

Alternative Care in Emergencies (ACE) Toolkit

Extended Guidance

By Louise Melville Fulford for the **Interagency Working Group on Separated and Unaccompanied Children**

Acknowledgments

This toolkit was written by Louise Melville Fulford for the Interagency Working Group on Separated and Unaccompanied Children. The members of this Group, along with field colleagues, contributed significantly to its development. Particular thanks go to Catherine Barnett, Kristin Barstad, Bill Bell, Fiona Bukirwa, Noel Calhoun, Donna Carter, Shyamol Choudhury, Camilla Dalla-Favera, Alyson Eynon, Emma Fanning, Claire Feinstein, Tina Fischer, Bill Forbes, Lauri Haines, Pernille Ironside, Ghazal Keshavarzian, Abu Kokofele, Sarah Lilley, Florence Martin, Heather McCleod, Christine McCormick, Zahra Mirgani, Jennifer Morgan, Elli Oswald, Ron Pouwels, Eduardo Garcia Rolland, Monika Sandvik-Nylund, Hannah Thompson, David Tobis, Jane Warburton, Joanna Wedge, John Williamson, and Katherine Williamson.

Contents

Glossary	9
Introduction	16
Guiding Principles	19
Key Summary Guidance	23
<u>Section One: Managing an Interim Care Programme</u>	<u>35</u>
Chapter One: Interim Care Programme Planning	36
1.1 Leading and co-ordinating interim care provision	
1.2 Resource and capacity planning	
1.3 The development of care and protection policies	
1.3.1 Key policy components	
Chapter Two: Prevention of Primary and Secondary Separations	43
2.1 Addressing the factors which result in children requiring interim care	
2.2 Working with key target groups to prevent family separations	
2.3 Family and child support services	
2.3.1 Types of supplies and services required to support children and families	
2.3.2 Targeting assistance efforts to separated children or their caregivers	
2.3.3 Administering additional assistance	
Chapter Three: Determining the Suitability and Type of Care Placements to Use or Develop	54
3.1 The types of care provision required	
3.2 Understanding and building on community caring traditions	
3.3 The benefits of family-based care over residential care	
3.3.1 The priority for children under the age of three to be in family-based care	
3.4 Factors which will limit the ability to support or develop family-based care	
3.5 Supporting or developing residential care	
3.5.1 Warning signs on inspecting an institution	
3.5.2 Working with residential care providers	
3.6 Limited placement options or associated resources	
3.6.1 Cost analysis of allocation of resources	
Chapter Four: Child Protection Staff and Caregiver Ratios, Training, Supervision and Support Needs	66
4.1 Management requirements for interim care programmes	

- 4.2 Staffing requirements for formal and informal foster care
- 4.3 Staffing residential care centres
 - 4.3.1 Management and oversight
 - 4.3.2 Staff recruitment
- 4.4 Caregiver ratios for all forms of care
 - 4.4.1 The importance of small group sizes and high staff to child ratios
 - 4.4.2 Calculating child to caregiver ratios
 - 4.4.3 Recommended minimum caregiver ratios for residential and family based care
- 4.5 Caregiver training
 - 4.5.1 Basic training topics
 - 4.5.2 Additional training topics for residential staff
 - 4.5.3 Child protection training
- 4.6 The role of caregivers in family tracing, verification and reunification
 - 4.6.1 Tracing
 - 4.6.2 Verification
 - 4.6.3 Reunification
- 4.7 Staff and caregiver roles in supporting children’s psychosocial well-being
 - 4.7.1 Role of caregivers in supporting children’s psychosocial well-being
 - 4.7.2 Role of agencies in psychosocial support to caregivers
- 4.8 Supervision of child protection staff
 - 4.8.1 Supervision sessions for staff/volunteers working with individual children
 - 4.8.2 Recording of supervision sessions

Section Two: Managing Individual Care **84**

Chapter Five: Placing Children in Interim or Longer-Term Care **85**

- 5.1 Assessing the child’s current care status
- 5.2 Admission criteria for interim care
- 5.3 Determining where to place a child in need of alternative care
 - 5.3.1 Options for interim or longer-term care
- 5.4 Admitting a child into interim care
 - 5.4.1 Preparing children and caregivers for new placements
 - 5.4.2 Welcoming the child into the placement
- 5.5 Opening and maintaining the child’s case File
 - 5.5.1 Case recording by case workers
 - 5.5.2 Recording by caregivers

Chapter Six: Monitoring, Reviews, and Care Planning **99**

- 6.1 Monitoring children in alternative care

- 6.1.1 Reducing resistance to monitoring
- 6.1.2 Community based monitoring
- 6.1.3 Issues to monitor and address
- 6.1.4 Frequency of monitoring for children in alternative care
- 6.1.5 Prioritising monitoring for children who are at high risk
- 6.1.6 Monitoring options for large numbers of children or if children move out of the area
- 6.2 Child protection actions
- 6.3 Case reviews
- 6.4 Care planning
 - 6.4.1 Guidelines for care planning
 - 6.4.2 Longer-term alternative care decisions
 - 6.4.3 Permanency decisions
- 6.5 Best Interests determination (BID)
 - 6.5.1 When to use a BID
 - 6.5.2 The process for carrying out a BID
- 6.6 Case closure

Chapter Seven: Family Reunification **117**

- 7.1 Verification
- 7.2 Determining if family reunification is in the best interests of the child
 - 7.2.1 Family reunification checklist to determine if a BID is required
- 7.3 Addressing issues which can hinder reunification
- 7.4 Preparation for reunification
 - 7.4.1 Preparing children for reunification
 - 7.4.2 Preparing the family for reunification
 - 7.4.3 Preparing the community for reunification
- 7.5 Follow-up post reunification

Section Three: Types of Alternative Care **125**

Chapter Eight: Foster and Kinship Care **126**

- 8.1 The need for monitoring of children in family-based care
- 8.2 Promoting and supporting informal foster and kinship care
- 8.3 Developing formal foster care programmes
 - 8.3.1 Creating successful foster programmes in locations where it is not widely used or accepted
 - 8.3.2 Planning steps for programme development
- 8.4 The process of setting up individual foster and kinship care placements
- 8.5 Assessment of the suitability of kin or foster caregivers
 - 8.5.1 Assessment criteria
 - 8.5.2 Assessment interviews
 - 8.5.3 Foster care contract

Chapter Nine: Setting up Small Group Residential Care 140

9.1 Group care in camp, residential or group foster care

9.2 Use of interim care centres

9.2.1. Length of stay in an interim/temporary residential centre

9.2.2 Time scales for the existence of emergency care homes

9.3 Small group home specifications

Chapter Ten: Supported Child and Peer Headed Households 146

10.1 Assessing how to support child and peer headed households

10.2 Support for existing and new child and peer headed households

Bibliography 150

Resource List 155

Tools (zip file)

1. Child Protection and Care Related Definitions (Save the Children, 2007)
2. International Legal Framework Relating to Interim Care (Alternative Care for Emergency and Post Emergency Response, IAWG, 2010)
3. Minimum Standards for Interim Care (Alternative Care for Emergency and Post Emergency Response, IAWG, 2010)
4. Example Emergency Response Interagency Statement (Child Protection Working Group Haiti 2010)
5. Example Emergency Response Interagency Statement Regarding Coping in the Aftermath of an Emergency (Haiti, 2010)
6. Advocacy Messages Regarding Institutional Care (Guiding Principles: Unaccompanied and Separated Children Affected by Violence in Kenya, Interagency, Draft, 2008)
7. Guidelines for Prevention of Separation During Evacuation, Migration and Travel (Alternative Care for Emergency and Post Emergency Response, IAWG, 2010)
8. Children with Disabilities (Alternative Care for Emergency and Post Emergency Response, IAWG, 2010)
9. The Care Needs of Babies and Children under Three (Alternative Care for Emergency and Post Emergency Response, IAWG, 2010)
10. Children Associated with Armed Forces and Groups (Alternative Care for Emergency and Post Emergency Response, IAWG, 2010)
11. BID, including Emergency Procedures, for Possible Separation (UNHCR (2008) Guidelines on Determining the Best Interests of the Child, UNHCR. Annex 3)
12. Factors that Determine a Child's Best Interests (UNHCR (2008) Guidelines on Determining the Best Interests of the Child, UNHCR. Annex 9)
13. BID for Temporary Care Arrangements for Unaccompanied and Separated Children in Exceptional Circumstances (UNHCR (2008)

