in order for them to better allocate resources to manage the demand in the future.
- External agencies, such as international NGOs (INGOs), must know and work in accordance with the national legal and policy frameworks of the country while promoting adherence to international standards for the care of children, such as the Guidelines on Alternative Care for Children (see **Tool 2**).

1.2 RESOURCE AND CAPACITY PLANNING

The delivery of interim care requires a broad range of activities, starting before care placements are provided and lasting until after children have been reunified or placed in permanent alternative care arrangements. **Agencies providing or supporting care arrangements in an emergency should therefore plan for a longer-term commitment of, typically, 2–3 years.** This longer-term commitment should be a pivotal advocacy point with donor agencies. At the outset, there needs to be a phase-out or transition plan in order to enable other NGO or government agencies to take over the programme in a sustainable way within the time period for the external agency's involvement.

Planning must be flexible enough to cover a broad range of scenarios and contexts. Agencies should prepare contingency plans for scenarios characterised by:

- the absence of national or local authority capacity to lead or coordinate an effective response, including a lack of clarity on which government departments are responsible for child protection and on the main focal points within these departments
- large numbers of unaccompanied children requiring interim care and tracing services
- large numbers of households in need of basic services in order to adequately care for their children
- large numbers of children at risk of violence, abuse and exploitation
- partial or total destruction of infrastructure, including basic health services, water facilities, sanitation, communications and education infrastructure, as well as increased insecurity as a result of the destruction
- absence of staff able and qualified to respond
- urban and rural contexts where the concept of a community and other related naturally protective mechanisms may no longer exist
- displaced or refugee populations in need of care and protection
- absence of required specialist services or placements.

For additional guidance on emergency preparedness and disaster risk reduction for unaccompanied and separated children, please refer to *Unaccompanied and Separated Children – Field Handbook*.[1] For a template on assessing protection risks and available resources, please refer to the Interagency Child Protection Rapid Assessment Tool and Guidance Notes.[2]

1.3 THE DEVELOPMENT OF CARE AND PROTECTION POLICIES

According to the UN Guidelines on Alternative Care (paragraph 161), "Should family reintegration prove impossible within an appropriate period or be deemed contrary to the best interests of the child, stable and definitive solutions, such as adoption or *kafala* of Islamic law, should be envisaged; failing this, other long-term options should be considered, such as foster care or appropriate residential care, including group homes or other supervised living arrangements."[3] In an emergency, there may be considerable pressure to rely on or to develop residential care for vulnerable children as the primary or only care response, regardless of the possibilities for supporting families to care for their children. In addition, there may be numerous requests for children to be moved out of the area or country, for fostering or international adoption. Clear principles and policies outlining the use of alternative care therefore should be established and promoted as rapidly and as widely as possible, ideally by the national government. (See **Tool 3** for an example.)

External agencies supporting this process must comply with existing national legislation and uphold international standards. In developing policies and practices, it is important therefore to know the following:

- The national and international laws and policies that apply, particularly in relation to:
  - kinship care
  - foster care
  - guardianship
  - adoption
  - parental rights and responsibilities
  - transfer of parental rights and responsibilities
  - inheritance rights and child protection procedures (this should also include planned national law reforms)
- Who has the authority to make decisions regarding children's welfare
- The age of majority (normally 18) and what policies and laws exist for individuals over the age of majority
- Potential changes in the jurisdiction and legal responsibility for children moving across borders
- The system in place for making decisions on behalf of unaccompanied children regarding, for example, appointing a legal guardian or advocate, formalising foster care, or placing a child in an institution.

Gathering this information can even begin outside the country. Working with national partners and existing development agencies is vital for retrieving this information in a timely way and understanding how these laws and policies are implemented on the ground. It is equally vital to share this information across agencies.

1.3.1 KEY POLICY COMPONENTS

A summary of key policy components is given below. It is based on the UN Convention on the Rights of the Child, the Guidelines for the Alternative Care of Children,[4] and the Inter-agency Guiding Principles on Unaccompanied and Separated Children.[5] Every effort should be made to apply these to the greatest extent possible.

Development of interim care placements	The priority is for the child's best interests, informed by the child's own views and feelings, to dictate the care placement. In the vast majority of cases this means the use of temporary or long-term, good-quality, family-based care within the child's own community. No new residential facilities should be established that are structured to provide care to large groups of children on a permanent or long-term basis. Where residential care is used, it should be based on a small-group care model, and be integrated into the child's community. All forms of care must meet locally agreed minimum basic standards. (Please refer to **Tool 4** for an example of minimum care standards.)
Prevention of separation	All those working to care and protect children must ensure that their actions do not inadvertently encourage family separation by providing services and benefits to separated children beyond the level available to other households in the community. No action should be taken that may hinder eventual family reunification such as adoption during the emergency, change of name, unnecessary evacuation, or movement to places far from the family's likely location.
Admission criteria for interim care/ Gatekeeping	All agencies providing residential or family-based care must have written admission criteria in place in order to ensure that only children who genuinely have no one to look after them are admitted into interim care. This is likely to involve admitting only children who fit at least one of the following criteria: • The child is unaccompanied, with no known relatives or previous caregivers. • The child requires temporary care until his or her reunification with local family members or usual caregivers can be organised. • The child's parents or usual caregivers are unable or unwilling to care for the child, even with appropriate supports (eg, provision of basic supplies and services, or referrals for more specialist supports).

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Admission criteria for interim care/ Gatekeeping *continued*	• The child requires temporary care until their reunification with local family members or usual caregivers can be organised. • All efforts have been made to encourage the family to care for the child and written consent has been given for placement. • The child is at serious risk of abuse, neglect or exploitation by his or her current caregivers, and protection by support services cannot sufficiently improve the care of the child in that situation. (This decision should be based on an assessment by an authorised child protection professional – decisions regarding who can carry out this role should be agreed on by the government, or by the lead agency where this role has been delegated for the child protection response.)
Rapid reunification	For children who have become newly separated from their families or customary caregivers, priority should be given for rapid reunification, unless this is not in their best interests. This may involve delaying full documentation and registration of the child for a few hours, in order to take immediate steps to locate family members.
Registration and documentation	All children in interim care* and those in need of care and protection services must be registered in order to establish the identity of the child, to provide them with essential services and follow-up, and to facilitate tracing. Registration activities should be conducted either by, or under the direct supervision of, government authorities and explicitly mandated entities with responsibility for, and experience in, this task. Such authorities should have systems in place for birth registration (preserving the child's name, nationality, and the identity of his or her family), and the allocation of a legal guardian where required. The confidential nature of the information collected should be respected and systems put in place for securely forwarding and storing information. Information should only be shared among duly mandated agencies, for the purpose of tracing, family reunification and care.[6] (For more information on data storage please see **Tools 7, 8, 9, 50**.)

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* Children who reside in spontaneous care arrangements should also be registered, monitored and, where necessary, supported with the appropriate services or referrals.

Tracing and reunification	When the child wishes, tracing should be available to all separated children to enable reunification with parents, other close relatives, or primary legal or customary caregivers. All those engaged in tracing should use the same approach, with standardised forms and mutually compatible systems. Under the principle of 'Do No Harm', individuals and organisations involved in tracing activities should ensure that the child and others concerned are not endangered by their actions (see **Tool 44**). When tracing is successful, the identity of the claimants must be verified (see **Tools 45, 46, 47**). This is essential in providing safeguards to protect both the child and the family. Before reunification, there must be a system in place for assessing the family's willingness and ability to care for the child and determining whether reunification is in the best interests of the child and is according to his or her wishes. Coordination should be established with local child welfare agencies to ensure that children who have been recently reunified can continue, as required, to receive follow-up visits in order to check their safety and facilitate their reintegration into family and community life (see **Tool 58**).
Interim care standards	All residential and family-based forms of care should be registered and regularly assessed according to a predetermined set of standards. Ideally, children should have consistent caregivers who are capable of meeting their needs for attention, stimulation and support; the placement environment is safe, secure and stimulating, with sufficient resources for each child's care and health needs; children can participate in regular play and educational activities; and procedures are followed to provide for the individual needs of each child in terms of their care, planning, and preparation for reunification or independence. However, it is equally important that the standards of care provision should be comparable to those of the surrounding community so as to not to encourage family separation (see **Tool 4**). In an area where the entire community lacks a safe environment that facilitates child development, a community-based intervention should be coordinated rather than specific services targeting only the reunified child. The inspection and registration of residential facilities should be carried out by an independent and accredited organisation (ie, not the current provider) with a government mandate to carry out this function. The standards used should be regularly reviewed and updated.

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Care planning, monitoring and support	All registered children in temporary care must have an allocated case worker who undertakes regular reviews of the child's situation and ensures that the child does not remain in temporary care unnecessarily. The caseworker should be responsible for monitoring and supporting the placement, consulting with children, their caregivers and families, facilitating the reunification with families or other long-term plans, and making certain that appropriate confidentiality is maintained. (See **Tools 10, 50, 54** and **55**.) Agencies must consider who is best placed to carry out this function, and what documentation and referral procedures must be followed (such as timescales for reviews, criteria for case closure, and other required procedures). Planning should include consideration of how the capacity of the local community or authority can be built to ensure long-term monitoring and follow-up for children in care, those recently reunified, and children living independently. Children without a legal guardian will require representation in the decision-making processes in order that their rights, opinions and best interests are protected. The state or *de facto* authority should ensure that such representation exists, in accordance with national legislation and procedures; that the decision-maker is independent of the placement agency; and that the child's wishes are taken into account in keeping with the child's evolving capacities.
Child protection procedures	There should be established child protection procedures and referral criteria for children who require additional support or immediate protection. All vulnerable children, including those in alternative care, as well as parents and caregivers, should understand abuse, exploitation, neglect and inappropriate behaviour; they should have feasible mechanisms for reporting concerns/suspicions or experiences regarding adults or other children in their care facility. Ideally children will have helped design the complaints/reporting mechanism. These mechanisms should be periodically reviewed to check they are functioning appropriately. All agencies involved in the care and protection of children must have a child protection or safety policy. All staff and caregivers (including formal family-based caregivers) must be subjected to child protection checks during the selection process, be trained in the policy and its procedures, and sign a code of conduct agreement. There should be security plans to protect children from recruitment, abduction, abuse and exploitation. These plans are likely to include the deployment of police/security personnel to borders and airports and ports to protect children from trafficking, illegal adoptions, or evacuations that do not follow agreed procedures.[7]

ENDNOTES

[1] Uppard, S (2012) *Unaccompanied and Separated Children – Field Handbook*, Interagency Working Group for Unaccompanied and Separated Children

[2] IASC (2008) *Interagency Child Protection Rapid Assessment Tool & Guidance Notes* (field testing draft), IASC Child Protection Working Group of the Protection Cluster

[3] United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

[4] Ibid.

[5] ICRC (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children, UNICEF, UNHCR, World Vision

[6] Uppard, S (2012) *Unaccompanied and Separated Children – Field Handbook*, Interagency Working Group for Unaccompanied and Separated Children

[7] Uppard, S (2012) *Unaccompanied and Separated Children – Field Handbook*, Interagency Working Group for Unaccompanied and Separated Children, Section: 'Relationships with Military Actors including non-State Actors'

CHAPTER 2
PREVENTION OF PRIMARY AND SECONDARY SEPARATION

Taking measures before and during an emergency to prevent potential separation can: help families and communities prepare and respond quickly to any separation that does occur; support families in caring for their own or additional children; and greatly reduce the numbers of children in need of interim or longer-term care.

The experience from the 2004 Asian tsunami shows that concentrating resources on orphanages and other forms of residential care, without addressing the root causes of separation, can lead to child abandonment and the unnecessary long-term institutionalisation of children. Assessing the reasons for both primary and secondary responses is crucial to providing the appropriate programmatic response, targeting these root causes. Consideration should be given to applying strict admission criteria on interim care; educating children, families and communities on measures they can take to prevent separation; and ensuring basic supplies are distributed and reach the most vulnerable households.

This chapter includes:

2.1 ADDRESSING THE FACTORS THAT RESULT IN CHILDREN REQUIRING INTERIM CARE

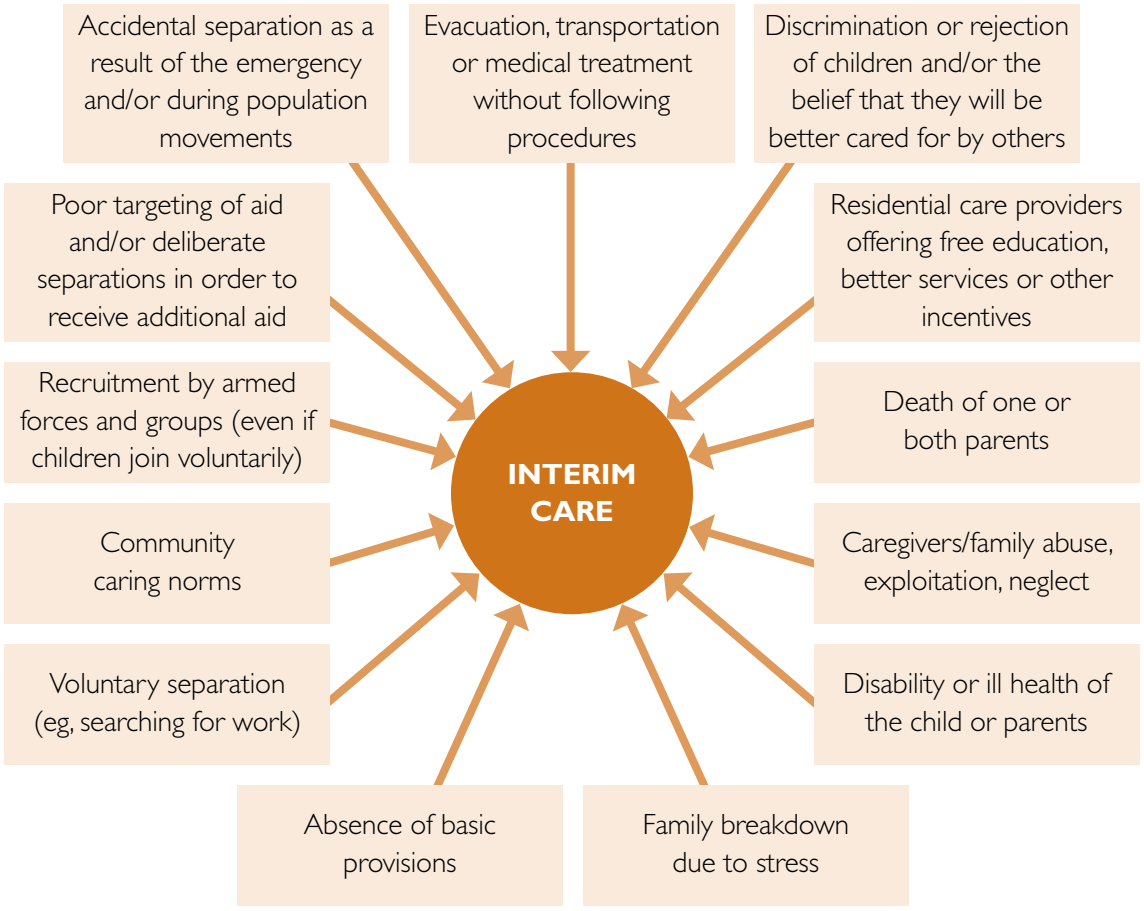
Activities aimed at limiting separations need to be established as quickly as possible. These should be based on an assessment of the potential and actual causes of primary and secondary separations through observation, interviews and focus group discussions. Participatory tools can be a great way to increase children's participation and can help children, adults and young people to identify and prioritise causes of separation and plan techniques to prevent separation. For more specific information on increasing children's participation and participatory rural appraisal (PRA) tools in general, please go to the Action for the Rights of Children foundation module on participation and inclusion: **www.arc-online.org** Regardless of which tools are used, the assessment should cover the following five areas:

1. The main reasons for separation (see below)
2. The locations where separation is most likely to occur
3. The amount/scale of separation
4. The main places where people would go to search for a child who has gone missing
5. The main ways in which people receive information (eg, word of mouth, radio, loudspeaker announcements, etc.).

(Please refer to the **Resource List** for additional guidance on conducting a situational analysis.)

In addition, all organisations admitting children into residential or other forms of care should address the reasons for voluntary separation of the child by the parents or relatives. (See **5.1** and **5.2**.)

The factors that can lead to family separations may have resulted from or have been exacerbated by the emergency and are likely to include:



2.2 WORKING WITH KEY GROUPS TO PREVENT FAMILY SEPARATION

Local government, community members (including men, women, boys and girls), teachers and religious leaders are integral to the success of measures to prevent separation. They can assist in identifying the root causes of separation, locate separated children and other vulnerable children, and disseminate messages to families about preventing separation. It is vital that they understand the reasons why keeping families together is so important and the benefits of family-based alternatives compared with the long-term use of institutions. (See **Tool 13** for advocacy messages regarding the use of residential care.) Without their cooperation, interventions may be hampered, and residential care is likely to continue to attract funding and, ultimately, children.

The box on pages 48–50 provides an overview of the types of information to be provided to key individuals responding to the needs of families in emergencies, in order to prevent family separations.

TARGET GROUP	KEY ADVOCACY MESSAGES
Family members (including children)	• To help families remain together, advice should be disseminated before and during an emergency on how to prevent separation. Information should ideally be given in a variety of ways (eg, as a leaflet or poster, in picture format, verbally in meetings or via announcements), and in a modified version for children and young people. Great care should be taken to make sure that information is provided without raising people's anxiety or sense of insecurity. To ensure appropriate messages, key members of the community should be involved in creating them. • Explain that alternative care should only be for children who do not have anyone else to care for them, and the focus on the interim care response will be to locate and help children to decide to return to their families as soon as possible. • Advise on what to do and who to contact in the event that separation occurs (see **Tools 3** and **11**).
Local authority, community members, children's groups and religious organisations involved in the care and protection of children	• Make certain that information about separated children is gathered during any planned census of the affected population (eg, camp registrations, house-to-house surveys). When information is gathered, the team needs to set clear expectations with the community about what this entails (how long until follow-up, what follow-up will look like, the capacity of the team to manage a large influx, etc.). An adaptable referral system with dedicated staffing should be considered, to prevent a backlog of cases. • Provide information and training on the principles of family unity and the risk of permanent separation if children are voluntarily entrusted into the care of other adults or institutions. • Explain that alternative care should be for children who do not have anyone to care for them, and the focus of the interim care response will be on locating and helping children decide to return to their families as soon as possible, as well as screening and monitoring forms of spontaneous care. • Promote community involvement in providing basic provisions and services to enable families to care for their own children, and in developing family-based alternatives to institutions. • Advise against the development of new residential institutions, and promote the regular monitoring and oversight of existing residential institutions to ensure basic standards are met, gatekeeping measures are in place, and that efforts to reunite children with their families are supported • Advise on what to do and who to contact in the event that separation occurs (see **Tools 3** and **11**).

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TARGET GROUP	KEY ADVOCACY MESSAGES *continued*
Local authority, community members, children's groups and religious organisations involved in the care and protection of children *continued*	• Recommend that records be kept of children in institutions, hospitals, schools and foster families to help identify and locate these children if people have to flee the area. • Advise that no actions should be taken for children in temporary care which will hinder the child's reunification with family members, eg, changing the child's name, adoption, evacuation or movement out of the area without following guidelines (see **Tool 15**).
Humanitarian staff	• Make sure all staff have received a child safeguarding training and have signed a relevant code of conduct.[1] • Review all sectoral services, including health, food aid and logistics, to ensure that their systems and practices do not cause family separation and that plans are in place to actively reduce separation. • Check that resources are distributed fairly and target the most the most vulnerable households. Separated children should receive the same food rations as other children. Unless it is specifically required, the distribution of clothes or other special assistance for *only* separated children should be avoided (see **Chapter 2.3**). • Ensure that children are not separated from their families and that contact is maintained where supplemental or therapeutic feeding is needed or where children are required to remain in the hospital. • Advise all aid workers to be alert for family separations, what to do and who to contact if a separated child is found. • Provide clear information to all relevant staff (eg, government officials, national Red Cross, law enforcement and transport agencies staff, army personnel, camp managers and child protection workers) on procedures for prevention of separation, including those relating to evacuation and moving children. Training sessions should be carried out and information disseminated before any relocation, evacuation or anticipated movement of families, and should be repeated regularly, particularly where there is high staff turnover. • Raise awareness among agencies and volunteers working in child protection of the need to carefully assess whether a child is unaccompanied and separated, or in need of protection (see **Chapter 5.1** and **5.2**).
Schools and nurseries	• Encourage educators to teach children their name, place of origin and who to go to if separated, eg, family friend, teacher, doctor, police, or Red Cross/Crescent worker. • Advise on what to do and who to contact if separation occurs. Consider providing pre-printed registration forms and training on how to complete these. • Support the development of safety and evacuation procedures.

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TARGET GROUP	KEY ADVOCACY MESSAGES *continued*
Medical staff	• Encourage health workers to raise awareness of the risks of family separations to parents and children attending clinics. They should advise parents/caregivers to stay with their child if admitted to hospital, and to ensure that children left at home know parents' whereabouts and are in the care of a known adult. • Advise on what to do and who to contact if separations occur. • Ensure medical personnel know to keep the personal belongings of any child who has been separated from his/her family, for tracing purposes. • Ensure that medical personnel understand the need for full personal details to be recorded. Provide them with pre-printed registration forms and training on how to complete these. • Provide training and guidance on prevention of separation during medical evacuations (see **Tools 3** and **15**).
Institutions and care providers	• Promote the strict application of admission procedures for children entering interim care. • Make sure that all admitted children have been registered and that each child has his or her own regularly updated case file. This should include the child's initial and subsequent photographs; information on the circumstances of the child's admission; details of last known addresses; and any information on the child's identity and family members. The details of children who enter or leave care should be passed on to the relevant authorities. • Promote the adherence to agreed standards for all forms of care provision, ensuring that the facilities are on a par with family care norms in the community, and that accommodated children attend education, health and recreation facilities within the community, wherever possible. • Ensure that interim care providers cooperate with agencies working to trace and reunify families and do not take actions that may prevent reunification (eg, changing the child's name, placing the child in adoption proceedings, moving the child to another location,). • Support the heads of residential and family-based care providers in developing plans for keeping children safe and their identity secure, along with the procedures needed if movement out of the area is necessary. • Advise against the development of new institutions and encourage donors to fund family-supportive services and family-based care options.

Please refer to **Tool 15** for guidelines for prevention of separation during evacuation, migration and travel.

2.3 FAMILY AND CHILD SUPPORT SERVICES

The effects of emergencies, including displacement and loss of livelihoods and accommodation, can have a profound impact on the family's ability to support and protect children. Unless these needs are addressed, not only are children's health and development compromised, but children are at risk of abandonment as a result of their families' inability to care for them.

In addition, families who are providing interim care for separated children in a socially and economically fragile environment are likely to request additional assistance in order to be willing and able to continue to care for separated children.

When a child living with their own family/customary caregivers, or in altenative care, is identified as vulnerable, an assessment will be required to determine whether any action is required to improve the child's protection or care (see **Tools 5, 6, 50, 53, 54** and **58** and **Chapter 5.1**).

Where possible, and if in the child's best interests, the child's current caregivers should be supported to care for the child. The challenge in emergency contexts is in providing adequate levels of support when resources are extremely constrained, and in ensuring resources are distributed fairly in order to discourage secondary separation (see the following sections).

2.3.1 TYPES OF SUPPLIES AND SERVICES REQUIRED TO SUPPORT CHILDREN AND FAMILIES

All households, including families who take in additional children, should receive basic supports. Depending on the context and the situation of children and families, basic supplies and services *may* include, as necessary and appropriate:

- fuel, clean water, food and basic materials (eg, clothing, blankets, household utensils/goods) etc
- shelter
- emergency medical assistance and medicines for chronic illness
- livelihoods assistance/microeconomic programming to pay for food, medicine and shelter/basic needs
- supplementary feeding for malnourished children and/or adults
- information and legal advice
- tracing services
- protection services, including provisions for safety and security
- daycare
- resumption of schooling
- child-friendly spaces providing play and recreation activities[2]
- drop-in/day centres providing a range of services including education and recreation activities, vocational training and social work related services.

Organisations providing services will have to make a distinction between child and family situations that justify an individual response, and child and family situations that reflect a shared community need.