- Guidelines on Determining the Best Interests of the Child, UNHCR. Annex 2)
14. Best Interests Determination Report (UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR. Annex 6)
 15. Refugee and Displaced Children (Alternative Care for Emergency and Post Emergency Response, IAWG, 2010)
 16. Example Foster Care Agreement Form (Alternative Care for Emergency and Post Emergency Response, IAWG, 2010)
 17. Adoption (Alternative Care for Emergency and Post Emergency Response, IAWG, 2010)
 18. Inter-Agency CP IMS Rapid Registration Form
 19. Inter-Agency CP IMS Full Registration Form
 20. Inter-Agency CP IMS Children in Care Registration Questions
 21. Inter-Agency CP IMS Children in Care Follow-Up Questions
 22. Inter-Agency CP IMS Adoption or Foster Care Form
 23. Inter-Agency CP IMS Adult Verification Form
 24. Inter-Agency CP IMS Child Verification Form
 25. Inter-Agency CP IMS BID Form
 26. Inter-Agency CP IMS Reunification Form
 27. Inter-Agency CP IMS Closure Form
 28. Draft Standard Operating Procedures for Supporting Children's Community-Based Care Placements (IRC, Haiti, 2010)
 29. Child Protection in Emergencies Competency Framework (Interagency Initiative of the Child Protection Working Group, 2010)
 30. TOR Interim Care Adviser (draft, Haiti 2010)
 31. Confidentiality Guiding Note for Referring Protection Cases (Myanmar, 2010)
 32. Assessment of Children's Living Situation and Coping Mechanisms (IRC, Haiti, 2010)
 33. Care Plan for Children Separated from their Primary Caregivers (IRC, Haiti, 2010)
 34. Checklist for Preparation of Caregivers to Receive a Child (IRC, Haiti, 2010)
 35. Checklist for Preparing Child for Moving, End of Placement, or Reunification (IRC, Haiti, 2010)
 36. Guidelines of Support to Children living in Community Based Care and their Caregivers (IRC, Haiti, 2010)
 37. Infant and Young Child Feeding in Emergencies (IFE Core Group, 2007)
 38. Tracing (Introduction to Child Protection in Emergencies, UNICEF, 2007)
 39. Verification (Introduction to Child Protection in Emergencies, UNICEF, 2007)

- 40. 4 Day Case Worker and Foster Care Training Package (IRC, Haiti, 2010)
- 41. The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response, The Sphere Project, 2004

Glossary

For an extended list of child care related definitions, please refer to **Tool 1**.

Adequate Care

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.ⁱ In an emergency context this means an absence of abuse, neglect or exploitation, and the use of available resources to enable the child to develop as healthily as possible.

Adoption

Adoption is generally considered the permanent placement of a child in a family, whereby the rights and responsibilities of biological parents are legally transferred to the adoptive parent(s). National adoption or its equivalent (e.g. kafala) for children who cannot be reunified with their families or where it is not in the child's best interests to be reunified offers the best long-term, permanent solution for children.

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, typically after 2 years.

Alternative Careⁱⁱ

Alternative 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; Supervised independent living arrangements for children.

Caregiver

A person with whom the child lives who provides daily care to the child, without necessarily implying legal responsibility. Where possible, the child should have continuity in who provides their day to day care. Frequent changes of placement and caregiver should always be avoided.ⁱⁱⁱ The Caregiver should not be the child's key worker or child protection worker.

The child's customary caregiver is the child's usual caregiver. This person has a parental role but may or may not be related to the child, and may not be the child's legal guardian. In an emergency context, this would typically mean the child's caregiver prior to the emergency

Care Planning

This is the process of determining why it is in the child's best interests to be in alternative care; identifying the child's assessed needs and the services which will be provided to meet those needs; and setting the framework for the services provided to the child and family to enable the desired goals and outcomes to be achieved for the child. A Care plan is a written document which outlines how, when and who will meet the child's developmental needs,

both in the short and long-term. *Care planning* should involve the participation of children, parents and other relevant stakeholders and should result in a written document which is regularly updated and reviewed by all those involved.

Case Management

The definition of case management varies greatly across professions. 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, and advocating for, arranging, coordinating, monitoring and evaluating a package of services, as required to meet the child's complex needs.^{iv} It is carried out by the child's caseworker and requires the worker to work closely with the child, the caregivers, the legal guardians, and others involved in the child's care and protection.

Caseworker

For the purposes of this toolkit, the caseworker is the adult who is allocated by a designated body or agency, to a registered child, in order to carry out care planning and case management responsibilities. This may be a government social worker, an NGO child protection worker, or an adult member of a child protection committee. It should not be the child's caregiver. This person should have received training in their responsibilities, should be under professional supervision, and should not have a conflict of interest in working with the child.

Child

Every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.^v

Child Associated with an Armed Forces or Group^{vi}

This refers to 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, spies or for sexual purposes. It does not only refer to a child who is taking or has taken an active part in hostilities. This term has replaced the previously used term of "child soldiers".

Child Protection Worker

For the purposes of this toolkit, a child protection worker is a member of staff employed by a government, United Nations, or NGO body, to carry out child protection responsibilities. (This does not include care-giving). A Child Protection Worker may also be a volunteer who has been trained to carry out child protection responsibilities on behalf of a community based child protection mechanism or agency which has a mandate to protect children. The co-ordinating body for Child Protection in the emergency should specify who has a mandate to carry out which functions, and to ensure sufficient oversight, support, and co-ordination.

Community Based Child Protection Mechanisms

This may be a child protection committee, child welfare committee, or other such group, mandated within their community to take responsibility for the protection and care of children and families. A mandate to operate may be obtained by direct election by the community or by accepting powers delegated by a village, refugee camp or community committee. A child protection committee should ideally have child and adult representatives from the community.^{vii}

Best Interests Determination (BID)

A formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child. It can be used as an alternative form of decision making when governments are unable or unwilling to make appropriate decisions for children. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise, and balance all relevant factors in order to assess the best option.^{viii}

Emergency

A situation that threatens the lives and well-being of large numbers of a population, extraordinary action being required to ensure the survival, care and protection of those affected. Emergencies include natural crises such as hurricanes, droughts, earthquakes, and floods, as well as situations of armed conflict.^{ix} For the purposes of this toolkit, the emergency phase is considered to last from a few days to weeks, or until the immediate threat to life has diminished and communities begin the process of reforming and rebuilding.

Emergency Shelter

Shelter that is temporary and makeshift. This may be a tent, building, or other form of shelter used to accommodate adults and children overnight or for a few days. It is not form of alternative care placement.

Family-based care

A form of alternative care that involves a child living with a family other than his/her birth parents.^x For a description of different forms of alternative care, please refer to **Tool 1**.

Formal care

All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.^{xi}

Foster Care

Formal foster care is where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care.^{xii}

Informal foster care is where the child is taken into care without third party involvement. This may also be spontaneous fostering if it is done without prior arrangement. ^{xiii}

Gate keeping

Gate keeping is the prevention of inappropriate placement of a child in formal care. Placement should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, matched to whether the placement can meet these needs based on its functions and objectives. ^{xiv}

Gender-Based Violence (GBV)^{xv} 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. The term "gender-based violence" highlights the gender dimension of these types of acts; in other words, the relationship between females' subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence. The nature and extent of specific types of GBV vary across cultures, countries, and regions and apply to men and boys as well as women and girls.

Examples include:

- Sexual violence, including sexual exploitation/abuse and forced prostitution
- Domestic violence
- Trafficking
- Forced/early marriage
- Harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others

Informal care

Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. ^{xvi}

Institutional Care

Children looked after 24/7 in any public or private facility with a capacity of more than 12, staffed by salaried caregivers working pre-determined hours/shifts, and based on collective living arrangements. ^{xvii}

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, foster caregivers, or in residential care such as an interim care centre. Once an initial 12 week review has taken place, the placement can then be referred to as Longer-term care.

This definition is based on the concerns arising from previous emergency responses, whereby children remained in temporary care for months and even years without any review of the suitability of the placement and the need for it. The Guidelines for the Alternative Care of Children^{xviii} stipulates that children should have a review of their care placement every 3 months (or 12 weeks). By defining interim care as lasting up to 12 weeks, this highlights the fact that the care is temporary and a review of the placement has yet to occur and a longer-term child care or reunification plan is to be developed.

Kafala

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, legal protection and inheritance. Islam prohibits breaking the blood tie between children and their birth parents. As a result, change of parental status, name, inheritance rights, guardianship requirements (including for marriage purposes) are not allowed and adoption is rarely accepted in Islamic societies. Some Islamic countries and countries with large Muslim communities do have adoption legislation, but these tend to stipulate that the blood tie to the birth parents is not severed by adoption.^{xix}

Kinship care

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.^{xx}

Legal Guardian

The term Guardian has different meanings in different countries. For the purposes of this toolkit, a legal guardian is an adult who has legal rights and responsibilities towards a child. The legal guardian would normally be the child's mother and father, unless they have had their parental rights removed by a court order. A court or other legal body may also appoint a legal guardian.

Children without a legal guardian will require representation in decision making processes to ensure that their rights, opinions, and best interests are protected. The State or defacto authority should ensure that such representation exists, in accordance with national legislation and procedures; that this person is independent of the placement agency; and that the child's wishes are taken into account in keeping with the child's evolving capacities.

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.

Orphans

In this toolkit, the term is used to describe children both of whose parents are known to be dead^{xxi}. In some countries, a child who has lost one parent may also be called an orphan. This can result in children being unnecessarily placed in alternative care, rather than having support provided to the surviving

parent. For this reason, children placed in an ‘orphanage’ should be registered and an assessment made regarding their status, and whether he or she has a surviving parent or other relative. The term ‘orphan’ can be highly stigmatising. It is therefore very important to use this phase carefully, taking into account the local context and understanding.

Permanent placement

Adoption, kafala or other care arrangement that is stable, and expected to continue until the child reaches adulthood.

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 reforming and rebuilding. Depending on the severity and duration of the emergency, this phase may last from weeks to many months.

Separated children

Children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.^{xxii}

Recruitment^{xxiii}

Recruitment Includes compulsory, forced and voluntary recruitment into any kind of regular or irregular armed force or armed group.

Reintegration of Children^{xxiv}

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

Residential Care

Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities including group homes.^{xxv} Orphanages and institutions are also forms of residential care. For a description of different forms of alternative care and related terms, please refer to **Tool 1**.

Reunification^{xxvi}

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

Unaccompanied children (also called “unaccompanied minors”)

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.^{xxvii}

Vulnerable children

Children whose rights to care and protection are being violated or who are at risk of those rights being violated. This includes children who are separated or unaccompanied, 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.

Determination of a child's level of vulnerability is usually determined via an assessment of the child, their family, and circumstances.^{xxviii}

Youth/Young People

In this toolkit, and in line with the UN system, youth are identified as those between 15 and 24 years of age. It should be recognised however, that the age at which children are defined as youth or young people can vary considerably between one context and another. Social, economic and cultural systems define the age limits for the specific roles and responsibilities of children, youth and adults.^{xxix}

Acronyms

BID	Best Interests Determination
CAAFAG	Children Associated with Armed Forces and Groups
CPWG	Child Protection Working Group
CPC	Child Protection Committee
CRC	Convention of the Rights of the Child
GBV	Gender Based Violence
FBC	Family-Based Care
IA CP IMS	Inter Agency Child Protection Information Management System
IA	Inter Agency
ICC	Interim Care Centre
ICRC	International Committee of the Red Cross
IDTR	Identification, Documentation, Tracing and Reunification
INGO	International Non-Governmental Organisation
IRC	International Rescue Committee
NFI	Non-Food Items
NGO	Non-Governmental Organisation
TOR	Terms of Reference
UNHCR	United Nations High Commission for Refugees

Introduction

The tools and guidance in this resource 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 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. These are:

- **The Convention on the Rights of the Child (CRC)**, 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 UK, UNICEF, UNHCR, World Vision. Geneva, 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 quality alternative care for children emphasizes the rights of all children to remain with or be reunited with their families, and where this is not possible or in the best interests of the child, for alternative care to be provided in family based settings. The challenge is in realizing these aims given the demands in emergency settings and the potential pre-existing issues relating to supporting families and in 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 poorly thought through, 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 vital therefore that interventions do no harm and make every effort to safeguard the longer term welfare of the child, as well as contribute to improvements to the broader child protection system. While the context of emergencies places enormous strains on the ability to provide care and protection to children in need and at risk, they also provide opportunities to influence lasting positive changes in the way in which families and

communities care for children. **The guidance in this toolkit recommends methods that build on community norms and capacities beyond the emergency phase, looking also at the process of reforming and rebuilding.**

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; societies will have unique norms for how children are looked after; each family and community has different levels of resources and requirements, and most importantly, each child will have individual needs and preferences. All of these factors mean that it is the responsibility of those planning for and implementing care and protection programmes to carefully assess what is appropriate and feasible given the particular context and to develop placement options which are both rooted in community norms and meet a minimum level of quality standards.

There is a large body of evidence highlighting the benefits of quality family-based forms of 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 placements^{xxx} and is emphasised in the Guidelines for the Alternative Care of Children^{xxxi}. 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 and family-like care.

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. It has gone through a series of edits by members of the Inter-Agency Working Group on Separated and Unaccompanied Children, as well as specialists and practitioners in alternative care. This version of the Toolkit will be field tested and it is anticipated that a revised version will then be developed.

Given that much of the guidance given is relatively new, feedback is welcomed on the information provided, as well as underdeveloped areas. One of the key issues to be addressed is how to develop a set of standards

for alternative care that is protective of children, yet realistic given the constraints in an emergency setting. If you have feedback or suggestions for revisions to this Toolkit, please email louisemelville@hotmail.com.

Guiding Principles for 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 and post emergency, from prevention of separation work and delivery of interim care, to reunification and reintegration or longer term care placements. While each context will be diverse, and there will be constraints on the ability to protect all children who are vulnerable, these principles reflect the guidance given in the Convention on the Rights of the Child, the Guidelines for the Alternative Care of Children^{xxxii}, and the Interagency Guiding Principles on Unaccompanied and Separated Children^{xxxiii}, and therefore should be upheld to the best of your ability. For a summary of each legal framework, please refer to **Tool 2**.

a. Base all decisions on the best interests of the individual child

An assessment of the risks to the child and his or her needs and wishes, should determine what actions are in the child's best interests. A range of services and placement options will be needed to ensure that decisions are not resource led, and to guard against all children receiving the same response, regardless of their individual characteristics or circumstances.

Decisions regarding the child's care or status should be made by an authorised person/agency, and should be made in accordance with the legal rights of the child, and those of his or her legal guardian.

b. Respond to the care and protection needs of vulnerable children, families and communities in an integrated manner

There should be co-ordination of policies and practices across government and non-governmental organizations, and between all departments responding to children and their families e.g. livelihoods, child protection, health, nutrition, and education. This enables families most in need to access the supports required for their sustained recovery and best supports 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.

c. 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.

No action should be taken that can interfere with tracing efforts, such as placement of 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.

All care provisions must have gate keeping practices in place to ensure that only 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 care for the child, are placed in out of home care.

d. Prioritize reunification for all separated and unaccompanied 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, which meets the needs of the individual child.

e. 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.

f. Promote local responsibility for the care and protection of children External agencies should support and build the capacity of government, national, and local organizations and groups to lead on the planning, management and delivery of care and protection work.

g. Listen to and take into account the child's opinion

Staff should keep children, their caregivers, and their parents or other legal guardian 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. Children without a legal guardian must have formal representation.

h. Use and develop family based care alternatives wherever possible

Not all separated children will require interim care. 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 in order to increase their opportunities for attention and stimulation.

Non group home residential care should only be used 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.

i. Ensure that care placements meet agreed standards

All residential care facilities must be registered and independently inspected. The level of care provision in residential care and family based care should be assessed regularly against an agreed set of standards which are based on the Guidelines for the Alternative Care of Children.

j. 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 adequate care arrangements.

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 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.

k. 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. Particularly vulnerable children, such as: unaccompanied children; children with disabilities, girls; refugee or displaced children, children associated with armed forces and groups, young mothers, and infants may require additional actions to ensure their protection.

Key Summary Guidance

The steps below are a summary of the guidance contained in this toolkit. They outline the key priority actions relating to preparing for 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. The key actions are divided into the following stages, within the table below, guidance is provided on where in the toolkit to go for detailed information and associated tools:

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 co-ordinated by the relevant government department, and be undertaken with representation from adults and children within the local communities. Where no such national or local government organisation is capable, a non-governmental organisation would be expected to be lead on Interim Care. This would typically be clarified via the Child Protection Working Group (CPWG), under the Protection Cluster. Every effort should be made to involve and build the capacities of key national and local actors in all stages of the emergency and post emergency response, wherever possible.

1. Emergency Preparedness	Additional Guidance and Tools ^{xxxiv}
<p>Interagency and Government Co-ordination: In order to avoid duplicating co-ordination mechanisms, link with existing co-ordination groups or the Cluster system. If required, set up a sub-co-ordination group focusing on interim care, comprised of government, INGO 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.</p> <p>Work with other sector groups to ensure linkages between care and protection activities with health, security, livelihoods, sanitation, education etc.</p>	<p><u>Chapter 1.1</u></p>

<p>Co-ordinate interim care arrangements with existing emergency interventions in country (e.g. Child-Centred Disaster Response Plan, Inter Agency CP IMS etc), and any national disaster response plan.</p>	
<p>Interagency Policies and Procedures: Where guidance is not readily available or is not sufficient, develop policies and procedures with the interagency group relating to the intake of children, community messages on prevention of separation/protection/care of children, use of database, types of care provision and standards of care, case management, discharge and follow-up. Ensure required guidance materials are available in all relevant languages and distributed to all involved.</p> <p>Clarify interagency policy with regards to the registration of children separated prior to the current emergency.</p> <p>The co-ordinating body for child protection in the emergency should clarify the mechanisms for determining the legal status of children who require alternative care, and who has the authority to make decisions regarding the child.</p> <p>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), and for using available health, education, legal aid, income generation, psychosocial, and other child protection resources.</p> <p>Where the Inter Agency CP IMS system is in place, customise the care arrangement forms.</p>	<p><u>Chapter 1.3</u></p> <p>Tools 3/4/5/6/7/28/31/36</p> <p>Tools 11/12</p> <p>Tools 18,19,20,21,22,23, 24,25,26,27 (Note that additional IMS forms are available – see <u>Resource Section</u>)</p>
<p>Situation Analysis: Assess community caring norms and determine most viable and suitable forms of emergency, interim and longer term alternative care locally.</p> <p>Complete an extensive mapping of important national and local level economic and social services e.g. emergency food assistance, legal advocacy, economic support (including</p>	<p><u>Chapter 3.2</u></p>