Where all households are in need of basic services, allocation of aid may be delivered according to certain criteria outlined in **section 2.3.2** below. Community needs will change over the course of an emergency and will require regular review. This will mean listening to the views and experience of children and their caregivers, in order to take into account changes in the composition of households, and to identify children and families who are not accessing required supplies or who have additional needs. (See **Tool 58**.)

For longer-term planning, care and protection agencies should also consider what additional supports and services are needed to enable children with their families (those in care, and those living independently) to survive and thrive. Such services should aim to: prevent family breakdown and child abandonment; support the quality of care; prolong the lives of caregivers; protect children from harm; and facilitate reunification and reintegration.

While there will not be the capacity to develop these resources in the immediate aftermath of an emergency, consideration should be given to communicating to donors the longer-term resources needed. Experience shows that, in the absence of such longer-term planning, funding can be drawn into sustaining and promoting residential care instead.

2.3.2 TARGETING ASSISTANCE EFFORTS FOR SEPARATED CHILDREN OR THEIR CAREGIVERS[3]

Agencies supporting individuals or institutions to provide interim care will have to carefully assess whether and how additional resources are to be allocated and the impact of this allocation on communities. Where family separation is used as the criterion for aid assistance the following problems can arise:

- Parents may abandon their children in the belief that their children will be more likely to survive in interim care.
- Children may falsely claim they are separated in order to receive aid.
- Children may be passed between households in order for caregivers to receive entitlements.
- Adults may take in a child for the purpose of material gain rather than providing protection and care for the child.
- Other households in need may resent either the children who are in care or the caregivers themselves; this potentially could cause community tension and the stigmatisation of separated children.

In order to prevent this type of resentment, any additional assistance should instead be targeted to the most vulnerable households in the community, rather than only to separated children or to households that have taken in separated children. Resilience and vulnerability will vary according to individual children and their context. Children living in child- or peer-headed households, or children living with their families, may be as much in

need. In order to determine which households are the most vulnerable, an assessment should be made regarding:

- households or groups of children having the most difficulty getting access to enough food, water or cooking fuel, or without basic necessities for daily living such as cooking utensils, clothing, sleeping mats or blankets
- individuals or families having the most difficulty taking care of themselves or their children
- families without any shelter or with inadequate shelter
- individuals with acute or chronic illnesses or injuries that need treatment
- children separated from their parents
- families who have taken in additional children
- children living on their own
- pregnant women or women who have recently given birth
- children most at risk of protection violations (eg, from trafficking or hazardous child labour)
- elderly households
- larger-than-average households.

This assessment should be done in conjunction with community groups/members in order to understand which households are most in need, the types of resources currently available, the issues relating to the distribution or allocation of this aid, and additional resources required. Children's groups can also play a helpful role in identifying the most vulnerable children in families. This process should result in establishing criteria for receipt of additional assistance, and the types of assistance that may be offered. It should also help to reassure families that it is not just separated children who will receive assistance.

Care and protection agencies will also need to coordinate with each other and with other sectors to enable better targeting of resources to the households most in need, including those that have taken in additional children. Agencies providing support will have to consider their capacity to deliver the required resources over time and how they will phase out this involvement over time, building government, family and community resilience to cope with further emergencies. (See **Tools 5** and **6** for additional information.)

2.3.3 ADMINISTERING ADDITIONAL ASSISTANCE

Identify vulnerable families

In order to increase transparency, reduce the risk of secondary separation, and ensure supplies reach the most vulnerable households, it is preferable to have a community-based group to identify which households are particularly vulnerable and what type of help is required. A separate agency should then make or oversee the assistance given.

For example, protection workers or community volunteers can identify children and families in need of additional assistance through: interviewing new arrivals at registration

sites, border crossings, feeding stations and hospitals; conducting house-to-house surveys; consulting and observing children; asking women, children, and male and female community leaders to identify children and families at risk; and working with public health and other community outreach services to make sure they ask relevant questions to identify separated children and families at risk of abandoning their children.

Criteria for assistance

When a vulnerable child or family has been identified, there should be criteria for determining whether additional assistance should be provided, and the types of assistance that might be offered. Where eligibility can be determined on a case-by-case basis, help can be better targeted. This also ensures that children in need of care or protection, including those taken in by families, are registered.

In order to make the process more transparent and fair, eligibility should have been considered in conjunction with members of the affected community rather than solely by the agency that is providing the assistance. Confidentiality of information regarding cases should always be considered a priority in order to avoid stigmatisation of children in these vulnerable situations (see **Tool 10**). Where this is not feasible, there should be monitoring of selection services and service provision.

For families who are formally or informally caring for children, assessment criteria should include determining:

- whether the caregiver is disadvantaged by providing care
- whether the caregiver can provide adequate (good enough) care for the children in the household
- the caregiver's main motivation for caring for the child/children concerned
- whether the provision of food or non-food items would make the child or family appear privileged in comparison with most children in the community.

Types of material support to provide

Financial or in-kind payments only to interim caregivers should be avoided. However, where there is widespread poverty and households are not able to take in additional children or where the children to be placed have special needs, financial support for these and other vulnerable households may be necessary. This should be the exception and not the rule. For example, some programmes provide a two-year community-based support package for hard-to-foster children aged 16 to 18 to enable them to complete their education or skills training and become able to take care of themselves.

An initial placement package for children placed in kinship or foster care may be appropriate, with provisions made available to all the children in the household, if required. While this package will be-context specific, it may include: cooking utensils, blankets, soap, clothing (including underwear), buckets, school material, plastic sheeting, appropriate footwear, mat, bag, comb, towel, toothbrush and toothpaste. When additional assistance is provided, it should be to enable the individual or family to achieve a similar living standard to that of the rest of the community.

Monitoring the assistance given

The situation of households receiving additional assistance should be reviewed on a regular basis. This can be facilitated by formalising kinship and foster care placements from the outset, or formalising the care arrangement can be a requirement for eligibility to receive assistance to care for a separated child. This process can also make it easier to provide additional material assistance. Formalising a placement involves vetting and training caregivers, the signing of an agreement to care for the child under certain conditions and for a period of time, and agreeing to regular monitoring of the placement. This helps others in the community understand the role and responsibility of caregivers and the reasons why additional assistance may be given. (See **Chapter 8**.) However, the process of formalising a placement should be as simple and straightforward as possible so as not to overburden the care system or significantly delay placements.

ENDNOTES

[1] Uppard, S (2012) *Unaccompanied and Separated Children – Field Handbook*, Interagency Working Group on Unaccompanied and Separated Children

[2] For more information, see INEE (2007) *Good Practice Guide on Child Friendly Spaces*, INEE; Save the Children US (2007) *Safe Spaces Program Manual*, Save the Children

[3] Adapted from De La Soudiere, M (2007) *The Lost Ones. Emergency Care and Family Tracing for Children from Birth to Five Years*, UNICEF; Williamson, J and Moser, A (1988) *Unaccompanied Children in Emergencies: A field guide for their care and protection*, International Social Service; Tearfund (2001) *Children in Residential Care and Alternatives*, Children at Risk Guidelines, Vol. 5, Tearfund; De Lay, B (2003) *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC

CHAPTER 3
DETERMINING THE SUITABILITY AND TYPE OF CARE PLACEMENTS TO USE OR DEVELOP

Determining the number and types of placements to support and develop requires planning and coordination, involving the children themselves, as well as community members. Many separated children will not require an interim care placement. They may be able to return to their families immediately or be placed with relatives or close family friends; they may have been taken in already by other families, or be living with other children in peer- or child-headed households.

All such children may be vulnerable, and they may require support and/or tracing services, however it *should not* be assumed that their current situation is unsuitable or that they should be transferred to a formal interim care placement immediately.

This chapter outlines the key considerations for the development and support of care arrangements and includes:

3.1 THE TYPES OF CARE PROVISION REQUIRED

The types of out-of-home care placements that are likely to be required as a result of an emergency can be divided into three main types, as follows:

TYPE OF PLACEMENT	DESCRIPTION
Interim care	For the purposes of this toolkit, interim care is defined as alternative care provided on a temporary basis for up to 12 weeks. The placement may be formal or informal. The child may be with relatives or foster caregivers, or in residential care such as an interim care centre. Once an initial 12-week review has taken place, the placement should then be referred to as longer-term care. Government requirements in this regard should also be taken into account.
Longer-term care	For the purposes of this toolkit, longer-term care is an alternative care placement lasting more than 12 weeks. This may be with the same caregivers who provided the child with interim care and may be formal or informal in nature (see **Glossary**).
Permanent placement	Adoption, *kafala* or other care arrangement that is stable, and expected to continue until the child reaches adulthood (see **Glossary**).

If families providing interim care are willing and able to continue to care for a child on a long-term or permanent basis, depending on whether or not the child can be reunified, then this will reduce the need for the development of alternative longer-term or permanency options. Spontaneous care arrangements should nevertheless be monitored and adequate support should be provided to caregivers where required.

In determining which of the above will need to be developed, the following factors should be considered:

- The root causes of children's need for interim care and what this means for the type of placement required, the length of placement, and the required support services. For example, children on the move and in search of economic opportunities may require interim care, while children who have lost all family in the aftermath of disaster are likely to need permanent placements.
- Whether the available placements can potentially provide alternative care beyond the initial first few weeks for children who need a longer-term placements.
- Whether there are options suitable for children with very varied needs (eg, single mothers, children with severe or multiple disabilities, young people,[1] children formerly associated with armed forces and groups), and other particularly vulnerable children.
- Whether available placements meet basic or quality standards and whether they have adequate monitoring and support measures in place.

3.2 UNDERSTANDING AND BUILDING ON COMMUNITY CARING TRADITIONS

Determining which types of alternative care to rely on or develop should be based on an understanding of community norms and capacities. The following assessment questions can help determine: which forms of family-based care may be most appropriate and sustainable; when, how and for whom residential care should be used; how formal and informal alternative care can be monitored and supported; and particular protection risks that will need to be addressed for children in care in the given context.

This type of assessment may be carried out at child protection cluster level, pooling resources from different stakeholders and should also be informed by assessments that have already taken place.

QUESTIONS CONCERNING COMMUNITY TRADITIONS

- In what circumstances are children cared for by adults other than their parents? How is this arranged? Are there cases of voluntary separation where children have chosen to leave their families?
- What are the traditional methods of caring for children who are separated from their parents or guardians? Are there differences in the types of care arrangements depending on whether: the child is placed by his or her parents voluntarily or as a result of poverty; the child is abandoned or accidentally separated from his or her family; the mother dies, or the father dies; the child leaves home; the child is placed by local authorities on grounds of abuse? Who normally cares for such children (eg, maternal or paternal relatives, older siblings, neighbours, professional caregivers)?
- Are there different care norms for families in urban or rural settings, among different ethnic groups, or if the child is with close family, distant relatives, or strangers?
- How are sibling groups cared for?
- Does the age or gender of the child affect who will care for him or her, the type of care provision available, or the role of the child in the household?
- What happens to children in special circumstances (eg, children with physical or mental disabilities, children with HIV and AIDS or other illnesses, children formally associated with armed forces or groups, children living on their own, children living on the street, young single mothers)? Are such children able to participate in community activities? How are they treated/regarded by community members (eg, with respect, suspicion)?
- What is the motivation of an individual or individuals caring for children who are not their parents or primary caregivers? Is anything expected in return from the child, the birth parents, or the agencies arranging the placement? Are the children expected to do any form of work in or outside of the home? Are such children treated the same as other children living in the home? How do birth children in the family react to new children? Are children in care accepted by the wider community and able to access local resources such as community schools and health services?

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QUESTIONS CONCERNING COMMUNITY TRADITIONS *continued*

- Are there peer- or child-headed households, and how are they supported?
- What are the different risks associated with family-based care, with residential care, and with children in child-headed households? How is the care of children in formal and informal care monitored and supported?
- At what age do children leave alternative care and where do they go?
- Do caregivers maintain a relationship with the child? Do they expect compensation or other form of recognition from the birth family?

QUESTIONS CONCERNING COMMUNITY CAPACITIES

- How might the term 'community' be understood locally? Are there different communities with varying capacities? Where no sense of community exists, are extended families capable of helping its members?
- If traditional patterns have been disrupted or are overwhelmed, what arrangements do community and religious leaders, educators, social workers and concerned local groups, including children's groups, propose for such children?
- How can the community carry out a plan to locate and monitor children who have been separated from their families?
- Are concerned adults already caring for children who are not of their own family? If so, can such care be maintained?
- Are there other adults/families who would be willing to foster one or more unaccompanied children, at least on an interim basis?
- Are there other adults who would be willing to serve as surrogate parents for small groups of unaccompanied children living in the community?
- Are there any trained volunteers, child-welfare workers, wet-nurses or other social workers in the community available to help organise and supervise the screening, assessment, care and monitoring of vulnerable children in formal and informal family-based care and residential care?
- Are there any local groups (NGOs, women's groups, religious organistions, etc.) willing to become partners in caring, tracing, reunifying children?
- What support does government give? Where there is no current support provided by the government, what type of support is government able or willing to extend?
- What community-based resources are available for children in out-of-home care to access?
- What are the risks of the proliferation of residential care or child abandonment? How can these be addressed?

3.3 THE BENEFITS OF FAMILY-BASED CARE COMPARED WITH RESIDENTIAL CARE

There is widespread recognition that family-based care is preferable to the use of residential care, particularly over the long term. This principle is enshrined in the Guidelines for the Alternative Care of Children.[2] Even in an emergency, the Guidelines stipulate that:

- care should be arranged within the child's own community
- residential care should be used as a temporary measure until family-based care can be developed.
- no new residential facilities should be established that are designated to provide care for large numbers of children on a permanent or long-term basis.

Depending on how family-based care is used traditionally, and on the way agencies support and monitor foster and kinship care, it has a range of benefits including the following:

- The child remains within a family setting and is therefore better prepared for family reunification.
- The child is more likely to have individual attention than if in a residential setting, resulting in stronger child development and wellbeing outcomes.
- The child builds up a social support network and gains support from family and the community.
- The child is integrated within the community, using community-based services such as schools and health clinics, and is at less risk of being targeted and stigmitised.

3.3.1 THE PRIORITY FOR CHILDREN UNDER THREE TO BE IN FAMILY-BASED CARE

Children under the age of three are particularly vulnerable to the harmful effects of institutionalisation. They typically are unable to receive the individual attention and stimulation required for their healthy development. Often, young children will spend a significant proportion of each day in a cot, and with limited opportunities to experience the outside world. This over-control of children's environmental experiences has a number of detrimental effects including:[3]

- Physical under-development, with weight, height and head circumference below the norm. Severe conditions may result in a failure to thrive.
- Hearing and vision problems that may result from poor diet and/or under-stimulation; often these problems are not diagnosed or are left untreated.
- Motor skill delays and missed developmental milestones are common.
- Poor health and sickness resulting from overcrowded conditions and limited environmental experiences inhibiting the development of the immune system. Children may be isolated from staff and other children when they are sick and at a time when they most need comforting and sensitive care.
- Physical and learning disabilities as a consequence of institutional care from a combination of motor skill delays and retarded developmental stages, especially under conditions of poor health and sickness.

- Emotional and social problems as a result of a lack of an emotional attachment to a mother figure during early childhood. Attributed to this lack are: problems in forming emotional relationships; social withdrawal; attention-seeking behaviour; anti-social conduct; 'quasi-autistic' behaviour, such as hiding one's face, and/or stereotypical 'self-stimulation/comfort' behaviour, such as body-rocking or head-banging. (See **Tool 18** for more information on care placements for children under 3.)

3.3.2 FACTORS THAT WILL LIMIT THE ABILITY TO SUPPORT OR DEVELOP FAMILY-BASED CARE

Family-based care alternatives need to be assessed, supported and monitored to ensure their quality and suitability for the child over the immediate and longer term. In emergencies, the ability to provide family-based care that meets minimum standards and is monitored and supported may be severely restrained by the following factors:

- lack of available foster care placements
- pre-existing protection concerns associated with kinship or foster care
- lack of familiarity with the concept of foster care
- inability of families to care for their own or additional children and a lack of resources to address this
- the need to keep children in one location for rapid reunification/tracing purposes or to deliver very limited basic resources/services necessary for their survival
- lack of qualified staff/volunteers to assess the suitability of caregivers to monitor placements
- security issues requiring the child to be placed in a secure location.

3.4 SUPPORTING AND DEVELOPING RESIDENTIAL CARE

When family-based care placements are not available, owing to the issues raised above, and it will take time to set them up, existing residential care may be considered for children over the age of three while family-based care placements are established. This may be in small-group homes or children's villages. The challenge is in ensuring that the use of residential care is justified and the decision is based on a full analysis of the risks associated with its use and of the alternatives.

When the use of residential care is required, any centre used or developed should meet the following criteria:[4]

- The home is registered, is inspected regularly and meets minimum agreed standards (see **Tool 4**).
- The home has signed a formal agreement to provide temporary care and protection with the aims of: reunifying children as quickly as possible; addressing the issues in relation to the child's personal objectives (social reintegration, treatment for chronic disease, psychosocial support, etc.); placing children who cannot be reunified in alternative longer-term family-based care.

- Children receive sufficient attention, care and stimulation from a consistent caregiver and are able to interact with other children of different ages and sexes. (See **Chapter 4.4** for caregiver ratios.)
- Children are cared for in groups of no more than eight to ten, depending on the ages and needs of the children in the group.
- Each child has an individual care plan which is regularly reviewed. The child's views and feelings are considered.
- Children are adequately protected and have access to complaints mechanisms.
- The family group follows cultural standards of roles and responsibilities, preparing food and eating together, and with children taking part in normal household chores (in accordance with their age and ability).
- The accommodation is located within the community and is of a similar standard and type to other family homes.
- Security permitting, children attend available community activities, including schooling.

3.4.1 WARNING SIGNS WHEN INSPECTING INSTITUTIONAL CARE

Below are key signs that an orphanage, group home, children's village or other form of residential care is below standard and should not be used for alternative care.

- The larger the residential care facility, the more likely it is that the caregiver-to-child ratio is insufficient. Where there are more than 75 children, with children looked after as one large group (eg, the children eat en masse, sleep in dormitories), and have a range of caregivers who are responsible for them during the week, are all signs that the facility is hazardous to children. There is a general consensus that that the cut-off point between 'group care' and 'institutional care' is approximately ten children in any one care setting.[5]
- The centre/children's village is physically situated far away from other inhabitants, and children have little contact with the local community.
- Children are accepted into the home without an assessment of the child's need for interim or long-term care. Family members are not located or not offered support to care for the child.
- There are children under the age of three. Additionally, these infants do not have one-to-one care; they have been in the centre for more than 12 weeks; and there are no efforts under way to place them in family-based care.
- There is an inadequate number of caregivers (see **Chapter 4.4**) and a lack of trained staff.
- Children are under-stimulated; do not receive attention or affection; are inappropriately disciplined;[6] and are not treated as individuals.
- The environment is unsafe or unhygienic.
- Children are malnourished or sick.
- There are no or inadequate documentation/case files and a lack of evidence of reunification or moving children into more appropriate family-based care. Children do not have contact with relatives.

- Education is delivered within the institution rather than children attending a community school, where available.
- Children are adopted internationally rather than nationally, and adoption is taking place during the emergency and outside of national and international standards. (See **Tool 14**.)
- Permission is denied to view all areas of the centre or to see the majority of the children.
- There is a lack of evidence that learning and leisure activities take place, for example: no visible toys or other materials accessible to the children; no child-friendly recreation areas; no children in free play or organised activities at the time of the visit.
- There is no system for children to report abuse, or only one person is 'the disciplinarian'. There are reports of abuse that are not addressed.
- There is one leader or family managing the institution without any constitution or management board.
- Current staff report they were former residents in the care centre.

For detailed guidance on how to assess the number, type and situation of all the children in an institution, see B De Lay, *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC, 2003.

3.4.2 WORKING WITH RESIDENTIAL CARE PROVIDERS

In most emergencies, a significant number of children will have been placed in existing institutions, such as orphanages, boarding schools, or children's homes. They may have been on their own and placed in an institution by the person who found them, or have been put in the institution by their families in the hope that they would be better cared for. Alternatively, they may have been taken from their family.

A rapid assessment should be made of:

- the institutions being used
- the numbers of children being cared for
  - when they were admitted
  - the reasons for their admission
  - the standards of care provided.

The assessment should be carried out in cooperation with government authorities in order to avoid sources of conflict. Ethical approaches to seek and respond to children's views and experiences should be planned as part of the assessment.

When an institution is below standard, the authorities should be alerted and efforts made to reunify or to place the children in alternative good-quality, family-based care. **While some of the deficiencies of the centre may be easily addressed, it should be recognised that working hard to improve standards in residential care can create an incentive for struggling families to give up their children; it draws resources away from much-needed family and community support services; and can make it harder for children to settle into their own or alternative families.** For these reasons efforts should instead

focus on limiting the use of residential care to only those children who require it, and making use of existing care homes that already meet minimum standards.

The ability to work effectively with institutions will require the explicit approval of the national and local authorities, and the support of the local community. Until local authorities require institutions to meet agreed standards, efforts by external agencies should initially concentrate on centres that are willing to cooperate. The following actions may be considered:

- Provision of essential food and non-food items to children in residential care. Great care must be taken to ensure that what is provided is on a par with what can be accessed by households from the same community, in order not to encourage abandonment.
- Registration of separated children.
- Provision of protection, tracing and family reunification services, including keeping children informed about the situation.
- Provision of alternative family-based care. This would typically prioritise children under the age of three (along with their siblings).
- Awareness-raising with communities regarding the benefits of family-based care and prevention of separation measures. (See **Chapter 2** for information on prevention of separation, and **Tools 12** and **13** for messages regarding institutional care.)
- Negotiation with the manager of the home to release children who can be reunified, or who require family-based care.
- Referral of children in residential care to community-based services – eg, child-friendly spaces, day centres – and attendance at local schools.
- Provision of alternative employment for staff in centres that are to close or be reduced in size.
- Inclusion of residential staff, especially caregivers, in tracing and reunification efforts in order to help them realise the importance of returning children to their families.
- Reassurance to children who are to be reunified or placed in family-based care that support will be provided to help their families or other families to look after them. (See **Chapter 5** for guidance on preparing children for an alternative care placement and **Chapter 7** for information on preparation for family reunification.)

3.5 LIMITED PLACEMENT OPTIONS OR ASSOCIATED RESOURCES

Where there is a shortage of good-quality placement options, resources will have to be carefully targeted so that they are available to children who need them most. The following may be helpful in either deciding or advocating to others regarding the allocation of placements, staff time and other resources.

Resources

- Within residential care, focus resources on ensuring adequate numbers of caregivers, each responsible for small groups of children who live and eat together. (See **Chapter 4.4**.)

- Focus resources on supporting families to care for their own and additional children. (See **section 3.5.1** below.)
- Work with donors to encourage them to support family-based care and community-based services, rather than on expanding or improving residential care, eg, by supporting: community-based rather than institution-based education, access to healthcare, income-generation projects, foster care training, child protection committees.
- Work with local authorities and local organisations to develop community-based services that will enable more families to care for their own children, eg, daycare, free or subsidised schooling, specialist services for children with disabilities or serious health problems, etc. (See **Tool 16** for guidance on children with disabilities.)

Community-based care

- Prioritise foster care placements for infants and young children, particularly those under 3 years.
- Avoid large interim care centres or institutions, and the use of these beyond 12 weeks, unless specifically required. These are expensive to run and may attract increased numbers of children coming into care and/or remaining in care.
- Ensure that all forms of care provision are actively applying admission/gatekeeping procedures (see **Chapter 1.3** and **Chapter 5.2**) and are pursuing or liaising with agencies that are undertaking tracing and reunification activities. This is to help keep placements only for those children who genuinely require alternative care.
- Understand the reasons for children's need for interim or longer-term care and work across agencies to address these reasons.

Staffing

- Make sure that staff responsible for monitoring and supporting children in care prioritise working with children who have been placed in large or sub-standard institutions, children living with unrelated or unknown caregivers, and children living with families assessed for posing a high risk in terms of child abuse or exploitation.
- Use trained volunteers to support the work of child protection staff in the identification of vulnerable children and in supporting and monitoring children in care.
- Ensure there are links to existing community-based child protection committees and/or children's groups that can support community-based monitoring and provide follow-up support.

3.5.1 COST ANALYSIS OF ALLOCATION OF RESOURCES

Within each form of care, a cost analysis can help determine if resources can be redirected in order to improve the overall quality of the childcare (see **Tool 4** for an example set of Standards). One of the main factors in improving the standard of care provided is to assure a high ratio of caregivers to children and for these caregivers to be well trained and supported (see **Chapter 4.4.1**). The following box provides the steps of cost analysis and examples of the types of issues to be explored in a cost analysis in order to improve caregiver ratios and training.

Steps involved in cost analysis[7]

Step One: Gather and enter financial information

Enter financial data (either actual expenditure or budget allocations) into the standard format (**Tool 17**). This form disaggregates the budget into categories of personnel, training and meetings, personal care, administration, and a miscellaneous section entitled 'Other'.

Step Two: Calculate annual expense per line item

Calculate the annual expense or budget for each category (personnel, personal care). If the financial information is quarterly, the figure should be multiplied by four to obtain an annual amount. If the information is for a six-month expense report, it should be multiplied by two for the annual figure.

Step Three: Calculate the cost per child per year

Divide the annual cost by the average number of children assisted in the year. This results in the cost per child per year.

Critical questions

Once you have calculated the expense/child/year for various categories, the following key questions should be asked:

- What percentage (or proportion) of the total cost of the care provision or programme is spent on personnel?
- Of the personnel cost, what percentage (or proportion) is spent on personnel providing direct care for children (care staff, community caregivers, social workers, community outreach workers)?
- Is this number of personnel sufficient to provide opportunities for one-to-one interaction, attachment, and bonding? Or in the case of community outreach workers, is the number sufficient to ensure that children's care and protection needs are met? (For caregiver ratios depending on ages and numbers of children, see **Chapter 4.4**.)
- Do the caregivers have sufficient skills to adequately care for the children under their charge?
- Do children directly benefit from the money spent on personal care?
- Do children have any say in decision-making processes about how budget allocations are spent?
- For programme activities with no budget allocation, it is important to question whether children are receiving this support or service from other sources (government or other agencies). For example, not all projects spend money on teachers, as children involved in the project may receive free education through a local school or separate agency.
- It is useful to explore which activities are covered under the budget line 'Miscellaneous/ Other' as this may include items that have greater relevance to good-quality care than previously realised, eg, resources for cultural events.

ENDNOTES

[1] See Glossary for definition of young people

[2] United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

[3] Browne, K (2009) *The Risk of Harm to Young Children in Institutional Care*, Save the Children; Nelson, C, Zeanah, C, Fox, N, *The Effects of Early Deprivation on Brain Behavioural Development: Bucharest Early Intervention Project*, Oxford University Press

[4] Adapted from Oswald, E (2009) *Because We Care: Programming Guidance for Children Deprived of Parental Care*, World Vision

[5] NGO Working Group on Children without Parental Care in Geneva (2012), 'Identifying Basic Characteristics of Formal Alternative Care Settings for Children: A discussion paper'.

[6] Inappropriate discipline can include, but is not limited to: hitting or smacking with the hand or an object; kicking, shaking, scratching, pinching, biting, pulling hair, boxing ears, burning; forcing children to stay in uncomfortable positions; forced ingestion (eg, washing children's mouths out with soap); other cruel and degrading punishments such as humiliating, threating or scaring a child.

[7] Swales, D (2006) *Applying the Standards: Improving Quality Childcare Provision in East and Central Africa*, Save the Children, p. 34

CHAPTER 4
CHILD PROTECTION STAFF AND CAREGIVER RATIOS, TRAINING, SUPERVISION AND SUPPORT NEEDS

The number and type of staff required for different components of care and protection work will vary considerably and will depend on the size of the project, the number of children involved, funding and available resources. They will also be dependent on the child protection procedures and other standards set by the national government and the organisations involved.

This chapter provides an overview of the types and numbers of staff and caregivers that may be required, their training, supervision and support needs. It includes:

4.1 MANAGEMENT REQUIREMENTS FOR INTERIM CARE PROGRAMMES

Where existing programmes are in place and compliant with standards, these should be supported to have sufficient capacity to respond in the emergency.

The lead agency on interim care should initially assign an experienced child protection manager and allocate logistics support to develop/oversee the setting-up of the interim care programme (at least for the first 6–12 weeks). Depending on the scale of the emergency, it is likely that additional child protection officers will be needed to manage: the running of any shelters used, recruitment and training of foster caregivers, and community-based monitoring and reintegration services. Community-based volunteers under the supervision of a trained professional can be invaluable in assisting with community-based monitoring of children in alternative care, and in identifying vulnerable children. Linkages with existing community-based child protection committees and or child groups can strengthen community-based monitoring and follow-up support initiatives. (See **Tool 51** for the Child Protection in Emergencies Competency Framework, and **Tool 52** for a ToR for an Alternative Care Adviser.)

4.2 STAFFING REQUIREMENTS FOR FORMAL AND INFORMAL FOSTER CARE

Foster care programme staff and volunteers should be responsible for work related directly to placing and supporting children in formal and informal foster care and should work closely with other relevant professionals, eg, tracing staff.

- **Numbers of staff.** Typically more staff/volunteers will be required to initially place and support children in new placements than for ongoing social work/child protection tasks. (See table below for an example of the types of roles that may be required in running a large formal foster care programme.)
- **Limited resources.** Where there are insufficient numbers of trained social workers/child protection officers available and/or funding constraints, consider making use of trained volunteers who can be supervised at least **fortnightly** by a social worker/child protection officer.
- **Characteristics of case workers.** Social workers/child protection staff/volunteers who are case workers should ideally be from the same community as the foster families and children to be fostered. Where feasible, consideration should be given to offering children the choice of a male or female case worker.

EXAMPLE OF THE TYPES OF ROLES THAT MIGHT BE REQUIRED IN RUNNING A LARGE FORMAL FOSTER CARE PROGRAMME

Note: The numbers given below are only examples and it should be recognised that the actual size of a child protection worker's caseload should be decided on an individual basis and will be highly dependent on: the skills and experience of the worker; the needs and circumstances of the children who are to be placed; the availability and suitability of foster families; the resources available; the geographical area to be covered; the associated security and communication issues.

STAFF MEMBERS	NUMBERS REQUIRED	ROLE
Social workers, child protection officers, staff or trained volunteers who take on social work functions	1:15 to 1:30 (with the support of an administrator/data entry clerk)	Stage 1: • Identify potential families. • Assess their suitability. • Match each family to a suitable child. Stage 2: • Prepare the child and family for placement. • Undertake initial follow-up visits. • Respond to child protection or breakdown of placement issues. • Make referrals for services. Stage 3:[1] • Monitor the placement on a regular basis • Identify children in informal foster care arrangements. • Provide support and referrals where necessary. • Respond to child protection/placement breakdown issues. • Liaise with tracing teams. • Conduct placement reviews, approximately every 12 weeks with the direct supervision of the social work supervisor. • If family members or customary caregivers are located, organise their verification and assessment with the direct supervision of the social work supervisor. • If child is to be reunified or moved to a new placement, help to prepare and support the child, caregiver and family.

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STAFF MEMBERS	NUMBERS REQUIRED	ROLE
Community outreach workers	This role may be allocated to staff/ volunteers in the programme or to partner agencies.	• Help to establish and support child welfare committees to advocate on behalf of returning children. • Help to establish and support community-based child protection mechanisms involving children and adults. • Work closely with community members and local agencies to ensure a smooth reintegration process for children, including tracking follow-up by community members.
Foster caregiver training officer	The need for a training officer will depend on the size of the programme. This role may be allocated to the social work supervisor or to a paraprofessional or trained volunteer.	• Provide initial induction and ongoing training to foster caregivers. • Support foster caregiver groups and children's groups.
Social work supervisor	1:5 to 1:8 social workers (the ratio will depend on the number and complexity of cases allocated to each social worker, the skills and experience of social workers, and whether or not the supervisor also has his or her own caseload).	• Allocate cases to social workers/volunteers. • Supervise social workers/volunteers and training officer. • Convene caseload reviews and case conferences. • Lead social work training sessions. • Handle the most complicated cases, cases going through legal process, cases requiring community or inter-professional coordination and advocacy. • Carry out data management and analysis. • Represent cases in courts as required.

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STAFF MEMBERS	NUMBERS REQUIRED	ROLE *continued*
Manager	This may be the social work supervisor.	• Oversee the work. • Ensure policy development, implementation and compliance with national and international framework. • Provide guidance on legal issues. • Work with other agencies and authorities to achieve coordinated and harmonised response activities and to develop long-term sustainability. • Advocate to government or other agencies for appropriate services or gaps in referral network.

4.3 STAFFING IN RESIDENTIAL CARE CENTRES

Residential care should ideally be based on a small-group home model whereby the caregiving staff not only look after the children, but take on the usual parenting responsibilities, such as helping with school work, doing recreational activities with the children and mixing with other children and families from the local community.

4.3.1 MANAGEMENT AND OVERSIGHT

- Agencies operating residential care centres should form a core management committee made up of local government representatives, community leaders (including men and women), and other agencies involved in the care or protection of children.
- There should be a named person responsible for the overall running of the home, to ensure standards are met, to supervise and support staff, and to co-ordinate with other agencies.

4.3.2 STAFF RECRUITMENT

- The gender and ethnic background of the children as well as the host community, especially when working with refugees and internally displaced persons (IDPs), must be considered when hiring care staff, in order to protect the children and avoid tension as much as possible. These considerations, however, must be balanced with the need to create an environment that fosters tolerance and respect for differences.
- There should be careful consideration as to the gender of caregivers. This should depend on the cultural norms for caring, the preference of the child, the gender and age of the child, and should take into account other risk factors relating to the individual child and the context (eg, the risk of exposing a child to potential sexual exploitation).
- All staff should be treated with respect, including being given full, accurate and timely information regarding policies, short- and long-term programme planning, etc.

- There should be child protection staff linked to the home (social worker/tracing agent/community outreach workers) who are responsible for ensuring the care planning of each child (registration, case management, tracing, reunification, etc.), and for community outreach activities.
- All caregivers should:
  - be able to speak the language or dialect of the child placed in their care.
  - be able to give reassurance and to calm the children
  - be ready and able to care for children of varying ages in a family group
  - have some knowledge of basic child health and development
  - accept that the children are only in their care temporarily, pending family reunion or other longer-term placement
  - have experience caring for children, either through their own extended families, their own child-rearing, or their profession.
  - be trained on child safeguarding and should have signed a code of conduct.
- The caregivers are responsible for creating a family-like atmosphere by providing attention, care and support to a consistent, small group of children, and by creating routines similar to those found in families from the same community.
  - The caregiver should prepare food and eat with his/her group of children, and sleep in a separate room in the same accommodation.
  - Ideally, the caregiver should not be left alone with a child in a room – another child or adult should be present.
  - The caregiver should play with the children and help with school work.
  - The caregiver should help the children access education, recreation, health and other required services, and should liaise with social work/community outreach/child protection staff in case management activities.

4.4 CAREGIVER RATIOS FOR ALL FORMS OF CARE

Regardless of the form of substitute care provided, the number of children under the direct care of an individual caregiver should be limited according to the age and needs of the child, and the abilities of the caregiver. Children should be cared for in small groups with high caregiver-to-child ratios for good-quality childcare to be achieved.

THE IMPORTANCE OF SMALL GROUP SIZES AND HIGH STAFF-TO-CHILD RATIOS

Child-to-staff ratios and group sizes are two of the best indicators for determining the quality of childcare and they significantly affect many other health and safety issues.[2] The primary benefits of small groups and smaller numbers of children per caregiver are as follows:

- Caregivers have more positive, nurturing interactions with children and provide more individualised attention when they are in charge of smaller groups of children.
- Children in smaller groups exhibit more social competence than children in larger groups.
- Higher staff-to-child ratios are associated with fewer situations involving potential danger (eg, accidental injuries and child abuse).

4.4.1 CALCULATING CHILD-TO-CAREGIVER RATIOS

- Among all the staff required to implement a childcare programme or provide childcare, those who provide direct personal care for children – such as caregivers, foster parents or relatives – are the most critical. Child protection staff, medical, administrative or security personnel should *not* be included in calculations of childcare, and nor should they be used as substitute caregivers.
- Staff-to-child ratios must be sufficient to ensure that children's care and protection needs are met, that the child can become bonded and attached to their caregiver, and that the caregiver has sufficient time to give each child some individual attention on a daily basis. Higher staff ratios will be required for children with special needs, eg, children with disabilities, ill health, psychosocial problems or an addiction.
- **Large numbers of children should be divided into small groups of up to eight and allocated caregivers accordingly. The exception is the case of large sibling groups, which should be kept together wherever possible.**
- Staff-to-child ratios will vary in accordance with the competencies of the caregivers themselves. For example, more staff may be required if the staff or caregivers are new, untrained, young or inexperienced, or elderly.
- In determining the required numbers of caregivers, planning must include back-up support for when caregivers are absent. In any given day, it should be assumed that some care staff may be on leave, sick, attending courses, etc. There must be additional staff available to support or replace staff in the event of an emergency.
- Even ratios permitting, there should always be more than one caregiver during **each shift in residential settings in order to ensure a caregiver is not left alone with a child**. This is required to reduce the risk of abuse, exploitation and neglect of a child, and is a requirement of most agency child protection/child safety procedures. Child-to-caregiver ratios apply 24 hours a day and 7 days a week.[3]
- Where shifts are used, the change of caregivers should be kept to a minimum. Consideration should be given to rotations for caregivers that will provide continuity of care for the children, as well as meeting the needs of the caregivers, many of whom may have their own family or other responsibilities. For example, the same 2–3 caregivers may alternate. Ideally there should be continuity between day and night for the children and therefore, if possible, the caregiver who looked after the children during the day, should be there that night. Another option is for caregivers to work 24-hour or 3-day rotations, in pairs.

4.4.2 RECOMMENDED MINIMUM CAREGIVER RATIOS FOR RESIDENTIAL AND FAMILY-BASED CARE

While the number of children in the care of any one caregiver needs to be decided according to the needs of the child and the capacities of the caregiver, a basic standard is useful for guidance. This may already exist as national guidelines. Where no guidance exists or current ratios are inadequate, the following *minimum* ratios are recommended for interim care lasting up to 12 weeks. For longer-term care, the number of children each caregiver should care for should be lower.

In emergency and interim care, each caregiver may care for a maximum of eight children. For longer-term care these numbers should decrease to a maximum of three to four children (with the exception of keeping sibling groups together).

In addition:[4]

- Out of the total number of eight children, there should be a maximum of five children under the age of eight.
- Of these five children a maximum of three should be under the age of five.
- There may be no more than one child under the age of one.

The following table gives examples of the maximum number of children in various groupings that would be possible using these ratios.

AGE	GROUP HOME/ FOSTER FAMILY: EXAMPLE 1	GROUP HOME/ FOSTER FAMILY: EXAMPLE 2	GROUP HOME/ FOSTER FAMILY: EXAMPLE 3	GROUP HOME/ FOSTER FAMILY: EXAMPLE 4
0–12 months	1 child	0	0	0
2–4 years	2 children	3 children	0	0
5–7 years	2 children	2 children	5 children	0
8–16 years	3 children	3 children	3 children	8 children
Maximum total number of children per caregiver	8	8	8	8

4.5 CAREGIVER TRAINING

All alternative caregivers, including kin or foster parents and residential staff, should ideally have access to guidance on:

- how to care for the children they are looking after, including basic child development and any specific needs of the child (for example, how to work with children with disabilities)
- how to communicate effectively with and listen to children in an age-appropriate way
- how to manage challenging behaviours and emotions associated with the impact of the emergency and the separation from family members.

Training also helps build skills towards the longer-term, community-based stages of the reintegration process. Training programmes for formal family-based caregivers and for

residential caregivers should be ongoing in order to build their confidence and abilities and to counter negative attitudes or practices. There should be several short sessions, which build on each other, and which include role-plays and discussions, as well as demonstrations and observation of practices.[5]

Trainers must speak in the same language and be able to understand the day-to-day dilemmas faced by childcare providers. Training must be followed up by continued supervision. Where there is enough capacity, similar training/support sessions can be organised for parents and informal kin and foster caregivers, if desired, regarding caring for children affected by the emergency.

4.5.1 BASIC TRAINING TOPICS FOR FORMAL KIN/FOSTER CAREGIVERS AND RESIDENTIAL CAREGIVERS

The following are suggested topics to include in initial and ongoing training:

Interviewing techniques and communicating with children

- Managing the first meeting
- How to talk about the child's previous life experiences
- Supporting children in distress
- Using play as a communication tool
- How to encourage child participation
- Appropriate physical contact with children
- Respecting difference and promoting the child's culture and language
- Caregivers' own health and support needs
- Confidentiality (see **Tool 10**).

Child development

- Providing individual attention, warmth and care for children
- The impact of separation and loss on children
- Attachment and stages of child development
- The basic needs (eg, food, sleep, safety, trust, love) of all children
- The physical, emotional and developmental needs of the individual children to be looked after (if an infant is to be placed with a caregiver, guidance must be given on appropriate feeding and their general care needs – see **Tools 18** and **19**)
- Recognising the symptoms of psychological distress – see **Tool 11**
- Behaviour management/ positive non-violent discipline (In residential settings, this should include identifying who is responsible for behaviour management)
- The importance of contact with birth families, tracing and reunification, and the role of caregivers in enabling this to happen successfully

Follow up

- Procedures to follow if the child requires referral to a particular service
- Understanding how the placement will be monitored and supported, and who to contact with issues relating to the child
- Helping children integrate into the community, and the use of community-based schooling, safe play areas, or other available services – see **Tool 58**.

Child protection

- Understanding abuse, exploitation and neglect
- The responsibility of caregivers to provide adequate care, supervision and protection of children
- Raising awareness of the additional risks for girls
- Understanding the boundaries of the relationship between caregiver and child; making clear what to do if abuse or exploitation is suspected or reported;
- Training on how to discuss the case if it is brought to staff directly by a child
- Child safeguarding training (which should be also considered as part of the basic training for every type of caregiver to protect children and young people from any potential harm); further resources on this topic can be found in *Unaccompanied and Separated Children – Field Handbook*.[6]

Safety

- Basic first aid
- What to do and who to contact if there are concerns for a child's safety
- Keeping yourself safe (working together, checking in with security focal points, alerting your office in where you are going, trusting your instincts)

Additional training for kin/foster caregivers may include:

- caring for babies and infants
- caring for children with disabilities
- meals and food-handling.

(See **Tool 59** for an example of a four-day training package for foster caregivers.)

4.5.2 ADDITIONAL TRAINING TOPICS FOR RESIDENTIAL STAFF, INCLUDING NON-CAREGIVERS

Residential staff will require more training in order to be able to manage the multiple needs of the children in their care and to help them prepare for family life. In addition, non-caregiving staff working in the home will require training on child protection responsibilities and procedures.

In addition to the topics above, orientation and training should address:[7]

- the goals and philosophy of the home
- intake procedures, and any forms to complete
- the roles of staff and coordination processes

- establishing normal family routines for the children
- using educational and recreational facilities in the community and/or inviting children from the community to events in the home.
- caring for babies and infants (**Tools 18** and **19**)
- meals and food-handling
- emergency health and safety procedures.
- child abuse detection, prevention and reporting
- visitors and supervision of children outside of the home
- processes for recording events, case management, and passing on tracing information and the importance of ensuring confidentiality at all stages (**Tools 9, 10, 34** and **37**)
- avoiding children's institutionalisation – caring for children as individuals and not in a task-oriented manner
- life-skills training and preparation for family life.

4.5.3 CHILD PROTECTION TRAINING

Children in care are at risk of abuse, exploitation and neglect, not only by caregivers or others in the placement, but also by members of the broader community. External protection risks as a result of a natural disaster, instability, conflict and displacement include violence, abduction, trafficking and recruitment into armed forces.

Caregivers must take steps to ensure that children are adequately supervised and protected, at least to the same degree as they would be if they were with their own parents. Agencies setting up or supporting placements have a responsibility to help caregivers in reducing and addressing protection risks, as well as protecting children directly via the following measures:

- Provide education and training to children, caregivers and staff in understanding, preventing and responding to abuse.
- Develop a culture of being open and aware of the risks.
- Identify and manage risks to children in the programmes.
- Develop child protection policies and procedures in line with national legislation and ensure all staff and formal caregivers have signed and adhere to these procedures.
- Create clear boundaries for caregivers, staff and children.
- Screen all staff and volunteers.
- Support and supervise staff and volunteers.
- Ensure there is a clear complaints procedure for reporting concerns, and that the children are made aware of this mechanism in an age-appropriate manner.
- Empower children and encourage their participation.
- Manage reports and investigations.
- Maintain strict confidentiality procedures (see **Tools 8, 9** and **10**).

(For guidance on procedures for responding to child protection concerns, see **Chapter 6.2**.)

4.6 THE ROLE OF CAREGIVERS IN FAMILY TRACING, VERIFICATION AND REUNIFICATION

While tracing, verification and reunification activities will usually be carried out by a designated agency, caregivers are in a position to greatly help in gathering information and preparing a child. Cooperation in this may have to be encouraged; since caregivers may fear they will lose their job, they may want to hold on to the child or refuse to believe the child has parents or that he/she will be better off reunified.

When working with caregivers, it should be emphasised that they can help the child by:

- allowing tracing agents access to the child for interviews, meetings and possible visits to explore locations or meet potential relatives
- accompanying the child to interviews and visits if requested
- supporting the child throughout the tracing process
- helping the child understand the process and prepare for any moves
- supporting and facilitating contact with relatives
- recording and passing on all relevant information quickly to the tracing agents.

4.6.1 TRACING

In relation to collecting tracing information, caregivers should be advised to listen to and record the things that children say or act out through play, or that they draw, which may help in family tracing.

- Caregivers should document any information regarding the child's past, even if it seems insignificant, eg, the colour of their uncle's taxi motorcycle, the type of local beer their grandfather sold, their nickname for their grandmother, what the neighbours called their mother. These small, unofficial pieces of information are often the most helpful.
- Caregivers can listen for family names or who is in the family. A young child might respond to a game or song and say the name of the person who sang the song.
- A caregiver can ask a child if his or her mother prepared certain foods and who else liked the food.
- Caregivers can listen for places or geographical clues. A child may be asked if she or he remembers particular landmarks, living near a road, water or mountains. Sometimes names of refugee camps are mentioned in young children's speech.
- Caregivers can listen for memories of events or holidays. A child might remember attending a weekly market or going to a big festival in the next village, thus providing clues about location.
- Children can be encouraged to draw pictures of their home/village/town and they can be asked about key landmarks in the nearest town, etc.

(See **Tool 44** for additional guidance on tracing.)

4.6.2 VERIFICATION

Caregivers must understand that children should not be transferred into the care of a person claiming to be the child's parent or relative, without verification of the identity of the person. This would normally be carried out by the agency responsible for tracing and reunification or monitoring of the child; however, the caregiver may be asked to assist in gaining information from the child and should do so wherever and whenever possible.

(See **Tools 45** and **46** for the Inter-agency CP IMS Verification Forms and **Tool 47** for additional guidance on verification.)

4.6.3 REUNIFICATION

It is extremely important to keep caregivers engaged in the tracing and preparation process prior to family reunification. The caregivers must be informed about the conditions to which the child is returning and told that the child can send them a Red Cross Message after he/she has returned home. If the current caregiver refuses to let the child return home for economic reasons, it may be necessary to mediate with them.

The placement agency should not pay any fees the caregiver asks the parents/family to pay. Visits by the family to the caregiver can be facilitated so that the two parties can resolve their differences together, and so that the birth family has a chance to thank the caregivers for looking after the child.

For caregiver responsibilities regarding recording key events, see **Chapter 5.5**.

4.7 CAREGIVER AND STAFF ROLES IN SUPPORTING CHILDREN'S PSYCHOSOCIAL WELLBEING

Children in interim care may be distressed by the separation from parents and loved ones. Children may have witnessed or experienced highly distressing events associated with the emergency, and are now faced with adjusting to living in a different home with new caregivers. Even the most resilient child in such a situation will need a supportive environment in order to be able to make sense of what has happened, and to be able to adjust well to the placement. Caregivers and other adults involved in caring and protecting vulnerable children have a crucial role to play in helping children overcome adversity and in building their resilience.

4.7.1 ROLE OF CAREGIVERS IN SUPPORTING CHILDREN'S PSYCHOSOCIAL WELLBEING

In order to help prevent distress and to respond to children's psychosocial needs, caregivers should be encouraged to do the following for the children in their care:[8]

- promote stability by minimising change. The child should have consistency in who cares for him or her and how he/she is cared for. They should establish structure and routine as much as possible.
- see a medical professional regarding any physical or psychosocial health concerns; help the child to take prescribed medicines; and keep up to date with required medical treatment, including immunisations.