<p>government cash transfers), and child protection services. List each organization's address, contact details, activities and referral procedures.</p>	
<p>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.</p> <p>Have names and contacts for these people who can support a response in the event of an emergency.</p> <p>Have draft job descriptions pre-prepared.</p> <p>Map which government agencies are concerned with care arrangements, and initiate training for Government care workers where required.</p>	<p>Chapter 4 Tool 29</p> <p>Tool 30</p> <p>Chapter 4.5</p>
<p>Training: Train child protection staff, social workers/ child protection committee volunteers (and relevant staff in related sectors) on the principles of alternative care programmes and in relation to their key duties within the programme. Trainings may have to be repeated where there is a high turnover of personnel.</p> <p>Prepare and provide emergency preparedness and response guidance for families of children with special health care 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.</p>	<p>Guiding Principles Chapters 3, 4, 5, 6, 7 Tool 29/40</p> <p>Tool 8</p>
<p>Existing Child Care Facilities/Placements: Determine which existing foster placements/nurseries/day-care/residential care facilities can be used for emergency placements/ 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.</p> <p>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 in order to enable education and recreation activities for children to resume as quickly as possible.</p> <p>Create memorandum of understanding for all care provision for monitoring standards of care (including child protection</p>	<p>Chapters 3.5/9 Tool 3</p> <p>Chapter 9</p> <p>Chapter 1.3/Tool 3</p>

<p>procedures); for ensuring accountability with relevant government departments or other appointed agencies; exit strategy.</p>	
<p>Foster Caregiver Recruitment: Recruit, screen and train emergency stand-by foster caregivers and maintain contact at regular intervals with them.</p> <p>Foster care placements should be prioritised for infants and young children, and children with special needs, and therefore caregivers should be trained accordingly.</p> <p>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 well-being of children placed in foster families.</p>	<p>Chapters <u>4/8</u> Tool 40</p> <p>Tools 9/ 37</p> <p>Chapter <u>2.3/8.2</u> Tool 36</p>
<p>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 and feeding implements for children of all ages.</p>	<p><u>Chapter 1.2</u></p> <p>Tools 37/41</p>
<p>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 agency exit strategy.</p>	<p><u>Chapter 1.2</u></p>
<p>2. Rapid Onset Policy and Programming</p>	<p>Additional Guidance and Tools^{xxxv}</p>
<p>Co-ordination: Activate a co-ordination group to include all 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 sub-cluster specifically on interim care issues. Consideration should be given regarding linking those working in outlying areas with the main co-ordination group.</p> <p>This group should co-ordinate with other relevant emergency response groups e.g. Gender Based Violence (GBV) and psychosocial clusters, as well as other sectors.</p>	<p><u>Chapter 1.1</u></p>

<p>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.</p> <p>Assessments should be ongoing and interagency (to avoid duplication) in order to evaluate the situation of children in the affected areas.</p> <p>Assessments should identify vulnerable children living in: households; on their own; in the care of other adults; in the care of institutions; in hospitals etc. There should be analysis of the causes of primary and secondary separations.</p>	<p><u>Chapter 3</u> Tool 32</p> <p><u>Tool 28</u></p> <p><u>Chapter 2.1</u></p>
<p>Planning: Based on an initial mapping of the geographic and programmatic areas of coverage, determine a strategy for rapid immediate 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.</p> <p>Confirm guidance and tools to be distributed e.g. inter-agency rapid assessment tool, registration form for separated and unaccompanied children etc.</p> <p>Identify which immediate care placements can be used, and how these and informal care arrangements can be supported and monitored.</p> <p>Where necessary, initially prioritise children who are most at risk e.g. unaccompanied children, children between the ages of 0-5 years old, separated and unaccompanied girls. Ensure they have access to care, shelter, water, non-food items etc.</p>	<p><u>Chapter 1.3</u> Tool 28 <u>Resource List</u></p> <p>See Tools zip file, or <u>Contents Page</u> for a list of all the tools available</p> <p>Chapters <u>2/3/5/6</u> Tools 28/36</p> <p>Tool 28</p>
<p>Funding Strategy: Develop and make available concept notes, headline 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.</p> <p>Advise donors of the risks associated with channelling resources into orphanages.</p>	<p>Chapters <u>1.2/1.3</u></p> <p>Tool 6/Keeping Children Out of Harmful Institutions, Save the Children, 2009</p>

<p>Staffing: Deploy care and protection staff to undertake prevention of separation work, identification and registration of especially vulnerable children, tracing and reunification, and to support interim care programming and delivery.</p> <p>The lead agency on interim care should assign a senior Child Protection Manager and allocate logistics support to develop/oversee the setting up of the interim care programme (at least the first 6 weeks). Depending on the scale of the emergency, it is likely 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.</p> <p>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 trained professional.</p>	<p>See <u>Contents Page</u></p> <p><u>Chapter 4</u> Tool 29/30</p> <p><u>Chapter 6</u></p>
<p>Resources: Promote/facilitate the distribution of essential resources to households, and unaccompanied children. Coordinate the distribution of food assistance and NFI's to child care institutions and ensure the facilities and the children within them, are registered. Ensure the distribution of aid does not promote family separation.</p>	<p><u>Chapter 2.3</u> Tool 36</p>
<p>Information Management: Issue government /interagency brief and media release on the issue of family separations and the actions to be taken by agencies to help restore families and care for children.</p> <p>Issue guidance for families on prevention of separation measures, and on psychosocial measures that can help children and adults recover.</p> <p>Disseminate guidance to all those working in child care and protection to promote international standards and principles.</p>	<p>Tool 4</p> <p>Tool 5</p> <p><u>Guiding Principles/Chapter 1/Tool 3</u></p>
<p>Protection: Identify protection risks and as necessary, rapidly establish mechanisms to prevent the separation of children; trafficking; gender based violence; recruitment of children into armed forces; the adoption of separated children; evacuations which do not follow protocol, etc.</p> <p>Deploy police/security personnel to borders/airports to prevent the illegal movement of children</p>	<p>Chapter <u>1.3/2.1/2.2/6.2</u></p>

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 on prevention of separation measures.	Tool 4/7
Data Management: If not already in place, establish a database to support child protection activities and agree upon confidentiality and reporting mechanisms, and standard operating procedures to report, monitor and address child protection issues.	Tools 18-27, 29, 31
3. Initial Care Response	Additional Guidance and Tools^{xxxvi}
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. Ensure they have access to available basic provisions for their survival and care.	Tool 18 <i>Chapter 2.3</i>
Identification and Registration: Identify and register children in need of interim care, tracing, and child protection, and children in informal care arrangements. Upload onto the Inter Agency CP IMS where this is being used. This should include separated children who have been admitted to hospital for treatment.	Tools 18,19,20
Assess Child's Current Care Situation: Undertake basic checks to ensure only those children who genuinely require alternative care are placed in interim care. Clarify if the child has a contactable legal guardian. 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 within their own families, 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. For children without current caregivers or in unsuitable care arrangements, refer for interim care.	<i>Chapter 5.1</i> Chapter <i>5.1/8.2/</i> Tool 20/28/32 <i>Chapter 5</i>
Child's Admission into a Care Placement: A trained case worker should determine the most appropriate form of care for any child in need of interim care, according to the best interests and opinions of the individual child. The child's parent/customary caregiver/legal guardian must have his or her legal rights respected, and be consulted and informed regarding any decision to place the child in interim care.	<i>Chapter 5</i> <i>Chapter 5.4/ Tools</i>



<p>For each child entering care, ensure the placement is registered, that the child has had a medical, and as required, has access to emergency medical treatment or prescription medicines. Provide child and caregiver with basic information on each other, about the placement, plans, and who to go to in case of serious problems.</p> <p>Organise infant and supplementary feeding as required. Follow guidance given by the Infant and Young Child Feeding in Emergencies Core Group</p> <p>Where necessary, distribute basic provisions for the survival and care of looked after and birth children in the placement (on a par with other households in the community).</p>	<p>34/35</p> <p><i>Chapter 2.3</i> Tool 9/37</p> <p><i>Chapter 2.3</i> Tool 36</p>
<p>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).</p> <p>For children who do not have families to care for them or who require specialist care, make use of trained stand by foster caregivers, with priority given to children under 3 years of age.</p> <p>Encourage and support the community in spontaneous foster care.</p>	<p>Chapters <u>5.3/8</u> <i>Tool 28</i></p> <p><i>Chapter 8.2</i> Tool 28</p>
<p>Supported Child and Peer Headed Households: Sibling groups and older children may request 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 community based monitoring and support is available and children in child headed households have access to tracing services, if required.</p>	<p>Chapters <u>5.3 / 10</u> Tool 28</p>
<p>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 which 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 place</p>	<p>Chapters <u>5.3 / 9</u></p> <p>Tool 3 <i>Chapter 4.4</i></p>