- if they have to share living space, they should try to create an area which they can call their own.
- try to give the child as balanced a diet as possible.
- create a daily schedule; if there is only enough food to eat once a day, make it the same time each day. Even within the limits of the situation, they should create family routines.
- plan some time every day as family time and allow everyone to talk about any event; they should not try to problem-solve but to listen and give comfort.
- ensure that each child in their care receives individual attention and affection. Babies and infants will require a lot of physical attention and should be alongside their caregivers as much as possible.
- give the children lots of reassurance and try to be as patient as possible.
- help the child to talk about events from the past, and concerns for the future. They should let them know that it is OK to miss their family, reassure the child that they are being cared for, and take care not to raise false expectations.
- allow themselves and the children to grieve. They should let them know that sadness, anger and fear are natural responses.
- provide opportunities for the children to play alongside them and with other children.
- consider what they can do to help the child recover emotionally, eg, through traditional stories or healing ceremonies; and who might be able to help in supporting the child, eg, via contact with family members, a religious leader or a children's group.
- let children know in advance of any plans or changes, explain what is happening and why, and help prepare them for, eg, going to the doctors, starting school, a new child in the placement, family reunification.
- provide opportunities for children to make and influence decisions, particularly regarding events or issues affecting them.
- assist children in keeping in contact with family and friends.

4.7.2 ROLE OF AGENCIES IN PROVIDING PSYCHOSOCIAL SUPPORT TO CAREGIVERS

Many staff caregivers, and parents will have been affected by the emergency and are likely to have suffered human and material losses. They may be struggling to cope while having the responsibility for the care and protection of vulnerable children. Helping parents and alternative caregivers deal with their own distress, and re-establishing their capacity for good parenting, is vital for their own psychological healing and to that of the children they are caring for.

Parents, substitute caregivers, teachers and other adults in contact with children should be aware of who they can contact if the child's behaviour is causing concern (eg, if the child is more quiet or loud than usual; they cease to interact with peers; they do not laugh or smile; they cling to strangers or show excessive fear of others; they cry frequently for no obvious reason; they fight excessively with others; or they experience frequent or recurring nightmares).

Protection workers should refer such children for medical screening to ensure that there are no underlying physical causes that require medical attention such as hearing problems, malnutrition, disability or disease. They should then consider a referral for culturally appropriate mental health support. It would be very useful to build relationships at country level with available specialists to facilitate referrals of specific cases.

For guidance on psychosocial support see *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Inter-Agency Standing Committee, 2007.

Below is a list of activities that may be helpful in supporting parents and other caregivers.[9] Any activities undertaken by external agencies must build on community norms and should not undermine existing support networks.

- **Provide culturally appropriate guidance on how caregivers can help children affected by an emergency.** This can be disseminated training sessions, media activities, parent support groups, and outreach programmes. (See **Tool 11** for a sample document for parents for supporting children affected by an emergency.)
- **Support parents and family members to deal with their own difficulties.** Making available culturally appropriate information on constructive coping methods, raising awareness of harmful practices and enabling traditional grieving ceremonies are all useful steps in healing. The type of awareness and support activities chosen should be culturally specific, and determined in tandem with the community. Examples include: individual case work, group work, information via the media, or community-led initiatives.
- **Support and facilitate the setting up of caregiver groups.** Groups provide an opportunity for parents to participate and discuss issues affecting them. There may be informal gatherings or organised events. Some groups may have a decision-making role in terms of policies and practices that affect them or the children they care for.
- **Carry out regular family visits for caregivers in need of additional support.** These visits are an opportunity to discuss problems and issues in an open and honest manner and to prevent family breakdown.
- **Support caregiver access to basic services.** Helping families to access appropriate social, health, legal, economic and housing support is also important. This can be through referral to appropriate services and/or mobilising the community to help families in need. Where no other options exist, providing income-generating opportunities such as skills training, loan schemes and work projects has been successful in emergency situations.
- **Promote the resumption of cultural activities and traditions.** Normal cultural activities and religious practices help the entire community by introducing a semblance of normality in their lives. This is especially important for displaced populations, where such activities and traditions represent familiar and reassuring anchors in what may otherwise be a strange and threatening environment.
- **Strengthen social networks.** Early action to strengthen social networks is important for psychosocial wellbeing, both in adults and children. This is especially true for people who have lost their own family network. While many different activities can achieve this aim, these need to be done in a way that builds greater links within

communities and strengthens the participation of, and support for, marginalised or stigmatised groups. Activities that can help to achieve these aims include: social events, such as singing and dancing; practical community actions, such as rebuilding schools and cleaning; sports or other recreational activities; cultural activities; resumption of positive healing practices; religious events. Children should be encouraged to form and be part of children's groups and clubs.

4.8 SUPERVISION OF CHILD PROTECTION STAFF

Regular supervision of child protection staff and residential caregivers is essential as a means of offering support and ensuring safe and effective practice. The supervisor should be able to work with staff to identify and respond to child protection risks and the support needs of children, while also checking that the staff member is coping and working professionally.[10] The supervisor must be competent to carry out supervision.

In some contexts there may be relatively few people who are qualified to act as a supervisor and in these situations it might be more feasible to have a peer support system. This could involve staff meeting in small groups to discuss individual cases, ideally with a more experienced staff member there to provide additional oversight and guidance. In peer support, it is vital that staff are fully aware of the need for confidentiality and that they comply with this. While peer groups can be helpful, it is important to train and begin to build the ability of individuals within those groups to eventually take on a supervisory role over time.

4.8.1 SUPERVISION SESSIONS FOR STAFF/VOLUNTEERS WORKING WITH INDIVIDUAL CHILDREN

Supervision sessions may be carried out with groups of workers or individually. The frequency of supervision will depend on the skills of the person working with children and young people, the complexity of cases and their number, as well as the time available. Sessions should not be less than one hour every two weeks, with the supervisor being available to staff on a daily basis. There should also be opportunities to observe the worker during home visits, group work, etc.

A formal supervision session can be divided into two parts: case supervision and staff supervision. Case supervision includes a description of the child and family situation and history, risk and protective factors, analysis, the intervention plan, and challenges the worker has in relating to the child/family. There should be a focus on building the case worker's skills, competencies, and confidence in determining the next steps and deciding what course of action to take.

Staff supervision includes following the supervised person's general wellbeing, team dynamics, training needs, leave requests, overall ability, organisational issues and an overview of the worker's strengths and skills (performance management).

The emphasis of supervision sessions should always be on reducing risks to the child and responding to the child's needs. This is important since some workers will consciously or unconsciously detract from problems with the children and families with whom they are working by emphasising how active they have been, or will focus on non-case issues such as staff dynamics.[11]

Supervision should be a shared activity rather than a lecture by the manager, or a session for the worker to vent any frustrations they may have. Both should plan in advance agenda items for discussion, with priority given to those cases which present the most risk. Where possible the supervisor should allow workers to evaluate themselves, to make observations and suggestions, and to express opinions, before advice is given. Each supervision session should also include feedback on the worker's skills and strengths.

A sample agenda follows:[12]

Suggested supervision session agenda

1. Set agenda together.
2. Check in. Review how worker is coping in emergency context.
3. Discuss priority cases and set tasks. Review previously allocated tasks for these cases. Encourage case workers to share their thoughts on the next action/steps and suggest corrections/challenge assumptions, etc.
4. Check remaining cases and review tasks.
5. Discuss non-case items.
6. Highlight worker strengths and areas to develop.
7. Review and sign supervision minutes.
8. Set date for next supervision and suggest agenda.

The worker should bring all case files and any other documents that may need to be reviewed. The supervisor should bring the necessary paperwork for documenting supervision.

4.8.2 RECORDING SUPERVISION SESSIONS[13]

There are several methods for recording supervision sessions and filing them. The following system is recommended in order to improve accountability and case safety:

- When a case is discussed the worker should take notes and outline actions to be taken. This should be dated and signed by both the worker and supervisor.
- These supervision notes should be placed in or uploaded on to the child's case file. Anyone reviewing the child's files should be able to easily see the events that took place before the supervision, the supervision notes, and the subsequent actions.
- The supervisor should complete a separate form which summarises all the cases discussed (cases should be rendered anonymous), stating what action is to be taken, by whom and when, and also includes any non-case items. This provides a confidential overview of the progress of all the cases, and is a helpful tool for both supervisor and worker to check that actions are being carried through. These notes should be placed in the staff member's file in a secure location.

ENDNOTES

[1] This may be carried out by the foster care social worker, or if demand for foster care is high, the case may be transferred to a community-based social worker or paraprofessional with the supervision of the social work supervisor.

[2] Fiene, R (2002) *13 Indicators of Quality Childcare: Research Update*, National Resource Center for Health and Safety in Childcare, University of Colorado. **http://aspe.hhs.gov/hsp/ccquality-ind02/#Staff1**

[3] Swales, D (2006) *Applying the Standards: Improving Quality Childcare Provision in East and Central Africa*, Save the Children

[4] Adapted from UNICEF (2006) *Technical Notes — Special Considerations for Programming in Unstable Situations*, UNICEF, Chapter 4; Fiene, R (2002) *13 Indicators of Quality Childcare: Research Update*, National Resource Center for Health and Safety in Childcare, University of Colorado. **http://aspe.hhs.gov/hsp/ccquality-ind02/#Staff1**; Department of Children, Schools and Families (2008) *Statutory Framework for the Early Years Foundation Stage*, UK Government

[5] Fiene, R (2002) *13 Indicators of Quality Childcare: Research Update*, National Resource Center for Health and Safety in Childcare, University of Colorado. **http://aspe.hhs.gov/hsp/ccquality-ind02/#Staff1**

[6] Uppard, S, (2012) *Unaccompanied and Separated Children – Field Handbook*, Interagency Working Group for Unaccompanied and Separated Children

[7] Fiene, R (2002) *13 Indicators of Quality Childcare: Research Update*, National Resource Center for Health and Safety in Childcare, University of Colorado. **http://aspe.hhs.gov/hsp/ccquality-ind02/#Staff1**

[8] Adapted from De La Soudiere, M (2007) *The Lost Ones. Emergency Care and Family Tracing for Children from Birth to Five Years*, UNICEF; Williamson, J and Moser, A (1988) *Unaccompanied Children in Emergencies: A field guide for their care and protection*, International Social Service; UNICEF (2007) *Introduction to Child Protection in Emergencies, an inter-agency modular training package*, UNICEF, CCF, IRC, Save the Children, Terre des Hommes and UNHCR

[9] UNICEF (2007) *Introduction to Child Protection in Emergencies, an inter-agency modular training package*, UNICEF, CCF, IRC, Save the Children, Terre des Hommes and UNHCR

[10] Munson, C (2003) *Handbook of Clinical Social Work Supervision*, 3rd edn, The Haworth Social Work Practice Press

[11] Melville, L (2005) *Working with Children and Families*, Vol. 2, The British Council

[12] Ibid.

[13] Ibid.

SECTION TWO

MANAGING INDIVIDUAL CARE

CHAPTER 5
PLACING CHILDREN IN INTERIM OR LONGER-TERM CARE

In most emergencies, the majority of children are taken in by extended or unrelated families. This means that while there may be large numbers of children in need of protection or basic services, the actual numbers of children requiring an alternative placement may be relatively small. The challenge for care and protection organisations is in ensuring that only children who genuinely need interim care are provided with placements, and that children are in the best possible care arrangement, given their individual needs and circumstances. It is therefore vital that agencies listen to the individual views and feelings of each child and adequately assess what is in the best interests of the child. They should carefully record the reasons and circumstances relating to decisions made. This process will enable children to be reunified more easily, and will facilitate any ongoing decision-making regarding the longer-term care and protection needs of the child.

The way in which children are placed in interim or longer-term care can have a significant impact on how well they cope with their situation. If the child and caregiver can have even very basic preparation and information about the care arrangement, and if the child is welcomed into the placement, this can greatly help to increase the likelihood that the arrangement will not break down.

This chapter includes guidance on:

5.1 ASSESSING THE CHILD'S CURRENT CARE STATUS[1]

In order to prevent unnecessary separations and to verify which children require interim care, **basic checks** must be made to verify the child's situation and to determine if they have current caregivers. If the child is unaccompanied, the child protection worker or interim care provider should:

- ask the child where he/she slept the night/week before
- visit previous caregivers to ascertain the reasons for the child wanting interim care
- ask other adults and children known to the child for information regarding who looked after the child previously and their circumstances; visit located parents (without the presence of the child).

Once a child has been identified as unaccompanied or separated or in need of urgent protection, **an assessment** should be made to determine the most appropriate form of care for the child (see **Chapter 5.3** below), and other required services, in accordance with the child's bests interests and in consultation with the child, his or her current caregiver, and legal guardian (if contactable). The registration forms used should guide the worker in completing an assessment (see **Tools 33**, **37** and **38**).

Conducting the assessment will involve explaining to the child and his or her current caregiver the purposes of any registration or assessment. This must be done sensitively in order not to cause concern or raise expectations. It will also be necessary to explain confidentiality procedures (see **Tools 9, 10** and **50**). An assessment of a child's living situation and coping mechanisms should focus both on a child's resilience and on his or her vulnerability.

It aims to assess:

- whether the child has need of family tracing and reunification services
- whether the child is in an appropriate, stable and protective care environment
- whether the child is accessing appropriate services and whether their psychosocial wellbeing is being upheld
- whether the child is exposed to or at risk of abuse, exploitation and/or neglect from their caregivers or others in their community
- the social support systems around the child for positive and negative influences on the child
- the child's survival strategies and degree of risk to the child.

On the basis of the information provided via the assessment, it will be possible to evaluate whether a child should remain in their current living situation (and what forms of support may be needed for the child and/or household), or whether alternative care needs to be identified and what forms of care may be available to the child within their immediate environment.

It should also be possible to evaluate the potential time frame for the placement and the potential for tracing and contact with family members. (Refer to **Chapter 6.1.3** for information on monitoring and supporting the care of children.) It will be necessary to clarify if the child has a legal guardian and establish who has the authority to make certain decisions regarding any required placement of the child into alternative care. The system for doing this should be agreed with the lead agency for child protection. A case worker should be allocated to each child who requires alternative care, in order to carry out case management and care planning duties (see rest of this chapter).

5.2 ADMISSION CRITERIA FOR INTERIM CARE

All agencies providing residential or family-based care must also have written admission criteria in place in order to ensure that only children who genuinely have no one to look after them are admitted into interim care. **This is likely to involve admitting only children who fit at least one of the following criteria:**

- The child is unaccompanied with no known relatives or previous caregivers.
- The child requires temporary care until their reunification with located family members or usual caregivers can be organised,
- The child's parents or usual caregivers are unable or unwilling to care for the child, even with appropriate supports (eg, provision of basic supplies and services, or referrals for more specialist supports). Written consent has been given for the placement.
- The child is at serious risk of abuse, neglect or exploitation by his or her current caregivers and protection or support services cannot sufficiently improve the care of the child in that situation. (This should be based on an assessment by an authorised child protection professional. Decisions regarding who can carry out this role should be agreed with the lead agency for the child protection response.)

5.3 DETERMINING WHERE TO PLACE A CHILD IN NEED OF ALTERNATIVE CARE[2]

Once it has been determined that a child requires an alternative care placement, there should be a basic assessment to determine what type of placement would best meet the needs and preferences of the child. (See **Tools 28** and **50** for general information on the process.) The following are basic principles to follow when determining where to place a child:

- The placement of the child should be based on an individual assessment of the child's needs and wishes. It should also include the wishes of the child's legal guardian where he/she can be contacted (this may be the child's parents or customary caregivers).
- Siblings should be kept together in the same placement, unless this is not in their best interests.[3]
  - Where one sibling is under the age of three, the priority should be for his or her placement in foster or kinship care, ideally with his or her older siblings. This is to ensure that the infant receives consistent one-to-one care. (See **Tool 18** regarding the care needs of children under three.)
  - When siblings cannot be placed together, they should be kept in close contact. Such arrangements should be made in consultation with the children, and in particular, the eldest sibling.
- All children should ideally have family-based care. No child under the age of three should be in residential care, unless specifically appropriate, necessary and constructive for the individual child.
- For older children and young people, their individual needs and preferences should be determining factors in terms of where they are placed.

- Wherever possible, consideration should be given to the likelihood of the child requiring a longer-term placement, with the aim of placing the child with a caregiver who could look after the child for an extended period, if required.
- In all care placements, there should be consistent adult–child relationships. Moving the child from one placement to another should be avoided.
- Where the child is moving on his or her own accord, further assessment is essential to determine why. There may be many reasons such as violence in the home, behavioural difficulties that the foster family cannot manage, or other pressures such as a relationship problem, security concerns as a result of former association with fighting forces, etc. These concerns are very real and should be respected.
- For newly separated children, temporary placements should be as close as possible to where they were found. For children who have been separated for some time it may be preferable to move the child close to his/her original community. Children should not be moved to new placements in a different location if this will hinder tracing efforts.
- Where possible, children from the same community should be placed together. This can greatly facilitate tracing efforts. (See **Tool 20**)
- Ideally, children should be in mixed age and ability groups. Mixed groups better replicate a family environment. They enable older children to help care for younger children, increasing the level of supervision, stimulation and care potentially available for infants and younger children. They also enable children with disabilities or other special needs to integrate (see **Chapter 4.4** for further reference). (See **Tools 16** and **18**)
- Specialist care should be provided for children with special needs according to their individual needs and capacities (eg, children who have been associated with an armed force or armed group, children with severe physical disabilities, children with severe psychological or mental health problems or with highly contagious diseases). (See **Tools 16, 20** and **21**)

5.3.1 OPTIONS FOR INTERIM CARE, LONGER-TERM CARE AND PERMANENT PLACEMENTS[4]

For the majority of separated children, it will be in their best interests to remain with their current caregivers until their parents, customary caregivers or other close relatives can be located. This should be determined via an assessment of each child's current care situation. (See **section 5.1** above and **Tool 50**.)

For children who cannot remain with their current caregivers or who require an alternative care placement, the following table has been included as a guide to the types of placements that would generally be considered first for a child in need of interim or longer-term care. It is not meant as a hierarchy of choices, but rather as a tool to help with decision-making on the most appropriate temporary or permanent care option for a particular child. The final decision should be based on an assessment of viable options, and the opinions of the child, the child's guardian and others involved in the care and protection of the child, possibly decided through the Best Interests Determination (BID) process. (See **Tool 1** for definitions of types of care and **Tools 22, 23, 24, 25, 26** and **27** on the BID process.)

INTERIM CARE PROVISION (UP TO 12 WEEKS)

PLACEMENT	RATIONALE
With relatives, neighbours, or family friends who know the child	Children who require interim care are ideally placed with family or friends who are known to them, unless this is not in the child's best interests.
With relatives who are not known to the child, or foster caregivers from the child's own community	Where the child has no relatives or family friends, who are known to the child, the next consideration would usually be care by relatives who are not known to the child, or foster care within the child's community. If both options are available, the decision will have to be based on the child's preference and the assessment of the suitability of the caregiver and his/her motivations and expectations relating to caring for the child. The assessment should also consider the location of the caregivers, and whether care is required in the short or long term, eg, if the child's parents are likely to be nearby and relatives do not live in the area, the preference may be for temporary local foster care. (See **Chapter 8** for information on foster care.) Children with special needs may benefit from specialist foster care. As this may require long time frames to put in place it is recommended to start coordination at an early stage.
Supported child-headed households	Where a group of children are living together with no adult caregiver, yet have good levels of consistent support, it may be beneficial for the children to remain together, rather than be placed in an alternative form of care. Safety planning with the children is highly recommended, especially if there is a risk of trafficking or recruitment into fighting forces. Even if supported by local communities, regular supervision from social workers and child protection staff is highly recommended. Where a child wants an alternative care arrangement, he/she should be eligible for placement in kinship or foster care, or a small-group home, depending on his/her age, needs, wishes and circumstances. (See **Chapter 10** for information on child- and peer-headed households.)
Small-group care within the community	Where family-based care with adequate support and monitoring cannot be immediately organised or is not advisable, placing the child in small-group care is strongly preferable to the use of large institutions or orphanages. This may be in group foster care or small-group residential homes, whereby groups of 6–8 children are cared for by consistent caregivers within the child's community, and in accommodation similar to that of the surrounding community. (See **Chapter 9** for information on small-group residential care.)

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INTERIM CARE PROVISION (UP TO 12 WEEKS) *continued*

PLACEMENT	RATIONALE
Interim care centre/orphanage, or other institution which is not providing small-group care	Should none of the options described above be feasible, then the question of placing a child in a large institution/orphanage would normally only be considered under the following conditions: • The child is over the age of three. • The setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests. • The placement is for no more than 12 weeks. • The institution is integrated with the child's community. • The institution is registered and externally monitored according to set standards.
Safe house	Girls and boys whose lives are at immediate risk and whose safety cannot be guaranteed via community-based care, may be placed in a safe house temporarily or until the immediate threat has diminished.

LONGER-TERM CARE PROVISION (12 WEEKS PLUS)

PLACEMENT	RATIONALE
Reunification with parents/legal guardian	Unless it is not in a child's best interests, or is against his/her expressed wishes, all children in care would be expected to be helped to return to their original families or usual caregivers, when these are found.
Fostering/kinship care	Where family reunion is not feasible or not in the child's best interests, the child would normally be reunified with relatives if possible. Taking into account the child's wishes and his/her best interests, the priority would typically be to place the child with known family members. If distant relatives are traced, an assessment should be made regarding their ability and willingness to care for the child (see **Chapter 7**). Where the child requires a permanent alternative family, consideration should be given to formalising the placement (see 'Permanent placements' below). If long-term fostering takes place outside the family, the first priority would usually be given to placing the child with foster parents in his/her own community/clan and with a family which is known or familiar to the child – this may be the interim foster caregiver the child is already living with. The second choice would be to place the child with a family which is not known or familiar to the child but which is part of the same community. Only if neither of these options are available should a child be placed with a family outside his/her own community.

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LONGER-TERM CARE PROVISION (12 WEEKS PLUS) *continued*

PLACEMENT	RATIONALE
Small-group care	If it proves impossible to place the child with relatives or a local foster or adoptive family (eg, older adolescents who are seen as adults by the community, or children who have lived independently previously and find it hard to adapt back to living in a family/under adult care), then the child may be placed in a small-group home within his/her own community that is run like a family home but managed like a residential care centre, ie, with paid staff and specialist services, and that is based on the social structure prevailing in the area in question. Young people in particular may request a long-term group-care arrangement rather than family-based care or independent living. Children with severe or multiple disabilities or who have other special needs (eg, children who have been associated with armed forces or groups – for their safety and psychosocial wellbeing) and who cannot be adequately cared for within a family, may also benefit from small-group specialist care. Long-term placements in large institutions must be avoided for all children.
Supported peer-/ child-headed households	Young people[5] may prefer not to be placed in a family or residential setting and may ask to live on their own or with other children in peer- or child-headed households. Siblings may elect to remain together in the family home in order to maintain family unity and to keep possession of their family property, including land.

PERMANENT PLACEMENTS

PLACEMENT	RATIONALE
National adoption or *kafala*	For a child who requires a permanent family, national adoption provides security and stability and is usually the best option, particularly for pre-adolescent children. In order to be eligible for adoption in an emergency, it must have been determined that there is no reasonable hope for successful tracing and/or placement of the child with relatives. This is usually up to two years from the start of active tracing efforts (see **Chapter 6.4** and **Tool 28**). Where adoption is not the norm or where national legal processes for adoption are weak, alternative arrangements which are similar to adoption may be pursued. This includes the family making arrangements to ensure that the child has the same entitlements as a birth child, including inheritance.

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PERMANENT PLACEMENTS *continued*

PLACEMENT	RATIONALE
National adoption or *kafala*	For a child who is eligible for adoption, consideration would normally first go to the child's current caregiver and/or any extended family members, or another suitable person/couple from the child's own community. Although *kafala* is similar to national adoption in many contexts, as the term differs dramatically country to country, a full assessment of *kafala* will be needed to determine what type of care this will entail. (See **glossary** for more information.)
Inter-country adoption	The Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption,[6] also referred to as the Hague Convention on Intercountry Adoption, was created to ensure that adoption between different countries is in the best interests of the child, through verifying that adoption procedures are ethical and transparent. This includes setting up a centralised authority within each country to oversee inter-country adoption, ensure informed and free parental consent, and guarantee that no improper financial gains are made by the proceedings. It requires countries that ratify the Convention to cooperate with each other and create legally binding safeguards to protect the child, birth parents and adoptive parents. (Please review the Hague Guide to Good Practice No. 1 for more details: **http://www.hcch.net/upload/adoguide_e.pdf**) In accordance with the Hague Convention, intercountry adoption should only be considered once national adoption options have been exhausted.
Permanent kinship or foster care	If it is expected that the child will remain permanently with relatives or foster caregivers, the placement should ideally be formalised, in accordance with local law or custom, in order to establish the caregiver as the child's legal guardian and to clarify the child's and caregiver's legal rights and access to entitlements, including inheritance rights for the child. This may take the form of guardianship, adoption or *kafala* (see above).