<p>greater pressure on the caregivers.</p> <p>Children should not be in temporary residential care for more than 12 weeks.</p> <p>Where a young person’s life would be put at risk if their location became known, a temporary stay in a safe house (secure residential accommodation) may be necessary until more suitable community-based care can be found or until the risk has diminished.</p>	
<p>Interim Care Centres: If none of the above options are sufficient, consider how the capacity of existing informal and formal care options can be improved 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 e.g. Emergency shelters, interim care centres</p>	<p><u>Chapters 5.3 / 9</u></p> <p>Tool 41</p>
<p>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.</p> <p>The case worker should develop a care plan and organise a 12 week placement review. The review should determine if the child can and should remain in the placement until family reunification or as a durable long-term option, or if the child needs to be moved to a more suitable care arrangement.</p> <p>Upload the case in the IA IMS if used. Regularly update the case file. Where IA services are involved, agree and maintain strict data protection and confidentiality protocols.</p>	<p>Chapter 5/6</p> <p><u>Chapter 6</u></p> <p>Tool 33</p> <p><u>Chapter 5.5</u></p> <p>Tool 31</p>
<p>Interagency Co-ordination: Work with the interagency co-ordination 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 key vulnerabilities.</p>	<p><u>Chapter 2.3</u></p> <p><u>Chapter 2.2</u></p>

<p>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 community sensitization against separation.</p> <p>Co-ordinate ongoing reviews of the causes of separations and adapt responses to tackle these root causes.</p>	<p><i>Chapter 2.1</i></p>
<p>Tracing and Reunification: Support tracing teams to locate and verify family members, and in the assessment of whether reunification is in the child's best interests.</p>	<p><i>Chapter 7</i> Tools 23 /24 /26 /38 /39</p>
<p>Child Protection: If there are child protection concerns with the child's current caregivers, refer to local or designated authorities and consider if an alternative care placement is required.</p>	<p>Chapter <i>6.1/6.2</i> Tools 11/13/28</p>
<p>4. Building on the Initial Response and Preparing Longer-term Care Options</p>	<p>Additional Guidance and Tools^{xxxvii}</p>
<p>Development of Interim and Longer-term Care Placements: Continue to develop/support a range of care provision that can meet the needs of the individual children requiring alternative 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 local community.</p> <p>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.</p> <p>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 interest determination (BID) should be made.</p>	<p>Chapters <i>3/6.4</i></p> <p>Chapter <i>6.1/6.4</i></p> <p>Chapter <i>5.3/6.4</i> Tools 11-14</p>
<p>Social Integration: Evaluate how children in (family-based and residential) care are spending their day. Refer children to local schools and community based activities e.g. safe spaces. Consider setting up day centres/non-formal education for children in temporary care if they cannot be enrolled in school.</p>	<p><i>Chapter 2.3.1</i> Tool 32</p>
<p>Logistics Support: Ensure sufficient trained staff and resources for developing, supporting and monitoring interim and longer-term care placements are available.</p>	<p><i>Chapter 4</i></p>

<p>Provide ongoing training and supervision to staff and paid caregivers.</p>	<p><u>Chapters 4.5-4.8</u> <u>Tool 40</u></p>
<p>Case Management: Ensure 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.</p> <p>Every child in alternative care should have a care plan.</p> <p>The case worker should make use of the BID process where a more complex assessment of the child’s situation is required.</p>	<p><u>Chapter 6</u> Tool 32</p> <p><u>Chapter 6</u> <u>Tool 33</u></p> <p><u>Chapter 6.5</u> Tools 11-14</p>
<p>Identification of Children in Care: Scale up efforts to ensure 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.</p>	<p><u>Chapter 8.2</u> Tool 20</p>
<p>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 and orphanages should be encouraging families to care for their children, and should be referring children under 3 for family based care. Where this is not the case, co-ordinate with the interagency groups how to best work with such institutions.</p>	<p><u>Chapter 3.5</u> Tool 3</p>
<p>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.</p> <p>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.</p> <p>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.</p>	<p><u>Chapter 6.1</u></p> <p><u>Chapter 7.4</u></p> <p><u>Chapter 1</u></p>
<p>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.</p>	<p><u>Chapter 1</u></p>

<p>Consider how long term care placements can be sustainably monitored and supported and how service providers can be independently inspected.</p>	
--	--

Section One

Managing an Interim Care Programme

Chapter One

Interim Care Programme Planning

An understanding of both the pre-existing child protection system and the impact of the emergency is vital for planning the interim care response and in building community capacities to protect and care for their children, both in the immediate and longer-term. A significant lesson from previous emergency responses shows 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 unnecessarily.

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

- 1.1 Leading and co-ordinating 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 Co-ordinating Interim Care Provision: The Role of the State and Supporting Organisations

As enshrined in the CRC (articles 18 & 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 co-ordination 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 lobby 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 organizations that have a mandate or expertise in this area,^{.xxxviii}
- agencies and community-based groups must work together to allocate specific lead roles for key areas, such as child care and tracing, according to each organization's mandate, expertise and capacity to deal with the given situation. 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;
- all external agencies must consider during the early stages of their involvement how they will consult with and promote national capacities to ensure cultural relevance of their response, reduce long term reliance on agencies, and to enhance the overall protection of children;
- external agencies such as INGOs must work in accordance with the national legal and policy framework, and promote adherence to international standards for the care of 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. **Typically, agencies providing or supporting care arrangements in an emergency should therefore plan for a longer-term commitment of typically 2-3 years. 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 where:

- there is the absence of national or local authority capacity to lead or co-ordinate an effective response, including a lack of clarity on which department is responsible for child protection and who the main focal points are
- large numbers of unaccompanied children require interim care and tracing services
- large numbers of households are in need of basic services to be able to care for their children
- large numbers of children are at risk of violence, abuse and exploitation

- there is partial or total destruction of infrastructure, including basic health, water, sanitation, communication and education infrastructures, as well as increased insecurity
- there is an absence of staff who are able and qualified to respond
- there are urban and rural contexts where the concept of a community and related structures may or may not exist
- there are displaced or refugee populations in need of care or protection
- there is an absence of required specialist services or placements.

(For guidance and a template on assessing protection risks and available resources, please refer to the Interagency Child Protection Rapid Assessment Tool & Guidance Notes.^{xxxix})

1.3 The Development of Care and Protection Policies

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 4** 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:

- which national and international laws and policies 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;
- who has the authority to make decisions regarding a child's welfare;
- what the age of majority is (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 for appointing a legal guardian for unaccompanied children.

1.3.1 Key Policy Components

A summary of key policy components is given below, based on the CRC, Guidelines for Alternative Care of Children^{xl}, and the Interagency Guiding

Principles for Separated and Unaccompanied children.^{xi} Every effort should be made to apply these to the greatest extent possible.

<p>Development of interim care placements</p>	<p>The priority is for the child’s best interests to dictate the care placement. In the vast majority of cases, with few exceptions, this is the use of temporary and long-term quality family based care within the child’s own community.</p> <p>No new residential facilities should be established that are structured to simultaneously 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.</p> <p>All forms of care must meet locally agreed minimum basic standards. (Please refer to Tool 3 for an example of minimum care standards.)</p> <p>There should be independent monitoring of service providers.</p>
<p>Prevention of separation</p>	<p>All those working to care for 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 of other households in the community.</p> <p>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.</p>
<p>Admission criteria for interim care/ Gate keeping</p>	<p>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:</p> <ul style="list-style-type: none"> • 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 (e.g. provision of basic supplies and services,

	<p>or referrals for more specialist supports); written consent has been given for the placement.</p> <ul style="list-style-type: none"> • 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 the 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 upon by the lead agency for the child protection response).
Rapid reunification	<p>For children who have become newly separated from their families or customary caregivers, the priority should be 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.</p>
Registration and documentation	<p>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.</p> <p>Registration activities should be conducted 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.</p> <p>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.</p>
Tracing and reunification	<p>When the child so 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. Individuals and organizations involved in tracing activities should ensure that the child and others concerned would not be endangered by their actions (see Tool 38).</p>

	<p>When tracing is successful, the identity of the claimants must be verified (see Tool 39). There must be a system in place for assessing the family's willingness and ability to care for the child and determining if reunification is in the best interests of the child and is according to his or her wishes. Co-ordination 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 facilitate their reintegration into family and community life.</p>
<p>Interim care standards</p>	<p>All residential and family based forms of care should be registered and regularly assessed according to a pre-determined set of standards. The standards of care provision should be comparable to those of the surrounding community so as to not to encourage family separations (see Tool 3). This is to ensure that children 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; that children can participate in regular play and educational activities; and that procedures are followed to provide for the individual needs of each child in terms of their care, planning, and preparation for reunification or independence.</p> <p>The inspection and registration of residential facilities should be carried out by an independent and accredited organisation (i.e. not the current provider) with a government mandate to carry out this function. The standards used should be regularly reviewed and updated.</p>
<p>Care planning, monitoring and support</p>	<p>All registered children in temporary care must have an allocated case worker who undertakes regular reviews of the child's situation and ensures that children do not remain in temporary care unnecessarily. He/she should be responsible for monitoring and supporting the placement, consulting with children, their caregivers and families, and facilitating the reunification with families or other long-term plans.</p> <p>Agencies must consider who will carry out this function, 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 regarding how the capacity of the local community or authority can be built to ensure long-term</p>

	<p>monitoring and follow-up for children in care, those recently reunified, and children living independently.</p> <p>Children without a legal guardian will require representation in decision making processes to ensure 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 this person is independent of the placement agency; that the child's wishes are taken into account in keeping with the child's evolving capacities.</p>
<p>Child Protection Procedures</p>	<p>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, should understand abuse, exploitation, neglect, and inappropriate behaviour; they should have feasible mechanisms for reporting concerns/suspicious or experiences of inappropriate behaviour from adults or other children in their care facility. Ideally children will have helped design the complaints/reporting mechanism.</p> <p>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, trained in the policy and its procedures and sign a code of conduct agreement.</p> <p>There should be security plans to protect children from recruitment, abduction, abuse and exploitation. This is 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.</p>

Chapter Two

Prevention of Primary and Secondary Separations

Taking measures before and during an emergency to prevent potential separations, helping families and communities prepare and respond quickly to separations that do occur, and supporting families in caring for their own or additional children, can greatly reduce the numbers of children who will need 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 separations can lead to child abandonment, and the unnecessary long-term institutionalisation of children. Consideration must therefore be given to assessing the reasons for primary and secondary separations; applying strict admission criteria to interim care; educating families and communities in prevention of separation measures; ensuring basic supplies are distributed and reach the most vulnerable households.