5.4 ADMITTING A CHILD INTO INTERIM CARE

Once a decision has been made for a child to have an interim care placement (see **sections 5.1** and **5.2**), basic procedures are required to ensure the child is placed correctly and safely. The following checklist provides an overview of the actions required prior to or on placing a child in formal or informal alternative care.

CHECKLIST FOR CHILD'S ADMISSION INTO CARE

ACTION	COMPLETED
Consent form signed by child's parent, customary caregiver or other legal guardian (if located), as well as the child if compatible with his age and capacities	
Assessment made of the most appropriate placement for the child, taking into consideration the child's age, opinion and any special needs and criteria for gatekeeping (**Tools 37** and **38**)	
Case worker allocated to the child	
Where the child has no contactable legal guardian, alternative representation is agreed upon (by a government representative, BID panel, etc.)	
Placement agreement forms signed by caregiver or alternative/residential care manager (see **Tool 55**)	
Child placed into care of designated adult, as per placement agreement	
While assessment is ongoing, social workers should start filling in the registration form, and update it with details of placement, reasons for and circumstances of admission, previous addresses, any information regarding relatives and siblings, initial care plan and actions taken	
Placement recorded and relevant authorities, including lead tracing agency, notified	
Relevant documentation concerning the child's identity, medical and personal history is in a secure location in the new placement, with copies made for the case file kept by the placement agency (see **Tools 7, 8** and **9**)	
Child received medical examination	
Child received necessary medical treatment, including inoculations or prescription medications	
Initial care plan developed as soon as possible or, at a maximum, one week after assessment is completed (see **Tool 54**)	
Dates set for monitoring visits and 12-week review	
Child, legal guardian and caregiver prepared for and given information on the placement	
Child and other children in the placement received agreed-upon supports (where available) from agency managing the placement, either directly or through referral, eg, psychosocial support, non-food items	
Child and caregiver linked in with or referred to required and available services or supports, eg, community groups, children's groups, safe play areas, day centres, community-based school or vocational training, parenting supports	

5.4.1 PREPARING CHILDREN AND CAREGIVERS FOR NEW PLACEMENTS

Time permitting, the child, new caregiver and other children in the home should be prepared for the placement. This greatly helps in reducing anxieties and lays the foundation for a successful care arrangement.

At a minimum, en route to the placement, the child (age permitting) should be reassured that the social worker/child protection worker will come into the home, introduce him/her, and show him/her where to sleep, eat, bathe, etc. The child should be able to ask questions about the placement, and given information on:

- who is in the household (siblings/parents)
- what the child will be doing during the day, eg, school, day centre, helping with basic chores
- expectations that he/she will be well cared for
- how long he/she is expected to stay
- who to contact with any concerns and how to contact them
- who will next visit him/her and when
- any other questions or concerns they may have. It is important to be honest and to answer as truthfully as possible. If you don't know the answer, let the child know and do your best to find out the answer and report back to the child.

If more time is available, more comprehensive information should be given. It may even be possible to introduce the child to the caregiver and his/her home prior to the placement, or to show photographs. The following table is an overview of additional information that can be given to the child and the caregiver, separately, before the placement.

PRE-PLACEMENT INFORMATION FOR THE CHILD

Description of everyone in the household, their names, ages, and roles in the family.
Family routines, eg, when and what they eat, what they each do during the day, how the children spend their free time.
What information the caregiver has been given about the child and any arrangements made regarding his or her daily routine or special needs.
Expected chores (if the caregivers have unrealistic expectations which are hazardous to child development or don't allow the child to go to school, these issues should be addressed before any child is placed with them).
School attendance or vocational training options.
Access to emergency or routine healthcare.
The expected duration of the placement and any initial care plan or tracing information. The date of the first review and what this involves.
Contact arrangements with the child's legal guardian or other relatives (if this is desired, relevant and in the child's best interests) and any supports that may be in place to help the child's parents or customary caregivers resume care of the child (where this is required and relevant).
How often the case worker will visit and the date of the next visit. Reassure the child that he or she will have the opportunity to speak to the worker alone during these visits.
Who to contact with new information to help tracing efforts.

PRE-PLACEMENT INFORMATION FOR THE CAREGIVER

The child's preferred name and background information regarding the child and his or her history. The worker should clarify beforehand what information can be shared with the caregiver (with the agreement of the child) and what should remain confidential. If it is agreed that the caregiver should be given sensitive information, the caregiver must understand his or her role in not sharing the information
Any special needs of the child, eg, prescription medicines, dietary requirements, allergies, etc. For infants, the caregiver should be provided with information on feeding and the child's usual sleeping habits, etc.
Any emotional or behavioural concerns or medical diagnosis relating to the child to be placed, and advice on how to help the child
What information the child has been given about the household and routines
What is expected in terms of the child's schooling, chores, and recreational activities
Confirmation that the child has his or her own bed and area for belongings, and privacy according to his or her age and cultural norms for activities such as going to the toilet and bathing
An overview of other supports in place for the child
What is expected in terms of documentation – the caregiver should be asked to record any relevant information, no matter how small, that may help in tracing the child's relatives (see **Chapter 4.6**). Remind the caregiver who to contact with this information
When the case worker will next visit, and how often they will visit. Remind the caregiver that the worker will meet with the child on his or her own during each visit. Advise the caregiver on who to contact with urgent concerns regarding the placement
Clarify what is expected in terms of contact with the child and family members, and the caregiver's role in this. Explain the legal rights of the child and his or her legal guardian, and those of the caregiver.
The expected duration of the placement and any initial care plan or tracing information. The date of the first review and what this involves.

PRE-PLACEMENT INFORMATION FOR THE CHILD'S PARENT/LEGAL GUARDIAN/CUSTOMARY CAREGIVER (WHERE HE/SHE IS CONTACTABLE)[7]

Explain the guardian's legal rights and those of the child

Clarify the reasons for the placement, how the decision has been made and how this will be reviewed with all those involved (see **Chapter 6**)

If there is a legal process of appealing against the decision to place the child in alternative care, this should be explained to the caregiver.

What type of placement the child is going to, who is in the household, and what the child will be doing during the day, eg, attending schooling, chores, activities. (Care should be taken not to disclose information that could identify the child's location or new caregiver, if this has been determined as necessary in order to protect the child and/or new caregiver.)

The child's access to emergency or routine healthcare

The expected duration of the placement and any initial care plan or tracing information. The caregiver should also know the date of the first review and what this involves.

Any assessment or supports that will be put in place to enable the child to return to the parent/legal guardian/customary caregiver. What this will involve, who will work with the family, how often, etc. (Note that the child and the child's parent/legal guardian or customary caregiver may have a different case worker.)

How often the case worker will visit the child. Reassure the parent/legal guardian that the child will have the opportunity to speak to the worker alone during these visits. How often the caseworker will visit the parent/legal guardian and how information will be given regarding the child's progress (if this is appropriate and required).

Who to contact with new information or concerns

Contact arrangements with the child, where this is in the child's best interests, eg, telephone calls or visits

See also **Tool 57** for preparing children for Moving, End of Placement, or Reunification.

5.4.2 WELCOMING THE CHILD INTO THE PLACEMENT

The person accompanying the child to the placement should enter the home with the child to ensure the designated caregiver is in the home to receive the child. They should go over basic information on the placement, complete any remaining paperwork, check that the child has the required essentials for their care, and help the child settle into the new environment. While some cultures may mark the arrival of the child with a welcoming ceremony, the basic expectations would be the following:

- The caregiver is there to meet the child.
- The child is shown where he/she will sleep, keep his/her or belongings, eat and bathe. If feasible, the child should be able to state if he/she has a preference for with whom he or shares a room.
- The child is introduced to other adults and children in the home.
- The caregiver explains the daily routine, any recreational or educational activities available, and any ground rules or chores that apply to all the children in the home.
- Depending on needs and community norms, the placed child and other children in the placement may be given some basic items, eg, clothes, blankets, a mat, a pair of flip-flops, plastic cups, plates, buckets, spoons, underwear, bathing and laundry soap, toothpaste and a brush.

5.5 OPENING AND MAINTAINING THE CHILD'S CASE FILE

All children in care must have their own case file (this is a paper file holding detailed ongoing notes on the child's situation). For family-based care, this file would normally be kept with the supervising agency, with a copy of basic registration information given to the child, the caregivers and the child's legal guardian. In a residential setting, the file would normally be held on location. When used, the Inter-agency CP IMS should contain electronic copies of this information, though more detail will always exist in the paper files. Medical notes should be kept and filed in the child's case file. If children are transferred elsewhere, they should take their medical records with them.

The child's case file should contain:

- full details of the child and his/her immediate and extended family
- initial and subsequent photographs of the child
- description and photographs of clothing and possessions the child had on admission
- the reason for and circumstances of the child's admission
- the child's case history
- any assessments carried out
- medical documentation, including developmental checks and inoculations
- information on any special needs of the child
- the initial care plan, including tracing information, and the expected length of the placement
- copies of any completed forms, eg, tracing application
- required tasks and who is responsible for carrying these out
- records of contact with the family or previous caregivers and all relevant information on their circumstances and location
- the date of the next review (this should be no later than 12 weeks from the day the child was taken into care). Where it is being used, the IMS can help remind you of the next review date.

The file must be stored securely, with information shared with other designated individuals/agencies on a need-to-know basis only. This means only sharing information that is required in order for a worker (eg, tracing agent, doctor, teacher) to carry out their required duties. All staff/volunteers with personal information on a child, his or her family or caregiver, must adhere to confidentiality procedures (see **Tools 9** and **10**).

5.5.1 CASE RECORDING BY CASE WORKERS

Case recording is the process of documenting all relevant issues relating to the child on an ongoing basis. All home visits, meetings, telephone calls and other information received that relates to the child, should be recorded in the child's individual case file. Recording must be objective and note facts and observations, rather than assumptions.

Staff should use existing forms where available. Where these do not exist, or are not adaptable, use should be made of the inter-agency database forms customising the forms to the contextual needs (see **Tools 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48** and **49**).

The case worker should work closely with the tracing agent, in order to ensure that information that could help in tracing is acted upon, and that the child, caregiver and birth family can be kept up to date with progress. Such coordination also reduces the risk that the child will be interviewed repeatedly for the same information by different workers. Again, confidentiality should be strictly followed with regard to any sensitive information that may be shared with staff or external agencies (see **Tools 7, 8, 9, 10**).

5.5.2 RECORDING BY CAREGIVERS

Alternative caregivers should be asked to record (if literate) or make a mental note of key information and to pass this on to the child's case worker, in order for him/her to take appropriate actions, and to copy the information for the child's case file. As maintaining written records or sharing information with outsiders may not be done traditionally it is important to work with the child and family to determine how best to record this information.

Information from caregivers is vital for:

- assisting with tracing
- helping to monitor the child's needs and to determine whether the placement is meeting those needs. Caregivers should be encouraged to record information on the child's routines, health, disposition, activities, attachment to others, concerns, etc.
- providing the child with information on his/her past. Recording key information is invaluable for children later in life who are looking for more information regarding their past and their identity. Where feasible, photographs should be taken from time to time and added to the child's file.
- helping the parents with reunification: for families who are reunited with their children, information on the period of separation can help in making sense of the child's experiences, behaviours and emotions.

(Please see **Chapter 4** for guidance on the roles and responsibilities of caregivers.)

ENDNOTES

[1] Williamson, K (2010) *Draft Standard Operating Procedures for Supporting Children's Community-Based Care Placements*, IRC

[2] Based on United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

[3] Ibid.

[4] Adapted from Tolfree, D (2007) *Protection Fact Sheet: Child protection and care related definitions*, Save the Children

[5] See Glossary for definition of young people.

[6] The Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption, 1993

Hague Conference on Private International Law (2008). Guide No. 1 under the Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption. Retrieved from: **http://www.hcch.net/upload/adoguide_e.pdf**

[7] This may be required when the child is unable to remain with his or her parents because of protection concerns, or because the parents are currently unable to care for the child, even with support, or are unwilling to care for the child.

CHAPTER 6
MONITORING, REVIEWS AND CARE PLANNING

Monitoring, reviews and care planning are an essential component of the use of interim or longer-term alternative care. Children who are not monitored on a regular basis, with reviews of their situation, are at risk of permanent separation from their families, remaining in temporary care for years, moving from placement to placement, institutionalisation, or receiving insufficient support required for their healthy development. Caregivers will also benefit from support via monitoring visits, and this may be essential in preventing placement breakdowns and unnecessary separation.

Each child in temporary care should also have a care plan outlining steps towards reunification or a permanent placement, with this reviewed at least every 12 weeks. When the child's placement is not periodically reviewed in accordance with the UNCRC (article 25) it means that there is no regular assessment of the child's situation in terms of their best interests or those of the family, and the question of alternative solutions is not considered.

The children's views and best interests should be considered during the care planning as well as during the review process.

This chapter includes:

6.1 MONITORING CHILDREN IN ALTERNATIVE CARE

All children in temporary care will require monitoring, with support provided or child protection procedures followed where necessary. Children who are not in care, but who have been identified as in need of monitoring as a result of protection or welfare concerns, will also need to be included in the caseloads of social workers or community child protection committees/volunteers. (For information on follow-up post-reunification, see **Chapter 7**.)

The purpose of the monitoring visits is to:[1]

- provide support and guidance to both the child and the caregiver about how to develop and maintain a healthy and protective relationship, and to mediate on any problems arising
- ensure that the child and family are accessing services and community resources in line with the care plan

- update the child and caregiver on the progress made towards long-term care solutions – specifically, family reunification
- monitor for and mitigate the risk of abuse, neglect or exploitation of the child.
- receive information regarding tracing and contact arrangements.

6.1.1 REDUCING RESISTANCE TO MONITORING

Follow-up visits may stigmatise the child by drawing attention to him/her during a visit. The surrounding community might also resent what it perceives to be the assistance provided to the child/family during follow-up visits. The caregiver may regard such visits as a lack of confidence in their ability to take care of their own or other children. All follow-up visits and any assistance provided should be evaluated for their impact.

In order to minimise concerns and raise confidence in the process of following up on children in care or at risk, a lot of effort should be put into helping the family and community to understand and accept the need for monitoring. Workers should be sensitive to the feelings of families, and should not infringe on privacy more than necessary. Confidentiality must be respected, and families must know what will happen to information gathered and possible actions.

There may be less resistance if monitoring is carried out by a community-based organisation, and by the same person each time (see **section 6.1.2** below). However, this would need to be periodically monitored by the placement agency for verification purposes.

6.1.2 COMMUNITY-BASED MONITORING[2]

The best way to protect children is to encourage all those working with and in contact with children, to be aware of children's welfare and to act on concerns appropriately. Ideally, there should be an adult in the neighbourhood who is independent of the agencies involved in the placement and who children can go to with any concerns – this can serve as an additional safeguard if the agencies are not protecting the child's best interests or adequately taking into account his or her opinions.

Wherever possible, members of the community, community groups and children's groups should also play defined roles in protecting children. Agencies should work with such structures, providing necessary training and support, or where none exists, help set them up.

Community-based child protection mechanisms (such as child welfare committees or child protection committees), in particular, can play critically important roles in identifying, monitoring and supporting vulnerable children and families. The roles of volunteers however, must be based on their individual circumstances following an emergency (eg, do they need to look after their own family/rebuild shelter?), their capacity and level of training and resources. Volunteers should not be relied on to replace the work of child welfare professionals; their activities must be carried out within clearly defined parameters and ideally under the supervision of a child protection officer or equivalent, with independent oversight by an approved organisation. To facilitate oversight, a simple reporting mechanism to the lead child protection agency, or other designated body or person, should be developed. (See **Tools 53** and **58**.)

Programme social workers/child protection officers should work with community members, making short surprise visits to the families and the children once in a while.

For more information on setting up and supporting child protection committees, please refer to J Lenz, *Inter-Agency Guidelines on The Guiding Principles and Minimum Standards for Supporting and Establishing Community-based Child Protection Structures*, Ugandan Ministry of Gender, Labour & Social Development, IASC and UNICEF, 2007.

For more information on the effectiveness of community-based child protection mechanisms, please refer to M Wessells, *What are We Learning About Protecting Children in the Community: An inter-agency review of evidence on community-based child protection mechanisms*, Save the Children, 2009.

6.1.3 ISSUES TO MONITOR AND ADDRESS

Through visits to the family home and contact with other involved professionals (eg, the child's teacher, doctor, or any other relevant people in the child's life), the case worker should listen and observe interactions in order to ascertain if the child is at risk or if there are support needs. Planned and unannounced home visits should take place, and the child must be seen alone, at least for part of every visit.

Each visit must be recorded and documented in the child's case file. The case worker should also be in regular contact with the birth family or legal guardian, if available, to update on the child's progress, the family's situation, and plans for reunification or other arrangements.

In home visits to the family, the worker should make observations and ask questions regarding key issues, as well as providing information and support. (For guidance on how to communicate in a child-friendly manner, see **Resource List**.)

Below is a range of observations the worker or volunteer should note during monitoring visits. (The following table may help in designing training for workers or volunteers who are to monitor and support families.)

Note: The child's care should be evaluated in the context of the general capacities and socio-economic condition of families in the same community.

OBSERVATIONS[3]

- Weight gain is satisfactory according to monthly weight (or weight-for-height) measurements and visual observation.
- There are no signs of neglect, such as skin diseases related to poor hygiene, refuse/rubbish not appropriately disposed of, or the child significantly different (malnourished/dirty clothing/unwashed) from the other children in the family.
- The child is not treated differently from other children in the family: He/she does the same amount of work, attends school with the others and eats with them.
- There are no signs of abuse, such as unexplained burns, cuts or bruises. It is common for children to fall and sometimes injure themselves; what the social worker should be looking for is something that does not make sense, given the explanation given for the injury.[4]

continued on next page

OBSERVATIONS *continued*

- Psychological concerns such as anti-social behaviour, problems in school, apathy, depression, anger and violence.
- Inappropriate sexual behaviour, given the age of the child.
- Potential safety concerns in the home.
- 'Bonding' between child and caregiver: They appear to be relaxed with each other and there are indications that the child's emotional needs are being met.
- Appropriate action is taken by the caregivers to meet the child's needs (eg, the caregiver responds to the child if ill, takes him or her to school, feeds the child adequately).
- The child is occupied during the day in education, skills training or social activities appropriate to his/her needs, stage of development, and community norms.
- The caregiver is physically and mentally well and not struggling to cope.

INFORMATION THAT THE CHILD AND CAREGIVER CAN PROVIDE[5]

- Any new information that would help in tracing
- Contact with family members, family friends
- Child/caregiver and parent opinions, preferences and concerns regarding current placement, reunification or longer-term care, and other issues
- Daily activities of the child and how this compares with those of other children in the household/community
- Child's health, attendance for required checks and treatment for any identified health problems
- Child's attendance and progress in education or other activities
- Whether the child and caregiver are receiving required supports
- Any planned changes to the care of the child
- Any behaviour concerns relating to the child
- The child's relationship with foster family, peer group and community
- Caregiver's coping abilities, his or her physical and mental health, and any support needs.

INFORMATION TO PROVIDE

- Update on tracing efforts
- Progress of referrals or other actions
- Plans relating to the child or family
- Rights of child and family
- Requested information on issues, rights, how to access supports, etc.

DIRECT PROVISION OF A SUPPORT OR SERVICE BY WORKER

- Documentation including birth certificate
- Emotional support
- Collection of tracing information
- Training in parenting skills/parenting education
- Information on key issues, eg, recruitment by armed forces and groups, health threats, mine awareness, etc.
- Referrals for services or for child protection actions
- Verification of family relationships
- Arranging family contact
- Preparation for moves
- Support in accessing legal advice or securing other provision, eg, inheritance.

For the Inter-Agency CP IMS form on Children in Care Follow-Up Questions, please refer to **Tool 40**.

If there are issues or challenges arising in the care relationship between the child and caregiver, the case worker should give advice and support. Caregivers should be aware of who they can contact if the child's behaviour is causing concern (eg, if the child is more quiet or louder than usual, they cease to interact with peers, they do not laugh or smile, they cling to strangers or show excessive fear of others, they cry frequently for no obvious reason, they fight excessively with others, or they experience frequent or recurring nightmares). (See **Chapters 4.7.2** and **8.2** for additional guidance on supporting caregivers.)

Care must be taken to respect the confidentiality of the child and the caregiver when mediating on any issues, and to agree in advance on what can be talked about openly.

Before leaving, the caseworker should ensure that both the child and the caregiver feel that they have come to a reasonable solution and agreed on a positive way forward, or that next steps towards a resolution have been agreed. More frequent monitoring visits may be suitable if there are difficulties in the placement.

If this process does not resolve the issue or the relationship reaches a crisis point at which the child is liable to run away or the caregiver to abandon or abuse the child, the caseworker should consult immediately with his or her supervisor and consider the need for alternative interim care placement for the child or other required action.

6.1.4 FREQUENCY OF MONITORING FOR CHILDREN IN ALTERNATIVE CARE

The frequency of visits and other contacts with or regarding particular children will depend on:

- the age and any special needs of the child
- whether placement is new
- whether tracing and reunification activities are ongoing
- whether there are protection concerns
- whether it is an emergency, interim or longer-term placement
- whether the caregiver is known to the child
- whether there are support needs
- whether there are other forms of monitoring available.

Where there are no additional protection concerns, the following are suggested monitoring frequencies for children who are not living with their usual caregivers:

- Children in *interim care* (up to 12 weeks): every 1–2 weeks initially, with a formal 12 week placement review
- Children in *longer-term temporary care*: every 4–12 weeks, with a review of tracing and reunification or alternative care plans every 12 weeks
- Children in *permanent alternative care*: once in the first month and third month, and thereafter depending on whether continued monitoring is still required

Although this may be difficult to achieve, teams must work to prioritise their caseload to ensure that children are being visited frequently enough to promptly identify any protection concerns that may occur. Children with known protection concerns must be visited more frequently. The child's care plan should specify the frequency of monitoring visits.

See **section 6.1.6** below for guidance on improving the capacity to monitor change when resources are very limited.

6.1.5 PRIORITISING MONITORING FOR CHILDREN WHO ARE AT HIGH RISK

Clear criteria should be agreed upon to enable cases to be prioritized for monitoring and follow up. In general during an emergency, weekly follow-up would be recommended unless a child is currently experience security concerns or is living in safe house in which case daily follow up should be made. This follow up could be conducted by a trusted neighbor, child welfare committee member or others if a case work visit this frequently is impossible.

The child may have one or an accumulation of risk factors. These are not restricted to, but are likely to include some of, the risks in the following list:

High risk factors[6]

- Vulnerable or unaccompanied children under ten years of age
- Girls (depending on the context)
- Association with armed forces or groups
- A history of multiple movements/displacements during separation
- Incapacitating disability or terminal illness of child/parent or caregiver
- Adolescent parents
- Child-headed households, particularly those headed by girls
- Unsafe living arrangement (eg, incest, abuse, neglect, violence, exploitation, institutionalisation)
- Rejection, threat or harassment while conducting daily activities or in community
- Previous occurrence or risk of physical violence, rape, sexual assault or sexual harassment, trafficking or other form of exploitation, in the community
- Engaging in survival sex (eg, sex to access basic needs, food, shelter, protection)
- Forced marriage (or threats thereof)
- Forced labour
- Experiencing or risk of harmful cultural practices
- In hiding (eg, for fear of being identified or found)
- Detained/imprisoned/denied freedom of movement (for own protection or to prevent socialisation)
- Of school age and not attending available schooling
- Lack of access to adequate food, water, shelter or other basic needs
- Child alleged, accused or recognised as having infringed the law
- Impairment in daily functioning due to mental illness.