This chapter includes:

- 2.1 Addressing the factors which result in children requiring interim care
- 2.2 Working with key target groups to prevent family separations
- 2.3 Family and child support services

2.1 Addressing the Factors Which Result in Children Requiring Interim Care

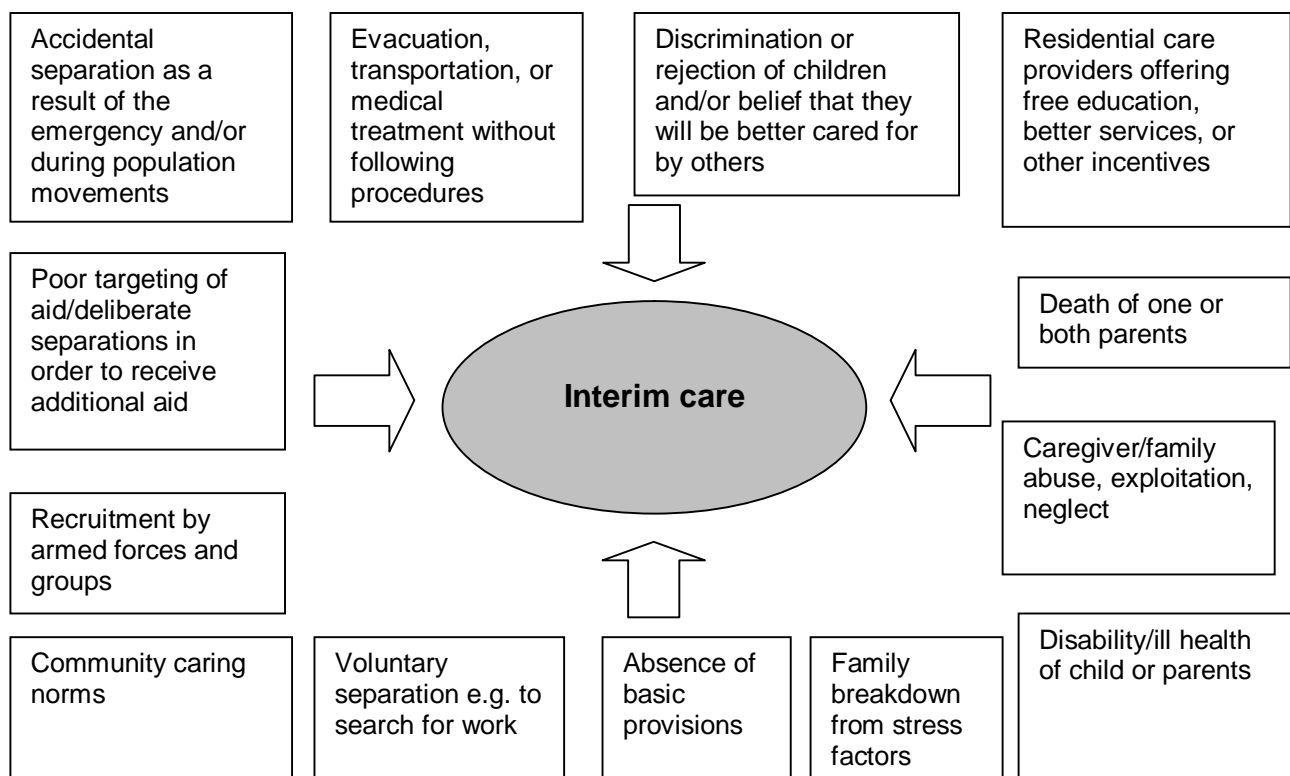
Activities aimed at limiting separations need to be established as quickly as possible. These should be based on an assessment of the potential and actual causes of primary and secondary separations. Such an assessment should consider three key factors:

- a. the reasons for the separations (see below)
- b. the locations for likely separations
- c. the scale of separations.

(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 [Chapter 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 Target Groups to Prevent Family Separations

Local government, community members (including men, women, boys and girls), teachers and religious leaders are integral to the success of prevention of separation measures. They can assist in identifying the root causes of separations, 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 over the long-term use of institutions (see **Tool 6** 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 below 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	Prevention of separation messages for key target groups
<p>Families (including children)</p>	<ul style="list-style-type: none"> • To help families remain together, advice should be disseminated prior to and during an emergency on how to prevent separation. Information should ideally be given in a variety of ways e.g. as a leaflet or poster, in picture format, verbally in meetings or via announcements, and in a modified version for young people. Great care should be taken to ensure that information is provided without raising people’s anxiety or sense of insecurity. • 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 to locate and return children to their families as soon as possible. • Advise on what to do and who to contact in case of separations.
<p>Local authority, community members and religious organizations involved in the care and protection of children</p>	<ul style="list-style-type: none"> • Ensure that information about separated children is gathered during any planned census of the affected population e.g. camp registrations, house to house surveys etc. • Provide training and information on the principles of family unity and the risks 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 to locate and return children to their families as soon as possible. • Promote their 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 regular monitoring and oversight of existing residential institutions to ensure basic standards are met, gate-keeping 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 case of separations.

	<ul style="list-style-type: none"> • Recommend that records be kept of children in institutions, hospitals, schools, in 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 e.g. changing the child's name, adoption, evacuation or movement out of the area without following guidelines (see Tool 7).
<p>Humanitarian staff</p>	<ul style="list-style-type: none"> • 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 the risk of separations. • Ensure that resources are distributed fairly and target 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 required or where children are required to remain in 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 (e.g. government officials, National Red Cross, Law Enforcement, army, transport agencies, camp managers, and child protection workers) on procedures for prevention of separation, including those relating to evacuation and moving children. Trainings and information should be carried out before any relocation, evacuation or anticipated movement of families, and should be repeated regularly, particularly where there is high staff turnover. • Sensitize agencies and volunteers working in child protection on the need to carefully assess if a child is separated or unaccompanied, or in need of protection (see Chapter 5.1 & 5.2).



<p>Schools/nurseries</p>	<ul style="list-style-type: none"> • Encourage educators to teach children their name and place of origin and who to go to if separated, e.g. family friend, teacher, doctor, police, or Red Cross/Crescent worker. • Advise on what to do and who to contact in case of separations. Consider providing pre-printed registration forms and training on how to complete these. • Support the development of safety and evacuation procedures
<p>Medical staff</p>	<ul style="list-style-type: none"> • 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 in case of separations. • 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 Tool 7).
<p>Institutions/care providers</p>	<ul style="list-style-type: none"> • Promote the strict application of admission procedures for children entering interim care. • Ensure that all admitted children have been registered and have their own 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

	<p>on a par with family care norms in the community, and that accommodated children attend education, health, and recreation provision within the community, wherever possible.</p> <ul style="list-style-type: none"> • Ensure that interim care providers cooperate with agencies working to trace and reunify families, and do not take actions which may prevent reunification e.g. changing the child’s name, having the child adopted, moving the child to another location etc. • Support heads of residential and family based care provision in developing plans for keeping the children safe and their identity secure, along with procedures to be followed if movement out of the area is necessary. • Advise against the development of new institutions, and encourage donors to fund family support services and family based care options
--	---

Please refer to **Tool 7** 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 into interim care 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 vulnerable child is identified with their own family/customary caregivers, or in substitute care, an assessment will be required to determine if any action is required to improve the child’s protection or care (see **Tools 19 and 32** 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 not to encourage secondary separations (see rest of chapter below).

2.3.1 Types of Supplies and Services Required to Support Children and Families

All households, including families who take in additional children, should be in receipt of 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 material basics, e.g. clothes, 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;
- day-care;
- resumption of schooling;
- child friendly spaces providing play and recreation activities;^{xliii}
- drop-in/day centres providing a range of services including education and recreation activities, vocational training and social work related services.

Organizations providing services will have to make a distinction between child/family situations that justify an individual response, and child/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. This will require reviewing at regular intervals, 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 36** for Guidelines of Support to Children Living in Community Based Care, Haiti, 2010)

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 children living independently, to survive and thrive. Such services should aim to prevent family breakdown or child abandonment, to support quality of care, to prolong the lives of caregivers, to protect children from harm, and to 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 early on to communicating longer term resource needs to donors. Without such planning, experience shows that funding can be drawn into sustaining and promoting residential care in the long-term for children with families.

2.3.2 Targeting Assistance Efforts to Separated Children or Their Caregivers^{xliii}

Agencies supporting individuals or institutions to provide interim care will have to carefully assess if and how additional resources will be allocated and what the impact of this may be. Where family separation is used as criteria 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 or thrive 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 to provide protection and care for the child;
- other households in need may resent either the children who are in care or the caregivers themselves, potentially causing community tensions and stigmatisation of separated children.

In order to prevent this, any additional assistance should instead be targeted to the most vulnerable households in the community, rather than only to separated children or to households who 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 enough food, water, or cooking fuel, or without the things needed for daily living, such as cooking utensils, clothes or blankets;
- individuals or families having the most difficulty taking care of themselves or their children;
- families without any shelter or inadequate shelter;
- individuals with acute or chronic illness or injury that needs 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, e.g. from trafficking or hazardous child labour.

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, issues relating to the distribution or allocation of this aid, and additional resources required. This process should result in 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 co-ordinate together 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 required resources over time and how they will reduce or end their involvement and build family and community resiliency.

2.3.3 Administering Additional Assistance

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

Protection workers or community volunteers can identify children and families in need of additional assistance via interviewing new arrivals at registration sites, border crossings, feeding stations and hospitals; conducting house to house surveys; consulting and observing children; asking women, children, male and female community leaders to identify children and families at risk; and working with public health and other community outreach services to ensure that they include relevant questions to identify separated children and families at risk of abandoning their children.

- b. **Criteria for assistance:** When a vulnerable child or family has been identified, there should be criteria for determining if additional assistance should be provided, and the types of assistance that may be offered. Where eligibility can be determined on a case by case basis, help can be better targeted. This also helps in ensuring 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 providing the assistance. 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:

- if the caregiver is disadvantaged by providing care;
- if 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 provision of food or non food items would make the child or family appear privileged in comparison to most children in the community.

- c. **Types of material support to provide:** Financial or in kind payments to interim caregivers only should be avoided where possible. 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. For example, some programmes provide a 2-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 being provided to all the children in the household, if required. While this 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 tooth paste.

When additional assistance is provided it should be to enable the individual or family to achieve a similar level of living standard to the majority in the community.

- d. **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 as 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](#).)

Chapter Three

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 co-ordination, 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 and 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
- 3.2 Understanding and building on community caring traditions
- 3.3 The benefits of family-based care over residential care
- 3.4 Factors which will limit the ability to support or develop family-based care
- 3.5 Supporting or developing residential care
- 3.6 Limited placement options or associated resources

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 3 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, foster caregivers, or in residential care such as an interim care centre. Once an initial 12 week review has taken place, the placement can then be referred to as longer-term care.
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.

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 longer-term or permanency options.

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 placement.
- If there are options suitable for children with very varied needs e.g. single mothers, children with severe or multiple disabilities, young people^{xliv}, children formerly associated with armed forces and groups, and other particularly vulnerable children.
- If available placements meet basic or quality standards and if 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.

Questions Concerning Community Traditions

- Under what circumstances are children cared for by adults other than

their parents? How is this arranged? Is there any trend 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 families 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; if the child is abandoned or accidentally separated from his or her family; if the mother dies, or the father dies; if the child leaves home; if the child is placed by local authorities on grounds of abuse? Who normally cares for such children, e.g. 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, e.g. girls/boys, babies, school children, young people?
- What happens to children in special circumstances. e.g. 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 (e.g. with respect, suspicion, etc.)?
- What is the motivation of an individual or individuals caring for children who are not with 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?
- 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 by the birth family?



Questions Concerning Community Capacities^{xiv}

- 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 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 that 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 organize 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, 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 over 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.^{xvi} 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 which are designed to provide care to 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:

- child remains within a family setting and is therefore better prepared for family reunification;
- child is more likely to have individual attention than in a residential setting, resulting in stronger child development and well being outcomes;
- child builds a social support network and gains support from the family and community;
- child is integrated within the community, using community based services such as schools, health clinics etc;
- less expensive than residential care, particularly over the long-term.

3.3.1 The Priority for Children Under the Age of Three to be in Family-Based Care

Children under the age of 3 are particularly vulnerable to the harmful effects of institutionalization. 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 the children's environmental experiences has a number of detrimental effects including:^{xlvii}

- physical under-development, with weight, height and head circumference below the norm. Severe conditions may result in failure to thrive.
- hearing and vision problems that may result from poor diet and/or under-stimulation; often the problems are not diagnosed and are left untreated.
- motor skill delays and missed developmental milestones are common for children in institutional care, and in severe conditions stereotypical behaviours, such as body rocking and head banging, are often seen.
- poor health and sickness result 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. This is attributed to problems forming emotional relationships, social withdrawal, attention-seeking behaviours, anti-social conduct, 'quasi-autistic' behaviours, such as hiding ones face, and/or stereotypical 'self-stimulation/ comfort' behaviours, such as body rocking or head banging.

3.4 Factors Which 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 which meets minimum standards and is monitored and supported may be severely restrained by the following factors:

- lack of available foster care placements;
- lack of familiarity with the concept of kinship or foster care;
- pre-existing protection concerns associated with kinship or 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 suitability of caregivers and to monitor placements;
- security issues requiring the child to be placed in a secure location.

3.5 Supporting or Developing Residential Care

When family based care placements are not available, due 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 3 whilst 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 alternatives and risks associated with its use.

When the use of residential care is required, any centre used or developed, should meet the following criteria:^{xlviii}

- The home is registered, is inspected regularly and meets minimum agreed standards (see **Tool 3**).
- 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 8-10, depending on the ages and needs of the children in the group.
- Children are adequately protected.
- The family group follow 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.

3.5.1 Warning Signs on Inspecting an Institution

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 institution has more than 100 children, with children looked after as one large group e.g. the children eat en mass, sleep in dormitories, and have a range of caregivers who are responsible for them during the week.
- 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 alternative care. Family members are not located or offered support to care for the child.
- There are children under the age of 3. Additionally, these infants do not have one-to one care; have been in the centre for more than 12 weeks; and there are no efforts underway to place them in family-based care.

- There are inadequate numbers of caregivers (see [Chapter 4.4](#)) and lack of trained staff. Children are under stimulated, do not receive attention or affection; are inappropriately disciplined^{xlix}; 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 17**)
- 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 e.g. 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 visit.
- There is no system for children to report abuse or only one person is ‘the disciplinarian’. There are reports of abuse which 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 De Lay, B (2003) *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC

3.5.2 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. Such children may have been on their own and placed in an institution by the person who found them; they may have been put in the institution by their families in the hope that they would be better cared for; or they may have been taken from their families.

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, and the standards of care provided.

When an institution is below standard, the authorities should be alerted and efforts made to reunify or to place the children in alternative 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 which already meet minimum standards.

The ability to work effectively with institutions will require explicit approval of the national and local authorities, and the support of the local community. Until local authorities require institutions to meet agreed upon 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 this is on a par with households from the same community in order not to encourage abandonment.
- registration of separated children.
- provision of protection, tracing and family reunification services.
- provision of alternative family-based care. This would typically prioritise children under the age of 3 (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 **Tool 6** 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 e.g. child friendly spaces, day centres etc, and attendance in local schools.
- provision of alternative employment for staff in centres which 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.)

3.6 Limited Placement Options or Associated Resources

Where there is a shortage of quality placement options, resources will have to be carefully targeted in order to be available to children who need them most. The following may be helpful in deciding on 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 [Chapter 3.6.1](#) below.)
- Work with donors to encourage them to support family based care and community based services, rather than on expanding or improving residential care, e.g. by supporting community based rather than institution based education, access to health care, income generation projects, foster care training, child protection committees, etc.
- Work with local authorities and local organizations to develop community based services that will enable more families to care for their own children e.g. day-care, free or subsidized schooling, specialist services for children with disabilities or serious health problems etc. (See **Tool 8** 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/gate keeping procedures (see [Chapter 1.3](#) & [Chapter 5.2](#)) and are pursuing or liaising with agencies who are undertaking tracing and reunification activities. This is to help keep placements for only 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 this.

Staffing

- For staff responsible for monitoring and supporting children in care, ensure that they prioritise children placed in large or sub-standard institutions, children living with unrelated or unknown caregivers, and children living with families assessed as at high risk 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.

3.6.1 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 3** 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 4.4.1). The following box provides examples of the types of issues to be explored in a cost analysis in order to improve caregiver ratios and training.

Critical Questions to Consider in Order to Make the Most of the Available Resources¹

- What percentage (or proportion) of the total cost of the care provision/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 line items 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 which have greater relevance to quality care than hitherto realised, e.g. resources for cultural events.

For guidance on the steps required for a cost analysis and standardised format, please refer to Swales, D (2006) *Applying the Standards: Improving Quality Child Care Provision in East and Central Africa*. Save the Children.