UNHCR has developed a tool to measure risk, the Heightened Risk Identification Tool; the first edition, which is currently under revision, can be found at: **http://www.unhcr.org/refworld/pdfid/46f7c0cd2.pdf**

6.1.6 MONITORING OPTIONS FOR LARGE NUMBERS OF CHILDREN OR CHILDREN WHO HAVE MOVED OUT OF THE AREA

Where families are spread out, or if reunified children have moved out of the area, the challenge will be in identifying a locally based mechanism for following up on such children. In some countries there will be a government department solely authorised to monitor the wellbeing of children (eg, the Department of Social Affairs, Department of Social Welfare, Department of Women and Children).

Where such departments lack the resources or capacity to carry out monitoring, agencies should support them in locating a community mechanism, community-based organisation, social service agency, or child protection organisation, that may be able to

visit the family and provide support or referrals where required. **Any child moving to a different area must have the name and contact details of an adult to get in touch with if there are urgent protection concerns.**

Another option is to set up a group work model of monitoring and support. This enables follow-up for a group of children at the same time. It can also help develop peer supports and raise children's own coping mechanisms. Several types of groups can be formed, such as:

- Caregiver groups
- Caregiver and children under five groups
- Children's groups. (Large groups should be divided by age, eg, 5–8, 9–12, 13–16.) There should be approximately ten children in each group.

Process for conducting group follow-up:[7]

- Children or their caregivers who have been identified as requiring ongoing monitoring or support are referred to the appropriate group.
- Pairs of social workers work with approximately two groups of foster children or caregivers during six week cycles; groups meet once a week during the cycle.
- Themes for discussion should be identified with the children or caregivers, eg, self-esteem, problem-solving, and relationships.
- The social workers follow up with children and their caregivers in the home, where required, and also help to develop community supports. Individual casework methods are retained for crisis cases and special needs.

If caregivers choose not to participate in the group sessions organised it is recommended to revert to an individual case monitoring system.

6.2 CHILD PROTECTION ACTIONS

Where there are concerns that a child may be at risk of or is experiencing abuse, exploitation or neglect, actions should be taken to safeguard the child. All actions should ideally be carried out by a staff member designated by a local authority because removing a child from legal guardians can only be done by a mandated officer, usually a police officer or government social worker. Where the government authorities are unwilling or unable to take action, please refer to **Tools 22, 23, 24** and **25** for alternative procedures through the Best Interests Determination (BID) process, or see **section 6.5** below.

The responsible worker must act in accordance with national legislation and child protection procedures and consider the following:

- A risk assessment must be carried out by a qualified child protection worker and include the opinions of the child. Decisions should not be made in isolation and should include the worker's supervisor and other relevant professionals and agencies, eg, the police.
- All actions must be based on what is in the best interests of the child and cause the least amount of harm to the child.

- All actions must be documented in the child's file.
- Where the child's life is at immediate risk, the child should be removed from the situation and given emergency medical treatment and psychosocial support as necessary.
- The child should not remain in the current placement or with his or her family if the child is at serious risk of being abused, exploited or neglected and where these risks cannot be mitigated via the provision of supervision and supports. Where a member of the household is abusing the child, efforts should be made to exclude this person from the home in order to allow the child not to be separated from the rest of his or her family.
- The child should not be permanently removed from his or her legal guardians or permanent caregivers without a comprehensive assessment of what is/will be in the child's best interests (see **Chapters 6.4** and **6.5** below and **Tool 27**).
- Where a child is removed from his or her legal guardians or permanent caregivers, priority should be given to addressing the cause of the separation and to putting in place actions that can enable the child to return safely.
- The child, family and/or alternative caregivers must be informed of actions, have their opinions taken into account and have the opportunity to appeal or complain if they disagree.

6.3 CARE PLANNING

For each child in alternative care, an initial care plan should be developed as quickly as possible by the child's case worker, in consultation with the child, the child's parent/customary caregiver or legal guardian, and the child's current caregiver. It should also address information gained from other key people in the child's life, eg, the child's doctor, teacher, etc.

The care plan should outline:

- the purpose of the placement
- the expected length of the placement
- the services the child requires and how these will be put into place
- the date of the next review (within 12 weeks of the child's placement into interim care, and thereafter every 12 weeks)
- who will monitor the child's wellbeing and how often (ideally weekly for the first few weeks, and by community-based trained staff)
- plans for tracing and contact with family members
- plans for longer-term alternative care (with the current caregiver where possible) if reunification not possible or desirable within the next 12 weeks
- the child's preparation for the placement, his/her understanding of why the placement is required, and his/her expectations and wishes in relation to the current placement and next steps.

Following the initial 12-week review, a more comprehensive care plan can be developed and should be reviewed every 12 weeks with the child, the child's current caregiver, and the child's legal guardian.

For an example of a care plan please see **Tool 54**.

6.4 CASE REVIEWS

All children in care must have formal reviews of their placements. Listening to and considering children's views and feelings are central to the review process. The first care review should take place when or before the child has been in the placement for 12 weeks. Ongoing reviews should take place approximately every three months.[8] However, this will depend on whether the current placement is meeting the child's needs, whether decisions regarding the child's care have to be made, or preparations are under way for the child to be reunified. In addition to case reviews, there needs to be regular monitoring of the child's care and overall wellbeing.

The purpose of reviews is to determine the child's care plan and to agree on actions to take towards realising this plan. The child, the caregiver, the child's guardian and/or parent, and the case worker (and his/her supervisor) should be present at this meeting. As with all monitoring visits, the child should be seen separately as well as with the caregivers/parents. Other involved adults or professionals may also be invited, and the child can elect to have a particular person attend.

The review should cover:

- the child's progress in the placement – including the child's physical and mental health, access to education or vocational training, opportunities for recreational activities, socialisation with peers, behaviours and emotions, relationship to caregiver(s) and other children in the placement
- information from monitoring visits and any issues in relation to monitoring the placement
- any issues relating to the child's wellbeing that need to be addressed
- any issues relating to the caregiver's ability to care for the child
- progress made on agreed actions in the care plan, including any referrals made
- the results of tracing, verification or reunification activities
- opinions of the child, caregiver and legal guardian regarding the care plan
- agreement regarding next steps/actions and any changes to be made to the care plan
- date of next monitoring visit and review.

The review meeting should be minuted, and should make reference to the opinions of all those present, including the child/children.

(See **Tool 40** for the Inter-Agency CP IMS Children in Care follow-up form.)

6.4.1 GUIDELINES FOR CARE PLANNING[9]

When developing the care plan, the following key guidance should be considered (see also **Tools 50, 53** and **54**):

a. Decision-making

- All decisions must be based on what is in the short- and long-term best interests of the individual child. This is a fundamental principle in the laws of many nations as well as international law, notably the UNCRC. (See **Tools 22, 23, 24** and **25** for guidance on determining a child's best interests.)
- Each case must be considered in the context of the child welfare policies, legislation and cultural practices in the country concerned.
- An assessment should be undertaken of the child's situation and the opinions of all those involved.
- There should be no prejudice based on gender, age, sexual orientation, parentage, ethnicity, social class or caste, religious background or disability.
- The child's caseworker should have access to an experienced supervisor with whom cases can be discussed.
- It must be recognised that decisions made in the best interests of the child may be against the child's wishes. A child is likely to have multiple 'interests' with the potential to affect her/his safety, wellbeing and development, and some of these interests may be in conflict with each other or inconsistent with each other. The process is to consider all these interests and determine the best course of action regarding the child. This may be done via the BID process (see **section 6.5** below).
- It may be necessary to go to court for a legally binding decision to be made, if this is in the child's best interests and if a legal body exists.
- Decisions should be made in a timely fashion, particularly for infants and young children.
- For all children in temporary care, there should be regular home visits and separate meetings with the child, in order to monitor the child's wellbeing, provide support, and gather vital information that will help in decision-making.

b. Participation

- All children have the right to a legal guardian recognised by the appropriate authorities. This may be provided by the state. The legal guardian must be consulted in all matters relating to the child and any action must be taken in accordance with their legal rights and responsibilities.
- The child should be consulted regarding his/her views on all matters relating to his/her care and plans. The ability of the child to express his/her opinions will depend on the child's evolving capacities. The worker should, however, help the child to voice his/her opinions and concerns, eg, through using play, art or drawing, or adapted communication tools.
- Children have the right to be heard either directly (depending on the child's age, maturity and circumstances) or through the appointed guardian regarding decisions being made about them. The child should have his or her opinion taken into account regarding who is appointed guardian, if no legal guardian exists.

- The child should have access to adequate and appropriate information to make informed decisions, including the potential consequences of decisions made.
- The child's opinions should be gathered over time. Where possible or where deemed necessary, the child should be asked the same key questions in different ways and on different days in order to counter external influences on the child's opinion.
- The child should be supported in understanding decisions taken.
- The child, family and caregivers must be kept updated with the aims of the placement and progress towards reunification or long-term placement; they should be aware of their rights.

c. Preparation for reunification and reintegration

- The return and reintegration of a child in interim care into his or her family or community must be the priority for all children. Staff should carefully plan each action towards a child's return and case closure.
- Where reunification is not possible or not in the child's best interests, a long-term stable placement must be secured for a child who requires an alternative family, eg, long-term foster care, adoption or *kafala*. This may be with the child's current caregivers, with extended family or, when these two options are not available or suitable, with alternative caregivers.
- The needs of the family the child is returning to or being placed with, must be addressed, in collaboration with other service providers, in order to enable the child to integrate and be adequately cared for.
- Contact with family members must be facilitated, unless this is not in the best interests of the child. Support should be provided for parents to visit children in care, for example, by helping with transport costs and providing a meal allowance. Letters, telephone calls and other means of communication also should be encouraged.
- Young people in alternative care should have preparation for independent living and access to longer-term support. This should address their physical, emotional and material needs. Plans for leaving care should ensure that the child is able to look after him/herself, has accommodation to move to and has the capacity to provide for him/herself via employment. The young person should lead on such preparations, with the support of his/her case worker. The young person should continue to be monitored and supported by this worker initially. Where longer-term follow-up may be required, then he/she should be referred to the community-based child welfare organisation. The young person should be encouraged to keep in touch with the former caregiver(s) and family members, unless this is not in his/her best interests.

6.4.2 LONGER-TERM ALTERNATIVE CARE DECISIONS

When returning home is not possible and the child continues to require long-term care, consideration will have to be given to durable solutions for the child. This may be done via a Best Interests Determination (BID) Process (see **section 6.5** below).

Where possible, and in the best interests of the child, the first consideration will go to the child remaining with his or her current caregivers, in order to provide the child with continuity of care. Several placement changes can be very distressing for children, increasing their experience of separation while taking them away from known adults

and children to whom they could go for support. If a child has to be moved, the child and caregivers should receive support and preparation for this (see **Chapter 5.4**).

Any assessment concerning the long-term alternative care of a child should take into account the following factors, according to the child's best interests:

- International guidance prioritising placement of the child with relatives or family friends, current caregivers, or other families from the child's community (where safe to do so).
- Small-group homes and supported independent living may be considered for young people.
- Siblings should be placed together, with priority given to the placement needs of the youngest sibling.
- The opinions of the child, current caregiver, parent or legal guardian.
- The age, developmental requirements and any special needs of the child.
- The location of available placements in terms of what will facilitate maintenance of existing relationships.
- The anticipated length of the placement required and the willingness of both parties to maintain this.
- The ability to maintain the child's cultural, lingual, lineage, religion, and other key factors relating to his or her identity.
- The future needs of the child and how these may be addressed or harmed by the placement, eg, their access to inheritance, their legal status, their eligibility for marriage, their ability to live independently upon leaving care, and their ability to access education or skills training and health services.
- The ability of the care placement to provide affection and security; a sense of stability and consistency of care; and familiar surroundings with people similar to those in the child's normal background.

Both the child's caregiver and case worker should support the child in any transitions to an alternative care placement (see **Chapter 5.4.1**).

6.4.3 PERMANENCY DECISIONS

Even if tracing efforts are not providing quick results, no decisions should be made regarding making a placement permanent until there has been adequate time for tracing efforts and any possible family reunion. Even if the child's parents are known to be dead, there may be siblings or other relatives who could be traced with whom the child can be placed.

Permanent solutions should not be considered for at least six months and usually after two years from the start of tracing efforts. This time frame may be reduced on careful assessment of the child's situation. For example, for very young children who are securely attached to their caregiver and have little prospect for successful tracing, it may be in the child's best interests to make the placement permanent relatively quickly after the initial six-month tracing period.

When a permanent alternative family is required for the child, consideration should be given to formalising the child's current care arrangement, where this is adequate. This may be done via adoption, *kafala*, or guardianship. (See **Tools 14, 42** and **43** for information on adoption, and **Tool 41** for the Inter-Agency CP IMS form: Adoption or Foster Care.)

In the absence of parents or legal guardians, or when they are unable to exercise basic parental responsibilities, any decisions that will make the alternative care of a child permanent, change the child's legal status, or transfer parental rights to another person, should not be taken by an individual alone or a single non-governmental agency. In these instances, higher procedural safeguards are necessary. In the absence of a national process adequate to determine what actions are in the child's best interests, the BID process may be used (see **section 6.5** below).

For guidance on placing refugee or displaced children, please refer to **Tool 20**.

6.5 BEST INTERESTS DETERMINATION (BID)

A Best Interests Determination (BID) is a formal process with strict procedural safeguards for determining what is in the best interests of an individual child. It has been developed by the UN High Commissioner for Refugees (UNHCR) and is a useful model for all agencies, particularly when faced with complex cases where there is a conflict of opinion or when it is not clear what long-term actions should be taken on behalf of the child. It involves a more thorough assessment of the child's situation, with a group of professionals taking the final decisions, rather than a single person.

6.5.1 WHEN TO USE A BID

Decisions that require higher procedural safeguards fall under the competence of states. States that have signed and ratified the UNCRC bear responsibility for ensuring its implementation. However, in the absence of any state authorities or when they are either unwilling or unable to take responsibility, the BID process is recommended. While the BID process is used by UNHCR for decisions regarding refugee children, it can also be a useful tool to assist in making decisions regarding vulnerable children who are not refugees. Where a local or national system already exists and is adequate, it should be used instead of the BID.

A formal BID procedure will not be required for every child in need of alternative care; however, there are certain situations when it should be used.

These include:

- when making decisions regarding durable solutions for unaccompanied and separated children after a period of time (maximum two years). For refugee unaccompanied children, this would mean repatriation (including reunification that involves returning the child to his or her country of origin), local integration or third-country resettlement.
- when making decisions where the custody of the child remains unresolved, especially in refugee settings; where one parent is being resettled; or in cases of divorce or separation where there is disagreement as to where the child should stay.
- when making decisions on temporary care arrangements for unaccompanied and separated children in particularly complex situations (see **Tool 1**).

- when making decisions that may involve the separation of the child from parents against the parents' will or the will of both. In these cases, the parents and the child fall within the competence of the state. Any intervention by international organisations to separate a child from both of his or her parents should be of a provisional nature.
- in cases of family reunification, where after all reasonable efforts, information gathered on the child and his or her family remains insufficient to make an informed decision as to whether family reunification could lead to violations of the rights of the child.

6.5.2 THE PROCESS FOR CARRYING OUT A BID

Setting up a BID panel should be done early on in any emergency and, to the extent possible, in cooperation with national child protection authorities, and should build on possible existing BID procedures. In this way, a mechanism will be ready to make difficult decisions throughout the emergency, and children will not remain waiting for lack of a competent mechanism.

- The lead agency or co-ordination body for child protection should consider whether BID procedures are required and how these should be established.
- While guidelines for determining the best interests of the child have been established by UNHCR,[10] each country/emergency must complement these guidelines by developing BID Standard Operating Procedures specific to their context and situation.
- A standard form has been developed by UNHCR, based on extensive feedback from the field and partners, and should be used by those involved in carrying out a BID (see **Tools 26** and **27**, and **Tool 25** for an example from an adapted form in Jordan). If the Inter-Agency CP IMS is used, there is a form to complete to record that a child is going through the BID process (see **Tool 31**).
- Training in age-appropriate and culturally appropriate interviewing techniques, observation techniques, practice through role plays as well as techniques to record information, must be conducted for all staff involved in collecting the comprehensive information required. Please see **Tools 22**, **23**, **24** and **25** for more information on the process.
- The process of gathering information must include:
  - a review of existing documented information on the child
  - consideration of any applicable national and international laws
  - several interviews with the child and observations of the child within his or her own community and current care arrangement
  - the views of the child and his or her own legal guardian, which should be sought and clearly documented
  - interviews with persons within the child's networks including caregivers, family (extended and siblings), friends, neighbours, guardians, teachers, etc.
  - background information on the conditions in the location considered for the placement of the child;
  - where appropriate or necessary, views of experts.
- In making a decision, the panel must strike a reasonable balance between the need to make a swift decision on the best interests of the child and the need to make sure the decision is based on sufficient solid information.

- The BID processes must be established as part of a broader child protection programme and cannot be implemented in isolation, so that appropriate support can be provided to children and families and so that staff competencies are sufficiently developed for the delivery of good-quality prevention and response services.

For more information on the BID process, see UNHCR Guidelines on Determining the Best Interests of the Child (2008). **http://www.unhcr.org/456661662.pdf**

6.6 CASE CLOSURE[11]

Organisations should have criteria that can be used to determine whether the child needs continued support, monitoring or care planning. From the beginning of a case, workers should identify which of these indicators may apply to the child, and develop concrete steps for ensuring the child is successfully reunified or placed in permanent alternative care.

There should be multiple criteria for closing a case once a child has been reunified or placed in a permanent arrangement. The child should be visited at least two times following the placement before the case is closed to ensure no other issues arise.

Case closures are likely to occur when:

- the child demonstrates satisfaction with family life
- the child is treated the same as the other children in the family
- the child attends available formal or non-formal educational services
- the child participates in community activities
- at least one member of the family earns income, or provides enough resources to adequately sustain the family
- the child is treated the same as other children in the family (eating a similar amount of food to other children in families in the same community, the child eats alongside any other children of the placement, receiving the same amount of attention and support, the child has access to services like other children in the community or family – education, healthcare, etc.)
- there are no protection concerns
- the child is able to make and keep friends
- all administrative procedures have been followed.

See **Tool 50, page 13** for example of case closure criteria from the Haiti response, 2010.

When it has been determined that a case can be closed, the worker should advise the child, family and local authorities, and should ensure that all documentation including the standard Case Closure Form, if the Inter Agency CP IMS is in use, is completed (see **Tool 49**). Children and their families should know who to contact with any new concerns or support needs.

ENDNOTES

[1] Williamson, K (2010) *Draft Standard Operating Procedures for Supporting Children's Community-Based Care Placements*, IRC

[2] Tolfree, D (2003) *Community-based Care for Separated Children*, Save the Children; Lenz, J (2007) *An Inter-Agency Review of Child Protection Committees in Acholi, Lango and Teso Regions in Uganda*, UNICEF

[3] Adapted from UNICEF (2006) *Technical Notes – Special Considerations for Programming in Unstable Situations*, UNICEF, Chapter 4

[4] Social workers should be trained on detecting signs of abuse according to the different stages of development of the child to avoid raising unnecessary concerns for injuries that could have been caused by simple domestic accidents.

[5] Training with the caseworkers should look at how to ask these questions based on the cultural context and specifically how to observe a child's behaviour. Case studies and role plays can help the case worker to become more comfortable in asking these kinds of questions, which might otherwise feel intrusive.

[6] UNHCR (2008) *The Heightened Risk Identification Tool*, UNHCR

[7] Verhey, B (2001) 'Foster Care: Mutual Learning Between Traditional and Western Practice' (Dissertation), Oxford Brookes University

[8] United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

[9] ICRC (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children UK, UNICEF, UNHCR and World Vision; Swales, D (2006) *Applying the Standards: Improving Quality Childcare Provision in East and Central Africa*, Save the Children

[10] UNHCR (2006) *Guidelines for the Formal Determination the Best Interests of the Child*, UNHCR. **http://www.unicef.org/violencestudy/pdf/BID%20Guidelines%20-%20provisional%20realease%20May%2006.pdf** Accessed on 18 March 2013. UNHCR and IRC (2011) *BID Faciliator's Notes for the Implementation of UNHCR BID Guidelines*. **http://www.unhcr.org/refworld/pdfid/4e4a58dc2.pdf** Accessed on 18 March 2013

[11] Adapted from De Lay, B (2003) *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC

CHAPTER 7
FAMILY REUNIFICATION

Although some separated children may not wish to be reunified, their families cannot be traced, or it is not in their best interests to be reunified, the vast majority of children in temporary care will want to be reunified with their immediate or extended families.

For some children this will be straightforward, with rapidly traced families who are very happy to take the child back and who do not require any additional assistance. For others, the process may take years, with support required at every stage in order to trace and verify family members, to assess family capacity and willingness to care for the child, and to help prepare and support the child, family and community in the child's reintegration. Such support is crucial, given that reunification is the child's right (UNCRC, article 10) and that suitable long-term alternative care options for the child may be limited.

This chapter includes:

7.1 Verification

7.2 Determining whether the family reunification is in the best interests of the child

7.3 Addressing issues that can hinder reunification

7.4 Preparation for reunification

7.5 Follow-up and post-reunification.

7.1 VERIFICATION

Children should not leave emergency, interim or longer-term care without verification of the identity of the claimant. Verification should be done informally throughout the stages of the tracing process and formally every time a claim is made.

The child's case worker should complete verification with the child at the same time as tracing agents verify with family members, in order to ensure the information provided by the relative matches information given by the child, and the details given in the child's registration and verification form. Obviously, very young children will not be able to verify information, and there may be instances when the child is too distressed, or separation has been too long for him/her to remember family members. In the case of babies, verification is sometimes extremely difficult, but often former neighbours of the family or other people who were with the family when they lost their child can be brought in to help verify information.

Children should never be placed at risk in the verification process. For example, a worker should accompany families one at a time to groups of separated children, to avoid large numbers of adults wandering around and claiming the wrong children.[1]

All agencies should have a standard verification procedure, with accompanying forms for the adult and child. (See **Tools 45** and **46** for the Inter-Agency CP IMS verification forms. For additional guidance on verification, please refer to **Tool 47**.)

7.2 DETERMINING WHETHER FAMILY REUNIFICATION IS IN THE BEST INTERESTS OF THE CHILD

When tracing and verification is successful, an assessment must be made to confirm that reunification is in the child's best interests, and that the family is willing and capable of caring for the child.

For children who have not been separated for a long period, where the family wants the child to return and there are no pre-existing protection concerns regarding the family, the assessment may be carried out quickly by a qualified childcare professional.

For children who have been away from their families for a long time, where there are potential problems with their reintegration with the family or where safety issues exist, or when a young child has become very attached to his or her alternative caregiver, the assessment will be more time-consuming and difficult. Children should always have their opinion taken into account regarding whether or not they want to be reunified, with whom and how. This will help to prevent an inappropriate decision being made on their behalf. If it is possible for the child to have visits and communication with their previous caregiver, this might ease the transition into the new living arrangement.

The following is a list of basic and comprehensive assessment questions to help determine whether reunification is in the child's best interests:[2]

DETERMINING WHETHER REUNIFICATION IS IN THE CHILD'S BEST INTERESTS

Basic assessment issues

- The reason for the separation, whether this still applies, and what can be done to resolve difficulties
- The previous family–child relationship and any history of abuse, neglect, violence or exploitation
- The family's willingness to care for the child
- The material resources available to meet the child's basic needs
- The physical and mental health of the family members
- The child's needs according to his/her age and stage of development and any special needs
- The opinion of any appointed guardian.

continued on next page

DETERMINING WHETHER REUNIFICATION IS IN THE CHILD'S BEST INTERESTS *continued*

Comprehensive assessment issues

- The history of tracing
- The expressed wishes of the child regarding remaining with his/her family until adulthood, and any fears regarding the different options under consideration
- The success or failure of interim care arrangements
- The opinion of neighbours, teachers and others regarding the level of integration of the child in the current placement and in the community
- The nature of the relationship of the child and family member(s)
- The length of separation (especially in the case of infants and very young children)
- The strength of the child's new psychological attachments, notably to present caregivers
- The wishes of the present caregivers
- The quality of care provided in the current placement, including in comparison with other children in the family
- Past experiences of the child that have an impact on the decision
- Any physical or mental impairment or vulnerability of the child. If severe, expert assessment – and treatment – should be sought.

7.2.1 FAMILY REUNIFICATION CHECKLIST TO DETERMINE WHETHER A BID IS REQUIRED

Where there is a conflict of opinion, or when it is unclear what would be in the child's best interests, a formal decision-making process will be required. Where there is no adequate national system for this, the Best Interests Determination process can be used (see **Chapter 6.5**).

A BID process may be required if any of the following statements apply:[3]

- After all reasonable efforts, information gathered on the child and his or her family remains insufficient to make an informed decision as to whether family reunification could lead to violations of the rights of the child.
- Doubts exist as to the legitimacy of the family relationship.
- Family members have provided false information about essential facts relating to the reunification (eg, identity of family members).
- There are indications of past or current child abuse or neglect within the household which the child is returning to.
- The family member that the child will join lives in an environment (in detention, in an area affected by armed conflict or natural disaster, etc.) which is likely to expose the child to physical or emotional harm.

- The child has disclosed past abuse or neglect, or fears of future harm.
- Reunification will or is likely to expose the child to abuse or neglect.
- The family member that the child will join is not his/her father or mother.
- The child is reluctant to be reunited with the family member(s).
- The child and the family member that he/she is joining have never lived together, or have not lived together for a significant period.
- The reunification will result in the child being separated from a family member who is close to him/her or with whom there has been a dependency. (see BID Guidelines, Section II.3).[4]
- Reunification will involve the return of a refugee child to his/her country of origin.[5]

7.3 ADDRESSING ISSUES THAT CAN HINDER REUNIFICATION

Both the child and the family have the right to accept or refuse reunification. The following are examples of issues that may hinder the child returning to his or her family:

- **The family is unwilling to resume the care of the child**: The family should be encouraged to consider what is in the child's best interests and the potential benefits of family-based care versus the alternatives. It may be that their reluctance is based on a lack of material provisions or support, or false assumptions regarding the benefits of residential or other forms of care. If the family continues to reject reunification, the child should be given an honest but sensitive explanation which clarifies that he/she is in no way to blame. If desired, the child and family can be helped to remain in contact.
- **The family is willing to care for the child but requires support**: Many families would like to take their children back but feel that they are unable to do so because they are poor. Family reunification should not be refused because of poverty; however, sometimes family reunifications are delayed or do not occur for that reason.[6] In situations of extreme poverty, the child or children in the family should be registered and provided with or referred to available supports, and monitored on a regular basis (see **Chapter 6**). If assistance is given to families with reunited children, other families in the neighbourhood that may be just as poor might resent that assistance. Therefore, assistance should be channelled through the community whenever possible (see **Chapter 2.3**).
- **There are protection concerns with the current caregivers**: The child and other children in the placement should be registered, and an assessment should be made by the competent authorities regarding what action should be taken. It may be that services can be provided, or the abuser can be made to leave the home instead of the child. The opinion of the child must be ascertained. For details on what child protection actions to take, and in the absence of a local authority capable of taking these actions, see **Chapter 6.2**.
- **The child has medical needs**: If the child will need special medical care, the agency should make sure that there are adequate health facilities in the vicinity so that the health of the child is monitored. If there are no health facilities and the child requires medical follow-up (for illnesses such as HIV/AIDS, epilepsy, diabetes),

follow-up should be planned together with the local authorities or a local NGO, the family and the child. Reunification may have to be delayed until such supports are in place, or until treatment is completed.[7]

- **The child is unable to be immediately reunified** (eg, as a result of communication, security, or border issues which restrict movement, or because of incarceration): If the child cannot be immediately reunified with verified family members, the legal rights of the child and family members must be protected, and the child and family kept in contact and up to date with events.

7.4 PREPARATION FOR REUNIFICATION[8]

Consent to live with the caregivers must also be given by the child, in accordance with his/her evolving capacities. Once this process is complete, the parents/relatives may be asked to sign a custody form, the local or *de facto* authorities informed, and the child's files updated. The process and outcome of verification, and any alternative care arrangements, must be accurately recorded in the child's case file, and uploaded on to the relevant database, if used. (Please refer to **Tool 48** for the Inter-Agency CP IMS Reunification Form.) The process of preparation, however, goes beyond this and includes measures to help the child, family and community get ready for the child's return and to support the child's ability to settle back into family and community life. (See **Tools 50**, **54**, **56**, **57** and **58** and **Chapter 5.4.1**.)

The time invested in preparing and supporting a child is crucial to his/her wellbeing and is a major factor in successful reintegration efforts. For short-term separations, or where the child is returning to known relatives, then little or no preparation may be required. When a child has been separated for a long time, or where there are significant changes in terms of who will care for the child, the child must be prepared prior to reunification.

This will include providing information on:

- What kind of follow-up can be expected after their return and the contact details of a social worker, should any issue arise in the new placement.
- What reintegration programmes are in place for Children Associated with Armed Forces and Groups.
- What kind of healthcare and school facilities are available.
- Any important changes, such as remarriage, that may have occurred while the child was separated from his/her family. If there was a death of a close family member, the family must be consulted to determine who should inform the child about the death and when: the agency before reunification, or family members after reunification.
- The agency's role and its limits.
- How to communicate with the previous caregiver, eg, via a Red Cross message.
- What information should be shared with their family. If a child is seriously ill with TB, HIV/AIDS or another illness and he/she does not want the family to know because he/she is afraid that the family will refuse reunification, time should be taken to discuss the issue with the child and the family. Explain that the legal guardian must be informed and that telling the family means that the child can continue to access medical treatment or other required services.

For referrals, some services will require a formal referral or at least will need to provide the child with the relevant contact name, address, and possibly phone number to ensure access to services.

7.4.1 PREPARING THE CHILD FOR REUNIFICATION

The following are examples of the ways in which a child can be helped to prepare for and adjust to reunification:[9]

- The child helps to develop his or her reunification/reintegration plan.
- The child is regularly informed of the results of each field visit by social workers and consulted on next steps.
- The child is helped to discuss his or her fears and hopes.
- The child is able to choose what he or she will wear for reunification day.
- In the case of an older child, he or she is invited to participate in community discussions regarding reintegration issues.
- The child has the opportunity to say goodbye to staff and friends.
- The child is given photo albums with pictures of his or her caregivers and friends.
- Where possible, the field workers are encouraged to carry on correspondence between the child and his or her friends during follow-up visits.
- The child can choose who to accompany him or her on the reunification day.
- The child is actively consulted during follow-up visits and case closure.

7.4.2 PREPARING THE FAMILY FOR REUNIFICATION

In agreement with the child, the family should be given information on:

- Who has been caring for the child, for how long, how the child has been, and whether the child has had access to education or other services.
- How to support the child to adjust to their new surroundings.
- Any changes that have occurred in the life of the child, such as whether the child has been associated with an armed force or group, whether the child has babies/children of his/her own, or whether the child is injured, sick, disabled, or has other specific needs.
- How to cope with any special needs of the child and any associated stigmatisation.
- Services that are available for the family to access.
- Any medical treatment the child should continue receiving.
- Any reunification assistance available. How community monitoring and support will be carried out.
- Who to go to with concerns regarding the child.

7.4.3 PREPARING THE COMMUNITY FOR REUNIFICATION

A child who has been separated from his/her family and community for a long time may have difficulties reintegrating into the community. It is therefore important to prepare the community to which a child is returning, particularly if the child is at risk of discrimination or exclusion (eg, as a result of association with armed forces or groups, pregnancy, ill health or disability, or institutionalisation).

Discussions with the teachers or the headteacher at the school the child will return to, identifying child welfare committees, and discussions with women's groups, the elderly, or neighbours as well as other children can be important. Community-based child groups can also play an active role in supporting reintegration of children in the community and in schools.

7.5 FOLLOW-UP AFTER REUNIFICATION

While monitoring is required for all children in temporary care, follow-up must also be a standard component of reunification work. **It is recommended that children who are reunified are visited once in the first month and again in the third month to confirm that there are no care or protection issues.** This must be done sensitively and ideally by a community-based organisation in order not to draw attention to the family or to undermine the stability of the arrangement (see **Chapter 6.1** for guidance on community-based monitoring). The child should be given information on who to contact if there are serious concerns relating to protection or the reunification.

Other children and families may require more sustained support in order to support the child's reintegration and to prevent the placement breaking down. This is particularly important when:

- The child or caregivers were initially reluctant to reunify.
- Reunifying children with family members after prolonged periods of separation.
- Reunifying children with relatives the child has not previously lived with, or when the composition of the family has changed significantly.
- The child or caregivers have been seriously affected by the emergency or conflict.
- Families are struggling to care for their children as a result of poverty, disability, ill health or other problems.
- There are current or previous issues relating to the care and protection of the child either in the family or in the community.
- Separation occurred in the context of abuse or neglect.

For reunification issues relating to Children Associated with Armed Forces and Groups see **Tool 21**. For guidance on providing family supports see **Chapter 2.3**.

For guidance on monitoring and when to close a case see **Chapter 6**.

ENDNOTES

[1] UNICEF (2007) *Introduction to Child Protection in Emergencies, an inter- agency modular training package*, UNICEF, CCF, IRC, Save the Children, Terre des Hommes and UNHCR

[2] UNICEF (2006) *Technical Notes – Special Considerations for Programming in Unstable Situations*, UNICEF, Chapter 4

[3] UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR, Annexe 4

[4] See section 11.3, UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR.

[5] Reunification back to the country of origin must carefully consider the best Interests of the child. Family reunification is not recommended when there is a 'reasonable risk' that the return of a child to his or her country of origin would lead to a violation of his or her human rights.

[6] ICRC (Internal document), Guidelines on ICRC's 'Action on Behalf of Children Affected by Armed Conflict', ICRC

[7] Ibid.

[8] Ibid.

[9] De Lay, B (2003) *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC

SECTION THREE

TYPES OF ALTERNATIVE CARE

CHAPTER 8
FOSTER AND KINSHIP CARE

In emergencies, the majority of children on their own will be taken in by their extended families (through kinship care) or by other households as a form of spontaneous foster care. Where there is a lack of families able or willing to take in additional children, it may be necessary to set up formal foster care programmes.

The way in which agencies support such family-based care will affect the stability of the placement and its ability to adequately protect and meet the needs of the child. Since family-based care is the preferred form of alternative care for the vast majority of separated children, ongoing work is vital to ensure that good-quality family-based care is available for the children who require it.

This chapter includes:

8.1 THE NEED FOR MONITORING CHILDREN IN FAMILY-BASED CARE

Kinship and foster caregivers often make huge personal sacrifices to be able to offer a home for a child in need of care. Their task may be very difficult when resources are likely to be extremely limited and when they and the children in their care may be experiencing significant distress as a result of the emergency and its effects. It is very important therefore that the role of caregivers is recognised and that support is provided if required. Part of this process includes monitoring the care and protection of children in family-based care and identifying support needs during visits.

While foster care and kinship care can provide children with good-quality care within a family, it should never be assumed that because children are with a family that they are protected or that they no longer need to be reunited with their birth families. Children living with adults who are not well known to the child are more at risk of abuse and exploitation.

The two primary concerns are:

1. **Exploitation of the child**: In many parts of the world, foster or kinship care is not traditionally used as a way of protecting and caring for a child who is without his or her family, but is a means of exchange for the benefit of the birth family, caregiver or the child.
   - For example, the caregiver may expect the child to earn his or her keep by working in the house, as a domestic servant, or outside of the home.
   - He or she may use the child as a form of security, to support the foster parents as they grow older.

- The child may be sent to a foster caregiver to receive an education or income in order to be able to support the birth family.
- In such arrangements, the existence of the birth family will provide a degree of protection for the child. However, separated children will not have this protection and therefore children and communities may be fearful that fostering in emergencies will result in children being badly treated. These risks can be mitigated when agencies carefully assess foster families and provide ongoing monitoring.

2. **Permanent separation**: Children in kinship and foster care risk being permanently separated from their parents or customary caregivers in several ways:
   - Children in informal care may not have been identified and therefore no action has been taken to trace the child's family or to enable reunification.
   - Even children who are initially registered may not be located again if the family moves without telling the appropriate authorities.
   - The foster caregiver may claim the child as his or her own and refuse to help with tracing efforts or to hand over the child to his or her family.
   - Children in placements which are not regularly evaluated are highly vulnerable to remaining in the placement permanently, particularly if initial efforts to trace parents were unsuccessful and tracing agencies are no longer actively following up on hard-to-trace cases.
   - Children may not have any care plan or allocated case worker, meaning that efforts to address problems in birth families, to reunify children with located family members or to secure alternative long-term care arrangements may not occur.

The risks of permanent separation can be greatly reduced if there are individual care plans for each child and ongoing monitoring arrangements by a case worker for the duration of the placement in formal or informal temporary foster and kinship care. Such placements require an assessment of the caregiver's motivation to care for the child and their expectations of the child's placement. It can also be crucial to get the views of the child and how they feel about the placement (eg, do they feel equal to other children in the home, safe, etc.).

8.2 PROMOTING AND SUPPORTING INFORMAL FOSTER AND KINSHIP CARE

Children in informal care are not easily identified and identification and registration/documentation activities will take longer. Where it is suspected that there are large numbers of children who have been taken in by families, additional staff will be required, and it may be necessary to initially prioritise children recently separated from their families, or infants.

The following activities should be undertaken to protect children in informal care:

Community awareness and support

The support of the community should be enlisted to help care for unaccompanied and separated children. Male and female community leaders and local child protection workers can play a key role in identifying and screening potentially appropriate adult

caregivers; in playing a facilitation role between participating adults/families and the external agency concerned with child protection; and in explaining the reasons for registration. They can also help mobilise community capacities to assist with monitoring of children being spontaneously fostered. Child groups can also play a role in raising awareness on child rights and can monitor and report on care and protection concerns affecting children in kinship or foster care (or other care settings).

Identification and registration

Ongoing efforts should be made to identify children taken in by families, and for the child and the care arrangement to be registered. Children should be referred for tracing services and medical screening. (Please refer to **Tool 39** for the Inter-Agency IMS form for registering children in alternative care.) There may be resistance to identifying children in informal care and work should be done to help increase understanding and cooperation in this regard. The registration process should not disrupt existing arrangements and may need to be part of a larger exercise of identifying children at risk/vulnerable children.

Documentation

It is important to record the details of the foster family together with the names of the children, their parents' names and, if possible, last known address. (See **Tools 37** and **38** for the Inter-Agency CP IMS Registration form and also refer to *Unaccompanied and Separated Children – Field Handbook*, chapter on documentation for further details.) If the foster family is moving, for example, to another camp/location, then the final destination of the foster family should be noted.

Tracing

If the move could jeopardise tracing efforts for the child, then the child may have to be placed in a different family in the current location. Information regarding foster placements should be kept together with other documentation regarding separated children and should be kept strictly confidential. Information regarding foster placements should be kept in case files for each child, together with other documentation regarding separated children, and should be kept strictly confidential.[1] (See **Tool 44** for more information.)

Assessment and monitoring

A rapid assessment of the suitability of the arrangement should be made, ideally by a community-based worker, to ensure that the child is safe and cared for, and to consider the support needs of the caregiver and child. For example:

- Can the child be quickly reunified?
- Is the adult physically capable of providing care?
- Is he/she from the same community as the child?
- Will he/she be able to provide sufficient care and supervision for the child in terms of their ages, number, and any special needs?
- Are there any obvious protection concerns (eg, an adult man caring for an adolescent girl)?

(See **Chapter 5.1** and **Tools 35, 36** and **53**.)

All children in temporary care should have an allocated case worker (ideally from the community) who visits the placement on a regular basis to verify that the child is well cared for and to consult with the child and caregiver on the progress of tracing efforts and any longer-term care plans (see **Chapter 6**). This should be done carefully so as not to disrupt the relationships or encourage the caregiver to abandon or hide the children. The caregiver and child should know who to contact with tracing information, or any urgent concerns regarding their safety or welfare, eg, the camp manager or at a camp registration point. The caregiver can also be given information on how to help the child cope emotionally. (See **Chapter 4.7**.)

If it is suspected that the child is being abused, neglected or exploited (eg, being used as a domestic servant), the situation must be quickly assessed with the involvement of the appropriate authorities. (If the local authorities are not able to undertake this, a BID may be required – see **Chapter 6.5** and **Tools 22, 23, 24, 25, 26** and **27**.) If necessary, an alternative placement should be arranged immediately.

Provision of support

Foster caregivers should be given encouragement, and the children should be linked to available supports and services. They should be in receipt of basic supplies or other resources to which they may be entitled. Informal caregivers should receive the same level of support as formal caregivers. This should be on a par with other households in the community have access to. (See **Chapter 2.3** and **Tool 50**.)

If the family is unwilling to continue to care for the child, an offer of additional material support could be an option. In order to reduce risk of problems relating to secondary separations and community tensions, it is recommended that additional support should be provided either as part of a broader community programme to support vulnerable households, or via the formalisation of the placement. (See **section 8.3**.)

For additional guidance on supporting caregivers please see **Chapters 4.7**, **5.3.1**, **6.1.3** and **7.4**.

Assessment before reunification

For children whose families have been traced and verified, an assessment will need to be made regarding whether reunification is in the child's best interests, and of the family's willingness and capacity to care for the child. The child would then need to be prepared for the move (see **Chapter 7**).

Twelve-week review

For children whose families have not been traced within 12 weeks of when the child was taken in by the foster caregiver, a formal meeting should take place to determine what longer-term care arrangements should be made. If the placement adequately meets the child's needs and the child and caregiver are happy for the arrangement to continue, the placement should be formally recognised as longer-term. Monitoring and reviews of the placement should continue as required (see **Chapter 6**).

8.3 DEVELOPING FORMAL FOSTER CARE PLACEMENTS IN LOCATIONS WHERE FOSTER CARE IS NOT WIDELY USED OR ACCEPTED

There may be circumstances when it is preferable to formalise existing foster and kinship care arrangements or to recruit formal foster caregivers.

These include when:

- there is lack of existing informal foster care placements and caregivers need to be recruited
- there are protection concerns with significant numbers of informal foster and kinship caregivers and the assessment, training and monitoring of caregivers is increasingly required
- many informal caregivers require additional material support to be able to continue to care for children and the provision of such support could encourage birth families to abandon their children in the hope that they will receive more help, or it may result in families taking in additional children for material gain.

In these circumstances, a formal foster care programme can help ensure that more caregivers provide good-quality care, and that any additional supports are received on the basis of an explicit contract requiring them to provide a certain level of care and to be monitored (see **section 8.5.3** below).

In the development of formal foster care programmes, it is vital that they are rooted in community norms. Understanding how children are cared for by other families is crucial to making the most of community traditions, while mitigating the most common risks (see **Chapter 3.2**).

Where local government or community organisations are capable of arranging foster placements, external agencies should support their efforts and not set up a parallel system. Where the commitment or capacity of communities to arrange foster placements is weak, then a more agency-led approach may be required, with agencies providing technical support or monitoring oversight.

External agencies supporting or developing a foster care programme should ensure they work within the national framework, where this exists, and in accordance with international legislation and with an understanding of the legal framework for foster care. For example:

- What are the legal rights and responsibilities of parents, children and caregivers?
- Do parents maintain legal guardianship of the child?
- Who qualifies as the legal or customary guardian in the absence of parents or other close relatives?
- Are kinship or foster caregivers eligible to adopt?
- Do national fostering procedures or entitlements also apply to kinship caregivers?
- What financial or other form of support do foster or kinship caregivers receive from the birth family, the government or NGOs?

Prepare for adequate time and resources to set up and run the programme, to adequately monitor and support children over the long term, and to build local capacity to run the programme, where possible. This will require a long-term commitment.

8.3.1 CREATING SUCCESSFUL FOSTER PROGRAMMES

Introducing fostering into contexts where it is not widely used or accepted is challenging; however, research shows that it can be achieved.[2] A number of key factors are associated with the successful introduction of fostering programmes:[3]

- The programme builds on existing social structures and community-based solutions.
- Children are placed with foster families who come from a similar background in terms of ethnicity, culture, tribe, religion and language.
- There is a sense of community, with members able to access support from others.
- There is a consistently strong national and local government policy for community-based care.
- Children are able to maintain links to their parents and other relatives or friends.
- The placements are adequately monitored and supported, without disruption to the foster arrangement or creating problems for the child, caregiver, or wider community.

(For more information on foster care criteria and placement, please see **Tools 42** and **43**.)

8.3.2 PLANNING STEPS FOR PROGRAMME DEVELOPMENT

Following an assessment of how foster care is used locally, and where it has been determined that foster care placements are required, the following planning steps are recommended:[4]

1. Build government and community support for foster care:

- Actively listen to concerns from community members, families and children.
- Where possible build on pre-existing community-based support mechanisms.
- Be patient and prepared to have long, open dialogues and do plenty and awareness-raising among communities regarding the potential benefits of having children cared for in families instead of in orphanages (see **Tools 3**, **12** and **13**). Work with the local community (adults and children) to understand what realistically can be done to reduce reliance on residential care and achieve sustainable and good-quality family-based care.
- Promote government and/or community ownership of the development of a foster care programme. Adults and children from the community and local organisations should be involved in shaping and delivering the programme.
- Consider with the government and local partners what types of foster care to develop, eg, short- or long-term, individual or group-based.
- If foster care is not used traditionally and is not being used in the emergency, assess the feasibility of creating a pilot, with priority given to the care of babies and infants.
- Clarify the roles and responsibilities of the managing and supporting organisations through standard operating procedures (SOPs) or other similar mechanisms.

2. Develop fostering procedures and policies:

- Determine the eligibility criteria for placing children in foster care, the rights of the child and family, admissions procedures, and guardianship agreements for children without known family members. For more information about appointing a guardian, please refer to Separated Children in Europe Programme (2009). *Statement of Good Practice*, 4th revised edition, pp. 21–22 and the *Core Standards for guardians of separated children in Europe: Goals for guardians and authorities*. Separated Children of Europe Programme. 2009.
- Clarify the care-planning and case-management process for: verification, reunification and reintegration; monitoring; responding to child protection issues; changing and ending placements; making placements permanent (see **Chapter 6** for guidance).

3. Prepare resources for the delivery of the programme:

- Ensure that the budget is adequate to cover all the components of the programme.
- Prepare staff.
- Prepare all the required resources, eg, forms, database, material provisions, etc.
- Start foster care recruitment and training process (see **section 8.4** below and **Chapter 4.5**).

8.4 THE PROCESS OF SETTING UP INDIVIDUAL FOSTER AND KINSHIP CARE PLACEMENTS

The process of vetting substitute families, placing children and providing adequate monitoring and support is time-consuming and labour-intensive. Local authorities or other community organisations may not have the capacity to follow this process without external support, at least initially. Where this is the case, the following process is recommended.[5] Parts of the process below may also apply to kinship caregivers who are not known to the child.

1. **Identify willing families**: Local government and community leaders and other local organisations can be asked to identify families who may be interested in fostering. They can play important roles in identifying, screening and implicitly monitoring foster caregivers. Their knowledge of caregivers' backgrounds and characters and their opportunities to observe how they are managing will often be greater than external social workers are likely to have. They should be involved in determining what would make a person eligible to be a foster caregiver (see **section 8.5.1** below). (For an example of criteria used in Jordan please refer to **Tool 42**.)
2. **Provide information**: Families interested in fostering can be provided with initial information on the role of caregivers, length of placements, type and number of children that may be placed, and the type of care the child is expected to receive. The role of the agency in supporting the placement should be explained. It may be preferable not to give information on any financial payments caregivers may be eligible for until after initial screening of the family, in order not to encourage families to volunteer for financial gain. Adults who are willing to care for a child should be asked to discuss the issue with all the members of the household before arranging the screening interview.

3. **Undertake screening**: Families who wish to be considered as substitute caregivers should be initially screened/interviewed to check that they meet pre-determined selection criteria. Where community members know each other, some sort of public community vetting process may be appropriate. A home visit should be carried out to check the suitability of the home environment and the attitudes of others in the household regarding any placement, and to obtain a character reference from others in the neighbourhood.
4. **Match the child and the caregivers**: The priority is to place the child according to which family would best suit his/her needs. This should take into account the wishes of the child, the make-up of the family, their location, whether they are known adults from the child's community, and the ability to place siblings together.
5. **Provide the caregiver with initial training** on key issues relating to being a foster caregiver including, for example, child protection procedures, how to help the child, how to manage behavioural issues, etc. Where there are several adults preparing to be substitute caregivers, a group meeting can be set up. (See **Tools 59** and **60** and **Chapter 4.5–4.7**.)
6. **Prepare the child and caregiver for the placement**: The amount of preparation will depend on the time available. At a minimum, the worker should provide information on the placement and what the child and caregiver can expect. The child and caregiver should have the opportunity to ask questions about the placement. (See **Chapter 5.4** and **Tool 49** and **Tools 50**, **51**.)
7. **Complete placement registration**: If the worker, the child (according to his or her capacity to communicate) and the caregiver are in agreement that the placement should go ahead, a foster care agreement form (see **Tool 38**) should be signed and the placement registered with all relevant authorities. It may be appropriate to do this in a public way, announcing to neighbours what the roles and responsibilities of the caregivers will be and whether they are receiving compensation. This may help counter rumours and jealousies, and encourage some informal oversight. If the arrangement is expected to be temporary or permanent, this should also be made clear publicly. A representative from the placement agency should facilitate the meeting and sign the agreement along with the foster caregiver. A copy of the signed agreement should be placed in the child's case file.
8. **Place the child**: The child should be accompanied to the placement, ideally by their current caregiver or case worker (see **Chapter 5.4**). (Some cultures may mark the arrival of the foster child with a ceremony to welcome the child.) The foster child, children in the foster family, and/or foster caregiver should receive any agreed upon provisions. The foster family and child should be linked in with available community groups and other supports, including community-based schooling/vocational training, and recreational activities.
9. **Monitoring the placement**: Thereafter the child and foster family should be seen weekly for the first few weeks, ideally by community-based trained staff, and there should be a review of the placement and the care plan every 12 weeks (see **Chapter 6**).

8.5 ASSESSING THE SUITABILITY OF FOSTER OR KIN CAREGIVERS

Foster families should be assessed and selected in close collaboration with adults and children from the community, with both helping to draw up eligibility criteria (see below). Children in need of alternative care should be consulted before their placement, wherever possible, regarding who to be placed with.

It should be recognised that there are not many examples of arranged foster caregivers who willingly come forward and who meet all the criteria required by the agency. Many will have been affected physically and psychologically by the emergency, while others may seek material or financial support from agency involvement. While there may need to be flexibility regarding foster caregivers meeting all pre-determined eligibility criteria, it is worth investing time in checking the capacity and motivation of caregivers and in ensuring they are fully aware of what will or will not be provided, and what to expect from the placement. Such efforts can help reduce the risk of the placement breaking down or the caregiver giving up the care of the child. This process should ideally be carried out by a community-based organisation and may include:

- **Screening** of the caregivers against basic criteria pre-determined by the community (see **section 8.5.1** below).
- **An interview** with the prospective caregivers to ascertain their reasons for wanting to be a foster caregiver, their ability to provide adequate care and any additional supports they might require to care for the additional child and their own children.
- **A home visit** to check that the environment is safe and adequate for the child. The home visit and interview should also provide information on the impact that the foster placement might have on the caregivers' own children, and to gather the opinions of all members of the household regarding having an additional child/children in their home. It may also be possible to observe how they treat their own children during the visit.
- **Verbal character references** from neighbours and male and female local community leaders, including specific questions about the suitability of this family to take in foster children.

8.5.1 ASSESSMENT CRITERIA

The following list provides typical eligibility requirements and can be tailored to suit the particular context. It may be more strictly applied to foster families who are not known to the child than to relatives or other adults with whom the child is familiar. With known adults, the assessment should prioritise the child's opinion of being placed with the adult, and should include observation of their interaction.

PRINCIPAL CRITERIA FOR ASSESSING ADULTS WISHING TO FOSTER OR CARE FOR CHILDREN

- Wherever possible, refugee children should be fostered by families from their own community and of their own ethnicity. Foster care of refugee children within the host community is not normally advisable.
- Matching culture, language and religion of the child (this will help facilitate the placement and maintain the child's sense of identity, but it may not be the key criterion in every case).
- Good physical and mental health.
- Knowledge of the needs of children and how to meet them appropriately.
- A desire to foster/provide care out of compassion for children and not for reasons of personal gain.
- Satisfactory living conditions in relation to the standards in the surrounding community.
- The ability to offer children love and security.
- An understanding of the differences between foster, kinship care, and adoption, and a willingness to return the child to his or her original family if found.
- Economic ability to support another child if material support is not going to be provided as part of the arrangement.
- Culturally acceptable status and gender as a caregiver. In some contexts it may be common for widows to care for children, while in other contexts it may be more appropriate for married couples to provide care. It would normally be considered inappropriate for a single man to be the caregiver for a female young person.
- Ability to provide adequate care to the child, given the number and ages of children already in the adult's care, and any other responsibilities the caregiver has. No families with more than three children under the age of five should be accepted. There should be a maximum of eight children in the household (including birth and fostered children).
- Ability to foster sibling groups, where the child also has siblings who require alternative care.
- Stable and safe home location with no immediate plans for repatriation or resettlement (where return to an area/country of origin or third-country resettlement is a possibility, consideration must be given to whether the fostered child will remain with the family that moves).
- Ability to provide equal provision of healthcare and education for foster children as for other children in the household.
- Willingness to make a long-term commitment to the child, where this may be required. The minimum foster care commitment would normally be six months.
- Willingness to be monitored by social workers and local authorities.
- Appropriate age gap between the caregiver and the child. This will depend on cultural norms; however, the United Nations defines an adult as a person over the age of 24. If the caregiver is an older sibling, it may be acceptable for him/her to be younger than this. If the child has special needs, or there are multiple children to be cared for, the minimum age is likely to be older (ie, over the age of 24).

Adapted from UNICEF (2006) *Technical Notes – Special Considerations for Programming in Unstable Situations*: Chapter 4.

One of the key criteria for determining whether alternative caregivers are suitable is their availability to care for the child in the longer term, if required. This is particularly important if it is suspected that it will take some time to trace and reunify the child with his or her parents or customary caregivers. Infants and young children in particular will become attached to substitute caregivers, and repeated separations can be very damaging to the child's overall development and wellbeing.

Note: If a family has asked to foster a child of a particular gender or age, an assessment should be made of their motivation. For example, a request for an older girl may be for the intent of using the child for domestic duties in the home or for marriage purposes.

8.5.2 ASSESSMENT INTERVIEWS

Once initial screening indicates the person or couple may be suitable, an interview should be carried out to further assess their suitability. Questions to ask prospective caregivers include:

- What are your reasons for wanting to care for a child?
- What will the child's role be within the family?
- How long would you be able to care for the child?
- Do you have plans to move?
- Under what conditions might you need to return the child?
- How do siblings and extended family members feel about you taking in the child?
- How will you discipline the child?
- What might a typical day be like for the child?
- What type of work do you expect the child and your children to do, in and outside of the home?
- What do you expect from the child, in return for you providing him/her a home?
- How will you allocate food between the children?
- How many meals a day do you provide your family with?
- How will your children react to having another child in the family? What will you do if they treat the child unfairly? Will the foster child eat with the rest of the family at meal times?
- Who will go to school in the household?
- Where will the child sleep at night?
- What assistance might you require in caring for the child?
- How will you help the child cope with events such as unsuccessful tracing or preparation for family reunification?
- How might you respond if the child talks about missing his or her family and if he/she has concerns regarding the future?

8.5.3 FOSTER CARE CONTRACT

During the interview you will have to explain the basic details of the programme and ascertain if the family is willing to agree to the key conditions (see below). On placement of a child, the foster caregiver and case worker/representative of placement organisation should be asked to sign a formal contract stipulating the conditions previously discussed (see **Tools 42** and **43** for a sample contract).

FOSTER CAREGIVERS SHOULD AGREE TO:

- relinquish care of the child if requested by the child's family
- relinquish care of the child if requested by the child or agency, or the child's family
- be regularly monitored by a community child welfare committee, local agency or international organisation
- allow contact with family members, including siblings, while the child is in the placement
- cooperate with tracing and reunification efforts
- not leave with the child or change the child's placement without notifying and getting the agreement of the monitoring committee or agency
- commit themselves to care for the child for six months or more (ultimately the length of the placement will depend on the wellbeing of the child in the current arrangement, the effectiveness of tracing efforts, the potential for reunification, and the preference of the child and caregiver when reunification is not yet possible).

ENDNOTES

[1] Uppard, S (2012) *Unaccompanied and Separated Children – Field Handbook*, Interagency Working Group for Unaccompanied and Separated Children

[2] Tolfree, D (1995) *Roofs and Roots*, Save the Children

[3] Ibid.

[4] Adapted from Dunn A, Jareg E and Webb, D (2003) *A Last Resort*, Save the Children

[5] Adapted from Dona, G (2001) *The Rwandan Experience of Fostering Separated Children*, Save the Children; IRC, Save the Children, UNICEF and UNHCR (2002) *Guidelines for Liberian Separated Children in Alternative Care*, IRC, Save the Children, UNICEF and UNHCR

CHAPTER 9
SETTING UP SMALL-GROUP RESIDENTIAL CARE

While temporary care facilities, such as interim care centres, should provide care for a maximum of 12 weeks, small-group homes may be used as both interim and longer-term care for young people who do not want to be placed in a family, or who require specialist support before being able to reintegrate with their family or community.

All forms of group care should be based on a small-group model in order to provide children and young people with sufficient care and attention, and to avoid their institutionalisation. Care facilities should be organised through community leaders and/or local organisations in cooperation with childcare workers in order to ensure that the provision is set up in accordance with cultural norms, and provides a standard of living comparable to that of other families in the community.

This chapter includes:

9.1 GROUP CARE IN CAMP, RESIDENTIAL OR GROUP FOSTER CARE

In order to arrange small-group care, the following guidance should be followed:

Groupings of children:

- Children should be organised into small family-like groups of 6–8 children. It is preferable to have more shelters/homes for fewer children rather than one large building.
- Siblings and close friends should be kept together.
- To facilitate tracing and reunification, children should be grouped with other children from their community.
- Consideration needs to be given to which children should be accommodated in one shelter/home and to whether certain groups of children need to be separated into other areas. This may be the case for demobilised children (see **Tool 21**).
- Although adolescent boys and girls may be part of the same group, they should sleep in separate quarters (including for siblings).
- Within a group of children, ideally there should be a mix of ages, gender, and abilities so that the group is like a family. The older children can help take care of and play with younger or less able children. **Infants (particularly those under the age of three) should be prioritized for foster care, and should not be separated from older siblings.** (See Tool 18.)

- Children with chronic or highly infectious diseases, severe disabilities or severely disturbed behaviour should be referred to specialist foster or residential care placements for appropriate attention. **Wherever possible, children with disabilities should be with able-bodied children in family-based or small-group care.**

Caregivers:

- There must be consistency in the caregivers who are looking after the children, since they act as surrogate parents.
- The number of caregivers will depend on the needs and ages of the children (see **Chapter 4.4**).
- Caregivers should ideally live with the children. In group foster care, the caregivers may live next door to young people.
- Where shifts are used, the change of caregivers should be kept to a minimum. Consideration should be given to a rotating system for caregivers that will provide continuity of care for the children, as well as meeting the needs of the caregivers, many of whom may have their own family or other responsibilities. For example, the same 2–3 caregivers may alternate. Ideally there should be continuity between day and night for the children, and therefore if possible, the caregiver who looked after the children during the day, should be there that night. Another option is for caregivers to work 24-hour or 3-day rotations, in pairs.

Daily routines:

- The 'family' should prepare and eat meals together, with the children helping with normal household chores.
- Older children can help look after younger ones.
- The children should access available education, recreation and health facilities within the community.

9.2 USE OF INTERIM CARE CENTRES[1]

Where a decision has been made to create an interim care centre, this should provide care based on small groupings of children with sufficient caregiver-to-children ratios. Where a large building or space is being used, this should be divided into areas where each family group can live, sleep, cook and eat together.

9.2.1 LENGTH OF STAY IN AN INTERIM/TEMPORARY RESIDENTIAL CENTRE

It should be made very clear that the objective of residential care is reunification, reintegration/social rehabilitation or placement in the community, and rigorous screening procedures should be in place to ensure only appropriate admissions (see **Chapter 5.2**).

All efforts should be made so that children stay in the centre for as short a time as possible prior to family reunification or alternative care placement. The time spent in emergency care centres should be a maximum of 12 weeks unless there are extenuating

circumstances, and will ideally be much shorter, eg, a few days up to 4–6 weeks. Within this 12-week period the actual length of stay will depend on:

- the time required to arrange for family reunification or more appropriate placement
- the need to address key socialisation and psychosocial needs which will help with sustainable reintegration. Where these services are not available in the community, the child may benefit from remaining in the centre for a few weeks.
- the external security situation and the risk to the child returning to the community
- the general atmosphere within the centre, eg, level of violence
- the existence of alternative family-based care options.

To ensure that the child's stay in the centre is within this time frame, support to build the community's capacity to look after their own or additional children should be pursued simultaneously, in order for interim care centres and other forms of temporary care to be phased out.

Family tracing should begin as soon as the documentation is complete. If family reunification seems unlikely within the 12-week period, efforts should begin as quickly as possible to find alternative care arrangements. (See **Chapter 3.5** for guidance on the risks associated with supporting or developing residential care.)

All children must have a formal care review at or before 12 weeks (see **Chapter 6.3**).

9.2.2 TIMESCALES FOR THE EXISTENCE OF EMERGENCY CARE CENTRES

Emergency centres (sometimes known as interim care centres or ICCs) should be phased out as soon as all children can be placed in more appropriate interim or longer-term care. A target date should be set for closing down such centres. It is vital to keep a strong focus on this time frame so that neither the children nor staff settle into a long-term situation.

Small-group homes that meet agreed standards may continue to exist as suitable longer-term care for young people who are unable or unwilling to return home or be placed in foster care.

The resources invested in such homes should not affect the resources invested in efforts to 'normalise' the situation. Investments should instead be directed to supporting tracing activities, promoting appropriate care and providing services to acutely distressed families and children in order to prevent family separations.

9.3 SMALL-GROUP HOME SPECIFICATIONS

Where small-group care is provided in a residential setting, the following guidelines are recommended. These apply to interim care centres also.

- **Location**: Small-group homes should be located within, not outside, the main community. This is to facilitate tracing activities and the integration of the children in their communities. They may be close to the designated centres where people will come for information about missing children. The home must be in a reasonably secure environment.
- **Type of building/shelter**: The accommodation should be similar to typical family accommodation in the community. Ideally, available houses in the community should be used for small-group homes, rather than building new facilities. The facilities should be accessible for people with physical disabilities.
- **Facilities and services**: While maintaining Sphere standards, small-group homes should also maintain standards similar to those of the surrounding community.
- **Education**: Children within small-group homes should, wherever possible, use community-based resources, eg, attend the local school and health centre, participate in local recreational activities, etc. Separate provision for children in care should be avoided wherever possible. If no suitable education or vocational training exists in the community, the caregivers can provide basic numeracy, literacy and practical skills training. There should also be access to services that are offered to other children from the community.
- **For children in the home for whom it is too soon to be reintegrated into a different district**, enrolling them in community-based education or training may make them resistant to returning home. Such children may benefit more from short-term, home-based activities.

  Where children have school certificates or other documentation of education, these must be added to the child's file and given to him/her on leaving the home.
- **Daily chores**: Children should undertake daily chores appropriate for the age and capacity of the child, and what they would be expected to do at home according to cultural norms (eg, sweeping the shelter and the surroundings, cleaning the bathing area, clearing overgrown weeds, and assisting the caregiver in the preparation of meals). Where appropriate, children should be encouraged to engage in agricultural activities in order to prepare them for reintegration in rural communities. This may include cultivating land. Such activities should not deny them access to their other rights, such as education, and must not put them at risk. The amount of time they spend on such activities should also be age appropriate. Age-appropriate activities help children re-learn a sense of responsibility and their place within the family and the community.
- **Life skills**: Children should have discussions with their caregiver and case worker on key issues that will help prepare them for life in families and communities. This should largely be determined by the young people and may include, for example, the prevention of HIV, reproductive health, childcare.

- **Recreation**: If safe to do so, and under the supervision of the caregivers, children should participate in neighbourhood social activities such as sports; regularly attend religious services/ceremonies if they choose to, according to their affiliation; be allowed to visit friends they make outside the home. If few social development opportunities exist in the community, the caregivers should offer indoor and outdoor activities for the children in the home and wth their friends. These activities should be largely determined by the children, and should cater for their ages and abilities. In addition, there should also be some free time for rest or to socialise with other children.
- **Psychosocial supports**: Each child's progress and emotional needs should be monitored by his or her caregiver and case worker. In addition to group work and peer group support, children may benefit from **individual discussions with an adult member of staff or their case worker** and/or opportunities to participate in traditional healing ceremonies.
- **Community learning**: Just as communities need to be educated about the needs and experiences of the children in the home, the children will need to be reacquainted with their communities. Discussions between children and community members should be organised around topics such as local customs, norms and values as well as the appropriate family and community roles of the returning children, the roles of their parents/families and other community members, etc. Women's groups can be invited to talk to girls. Children and young people may also join child groups or youth groups.

Please refer to **Tool 4** for guidance on standards of care and the Sphere Standards for the specifications for the building of shelters, basic supplies and other essential components (**http://www.sphereproject.org/handbook**).

ENDNOTE

[1] Based on IRC (2003) *Guidelines and Protocols for Interim Care Centres in Liberia* (Final Draft), IRC; Abdallah, I (2001) *Learning from Interim Care Centres-Daru, Sierra Leone*, (Final Draft), IRC

CHAPTER 10
SUPPORTING CHILD- AND PEER-HEADED HOUSEHOLDS

In some communities it is common for older children to come together to form peer-headed households, or to look after younger siblings in a child-headed household. In an emergency, such households may be more prevalent, as children and young people do what they can to survive and remain with their siblings and peers. For some, this will be in a makeshift shelter, while others may be living in the family property or on their land, in an effort to hold on to their inheritance. In some cases, child- or peer-headed households are an interim arrangement, pending an adult relative joining the household. In other cases, child-headed households are the result of a lack of other options.

Children in child- and peer-headed households may be some of the most vulnerable children, particularly if they do not have any adult support from members of the community. They are likely to be living in poverty, without adequate shelter and nutrition, and with limited access to support, education and vocational skills training. Girls in particular are at serious risk of abuse and exploitation. Where child- and peer-headed households are culturally acceptable, child protection agencies should advocate for the effective protection of the rights of these households, such as eligibility for aid available to other households in the community, access to education, protection of inheritance and property/land, etc.[1] Given the potential needs of children in such households, they should be included in care and protection programmes for initial assessment and potential referral to community-based support. Where child- and peer-headed households are not culturally acceptable and/or national law specifies that all children must be in the care of an adult, child protection agencies will have to consider alternative care arrangements for such children. This chapter refers to contexts where it may be acceptable to support child-led households.

This chapter includes:

10.1 ASSESSING HOW TO SUPPORT CHILD- AND PEER-HEADED HOUSEHOLDS

The support needs of children in child- and peer-headed households will vary considerably. While some may be highly vulnerable and would like to be supported or placed in family-based care, others may be coping well with existing community supports. In all cases, the involvement of external agencies must be carefully thought through. The following assessment questions can be put to children living in child- and peer-headed households, male and female community leaders, and adults who support children in such arrangements, in order to determine how best to assist. (Please see **Chapter 5.1** and **Tool 53** for additional guidance on assessing a child's current situation.)

ASSESSMENT QUESTIONS FOR SUPPORTING INDEPENDENT LIVING ARRANGEMENTS

- What types of children commonly live on their own? In what circumstances might children be forced to head a household or to leave home?
- How are children without an adult head of household perceived by the local community, the local authority and the police?
- What risks do they face? How does this differ between child-headed households, peer-headed households, or young mothers living on their own? How does this differ if the child is an orphan, a girl or a boy? Or if the child is looking after someone who is disabled or HIV-positive?
- How are they supported?
- What are their legal rights and are these enforced? How is inheritance distributed? Are such children entitled to open bank accounts?
- Are they considered a 'household' or a 'family' and entitled to supports that other households/families receive?
- How is the care of such children monitored? If there are protection risks, what actions are taken? Who provides oversight to ensure that children living in child- or peer-headed households are adequately included in care and protection programmes/policies?
- What happens to infants looked after by girl mothers, older siblings or unrelated young people?
- Are such children able to access schooling and/or vocational training?
- How do children support themselves financially? If they are currently working to earn a living, how can they best access school or training, and still be able to provide for themselves and other dependants? If they are in hazardous labour, what alternative appropriate livelihoods can be found?
- Is there a risk of trafficking or recruitment by armed groups or gangs and, if so, how can it be mitigated?

10.2 SUPPORT FOR EXISTING AND NEW CHILD- AND PEER-HEADED HOUSEHOLDS[2]

Identification and assessment: While some households may not require help, others will, and therefore children in child- or peer-headed households should be identified and registered, with an initial assessment made of their situation, current support mechanisms, and needs. If the children are in need of protection, tracing or other services or supports, they should be registered and a referral made. If there are concerns regarding the wellbeing of the child/children, they made need to be placed in alternative care.

Key considerations would be:

- What is the opinion and preference of the child?
- Is there an older sibling in the household who can support the other children in the placement adequately?
- Is there a neighbour, relative or adult member of the community who can support the placement adequately?
- Can additional supports be put in place to address current concerns?
- Would ongoing, community-based monitoring address current concerns?
- Is the head of the household considered at high risk, eg, female, pregnant, sick, disabled?

Monitoring: All children in child- or peer-headed households should be monitored by a community member (eg, by a relative, neighbour, child protection committee volunteer, or community social worker) to ensure their protection, at least until the eldest child reaches 18, and older if support is still required. It should be emphasised that the ability to effectively monitor independent living arrangements will depend largely on the children's willingness to have external oversight. Children in child- and peer-headed households may be highly resistant to what may be perceived as external interference.

Ideally, the children themselves should identify the type of support and method for follow-up that would best help them. Where monitoring can be done informally by several different people from the community, this can provide additional oversight, eg, a trusted adult, chosen by the child/children, could visit the household on an informal basis several times a week to check that all is OK. If he or she has immediate concerns, these can be reported to a social worker or community equivalent. Where a children's support group or children's representative within the community exists, they may also have contact with the children and can draw attention to the particular risks in the household.

Provision of support: Ideally, support to child- and peer-headed households should be provided via a community-based mechanism, rather than directly by an agency. The children should be supported to obtain the resources for which they are eligible (eg, basic provisions and/or additional material resources, if they meet pre-determined criteria). They should also be encouraged to access resources available to other children (eg, recreation facilities, children's support groups, education facilities, psychosocial support, healthcare, vocational training).

The head of the household or adults supporting the placement should be encouraged to help the children in the household learn key skills, (eg, cooking, budgeting, hygiene) and be aware of key risks and how to protect themselves (eg, in relation to sexually transmitted diseases, recruitment by armed forces and groups). They should also be aware of information relating to their rights and who to go to with concerns.

Where the head of the household is female, it may be necessary to put a safety plan in place if there is a high risk of sexual abuse or exploitation.

Finally, young people in child- and peer-headed households should be invited to participate in community development projects. This can help in their development, and in regaining a sense of control in the aftermath of the emergency.

(See **Tool 50** for guidance on supporting independent living from the Haiti response, 2010.)

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For most of the documents listed here, and additional resources, please refer to the Better Care Network website: **www.crin.org/bcn**

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ALTERNATIVE CARE IN EMERGENCIES TOOLKIT

The *Alternative Care in Emergencies Toolkit* is designed to facilitate interagency planning and implementation of alternative care and related services for children separated from or unable to live with their families during and after an emergency.

There is no single type of care placement that will meet the needs of all children. Each emergency will have its own set of protection risks. Different societies will have their own unique norms for how children are looked after. Each family and community will have different levels of requirements and resources and, most importantly, each child will have individual needs, concerns and preferences.

It is the responsibility of those implementing care and protection programmes to assess carefully what is appropriate and feasible, given the context, and to develop placement options that are rooted in community norms and that meet a minimum level of quality standards. This Toolkit was developed to provide practical interagency guidance based on previous learning that can be quickly adapted in an emergency.

The Toolkit contains:

- **guiding principles** that are central to all interim care-related work
- **summary guidance** for quick reference to the tools and information throughout the document
- **extended guidance**, including:
  - managing and coordinating a programme, including how to support families and caregivers without encouraging secondary separation
  - managing individual care to respond to the protection needs of each individual child
  - information on how to set up, assess and support a variety of types of alternative care
- **60 adaptable tools**, including best practices, country examples, and learning from previous emergencies.

The guidance and tools reflect experience and approaches recommended by the Interagency Working Group on Unaccompanied and Separated Children, which comprises UNICEF, UNHCR, ICRC, Save the Children, IRC and World Vision. They are based on learning from recent and current emergencies, and draw on the principles and standards related to separated children and out-of-home care.

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