Chapter Four

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
- 4.2 Staffing requirements for formal and informal foster care
- 4.3 Staffing residential care centres
- 4.4 Caregiver ratios for all forms of care
- 4.5 Caregiver training
- 4.6 The role of caregivers in family tracing, verification and reunification
- 4.7 Staff and caregiver roles in supporting children's psychosocial well-being
- 4.8 Supervision of child protection staff

4.1 Management Requirements for Interim Care Programmes

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

The lead agency on interim care should initially assign a senior Child Protection Manager and allocate logistics support to develop/oversee the setting up of the interim care programme (at least the first 6-12 weeks). Depending on the scale of the emergency, it is likely additional child protection officers will be needed to manage: the running of any shelters used; recruitment and training of foster caregivers; 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.

(See **Tool 29** for the Child Protection in Emergencies Competency Framework, and **Tool 30** for a draft TOR for an Interim Care Adviser)

4.2 Staffing Requirements for Formal and Informal Foster Care

Foster care programme staff and volunteers should be responsible for work relating directly to placing and supporting children in formal and informal foster care and should work closely with other relevant professionals e.g. 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 qualified 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 type of roles that might be required in running a large formal foster care programme.ⁱⁱ

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 made 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 member	Numbers required	Role
Social workers, child protection officers or staff/trained volunteers who take	1:15-30 families (with the support of an administrator)	Stage 1 <ul style="list-style-type: none"> - Identify potential families - Assess their suitability - Match each family to a suitable child Stage 2 <ul style="list-style-type: none"> - Prepare the child and family for the placement

<p>on social work functions (this may be via child welfare /protection committees)</p>		<ul style="list-style-type: none"> - Undertake initial follow up visits - Respond to child protection/placement breakdown issues - Make referrals for services Stage 3 (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) - 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, approx every 12 weeks - If family members or customary caregivers are located, organise their verification and assessment - If child is to be reunified or move to a new placement, help to prepare and support the child, caregiver, and family
<p>Community outreach workers</p>	<p>This role may be allocated to staff/volunteers in the programme or to partner agencies.</p>	<ul style="list-style-type: none"> - 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 - Work closely with community members and local agencies to ensure a smooth reintegration process for

		children, including tracking follow-up provided by committee 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 social work paraprofessional/trained volunteer.	<ul style="list-style-type: none"> - Provide initial induction and ongoing training to foster caregivers - Support foster caregiver groups and children's groups
Social Work Supervisor	1:5-8 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.)	<ul style="list-style-type: none"> - Allocate cases to social workers/volunteers - Supervise social workers/volunteers and training officer - Lead social work training sessions
Manager	This may be the social work supervisor.	<ul style="list-style-type: none"> - 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

4.3 Staffing Residential Care Centres

Residential care should ideally be based on a small group home model, whereby the care-giving 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 families and children 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

- In hiring care staff, the gender and ethnic background of the children as well as the host community must be considered 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.
- All staff should be treated with respect, including being given full, accurate and timely information regarding policies, short and long term programme plans, 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 have experience with children through their own child-rearing, profession or families; be able to speak the child's own language or dialect; 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.
- 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. He/she 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 quality child care to be achieved.

4.4.1 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 child care and they significantly affect many other health and safety issues. The primary benefits are as follows:^{lii}

- Caregivers have more positive, nurturing interactions with children and provide more individualized 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, for example accidental injuries and child abuse.

4.4.2 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, 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, e.g. children with disabilities, ill health, psychosocial problems, addiction, etc.

- **Large numbers of children should be divided into small groups of up to eight and allocated caregivers accordingly.**
- 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 ratio 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.^{liii}
- Where shifts are used, the change of caregivers should be kept to a minimum. Consideration should go to rotas 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.

4.4.3 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 alternative 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 8 children. In addition:^{liv}

- of these eight children, there should be a maximum of five children under the age of eight;
- of these five children a maximum of three may be under five years of age;
- 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	Example Group home /foster family 1	Example Group home/ foster family 2	Example Group home/ foster family 3	Example Group home/ foster family 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, and how to manage 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 the 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 observations of practices.^{iv} Trainers must speak in the same language and be able to understand the day-to-day dilemmas faced by child care providers. Training must be followed up by continued supervision. Where there is 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:

- Managing the first meeting
- Providing individual attention, warmth and care for children
- The impact of separation and loss on children
- Child development and the basic needs 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 **Tool 9**.)
- 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
- Behaviour management/ positive non-violent discipline (In residential settings, this should include identifying who is responsible for behaviour management.)
- Recognising the symptoms of psychological distress
- Communicating with children, e.g. talking about the child's previous life and experiences, supporting children in distress, using play as a communication tool, keeping children informed and supporting their participation in matters that affect them, and explaining appropriate physical contact
- Child protection, e.g. understanding abuse, exploitation and neglect; explaining 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 a child directly comes to staff with the case
- The importance of contact with birth families, tracing and reunification, and the role of caregivers in enabling this to happen successfully
- Respecting difference and promoting the child's culture and language
- Basic first aid
- Caregivers own health and support needs
- Confidentiality (see **Tool 31**)

(See **Tool 40** for an example 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-care giving 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:^{Mi}

- the goals and philosophy of the home
- intake procedures, and any forms to complete
- the roles of staff and co-ordination 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
- 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
- avoiding children's institutionalisation – caring for children as individuals and not in a task-orientated 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 steps:

- Providing education and training to children, caregivers and staff in understanding, preventing and responding to abuse.
- Developing and maintaining an open and aware culture.

- Identifying and managing risks to children in the programmes.
- Developing child protection policies and procedures in line with national legislation and ensuring all staff and formal caregivers have signed and adhere to these procedures.
- Creating clear boundaries for caregivers, staff and children
- Screening all staff and volunteers.
- Supporting and supervising staff and volunteers.
- Ensuring there is a clear complaints procedure for reporting concerns that the children are made aware of in an age appropriate manner.
- Empowering children and encouraging their participation.
- Maintaining strict confidentiality procedures (see **Tool 31**).

(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. Co-operation in this may have to be encouraged; since caregivers may fear they will lose their job, they may want to hold onto 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 highlighted 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 children say or act out through play and which may help in family tracing.

- They should document any information regarding the child's past, even if it seems insignificant, e.g. the colour of their uncle's taxi motorcycle, the type of local beer their grandfather sold, their nick-name for their grandmother, what the neighbours called their mother, etc. These small, unofficial pieces of information are often the most helpful.
- They 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.

(See **Tool 38** 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 23 & 24** for the Inter-agency CP IMS Verification Forms and **Tool 39** 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 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 the birth family has a chance to thank the caregivers for looking after the child, and provide a small gift, if possible.

For caregiver responsibilities regarding recording key events, see [Chapter 5.5](#).

4.7 Staff and Caregiver Roles in Supporting Children's Psychosocial Well-Being

Children in interim care may be distressed by the permanent or temporary separation from parents and loved ones. Such 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 Well-Being

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:^{lvii}

- 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..
- 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.
- 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 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, e.g. traditional stories or healing ceremonies; who may be able to help in supporting the child, e.g. via contact with family members, religious leader, children's group, etc.
- let children know in advance of any plans or changes, explain what is happening and why, and help prepare them, e.g. 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 Psychosocial Support to Caregivers

Many staff, alternative 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 to their own psychological healing and to that of their children.

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 of concern e.g. 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.

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

Below is a list of activities that may be helpful in supporting parents and other caregivers.^{lviii} 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 through training sessions, media activities, parent support groups, and outreach programmes. (See **Tool 5** 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, awareness of harmful practices, 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. They may be informal gatherings or organised events, and may or may not have a decision making role in terms of policies and practices which 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, housing support is also important. This can be through referral to appropriate services and/or mobilizing the community to help families in need. Where no other options exist, providing income-generating opportunities such as skills training, loan schemes and works 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 in introducing a semblance of normalcy 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 to psychosocial well-being, 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 to, marginalized 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, cleaning, etc.; sports or other recreational activities; cultural activities; resumption of positive healing practices; religious events.

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, whilst also checking that the staff member is coping and working professionally.^{lix} 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 may be more feasible to have a peer support system. This may 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 comply with this.

4.8.1 Supervision Session 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 an 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. Staff supervision includes following the supervisee's general well-being, team

dynamics, training needs, leave requests, overall ability, organisational issues and an overview of the worker's strengths and skills.

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.^{ix}

Supervision should be a shared activity rather than a lecture by the manager, or a venting session for the worker. 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:

Suggested Supervision Session Agenda^{ixi}

- a. Set agenda together.
- b. Check in. Review how worker is coping in emergency context.
- c. Discuss priority cases and set tasks. Review previously allocated tasks for these cases.
- d. Check remaining cases and review tasks.
- e. Discuss non-case items.
- f. Highlight worker strengths and areas to develop.
- g. Review and sign supervision minutes.
- h. 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 of Supervision Sessions^{ixii}

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 onto 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 following 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.

Section Two

Managing Individual Care

Chapter Five

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 vital therefore that agencies adequately assess what is in the best interests of the child, and carefully record the reasons and circumstances relating to decisions made. This process will enable children to be more easily reunified, 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 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 in increasing the likelihood that the arrangement will not breakdown.

This chapter includes guidance on:

- 5.1 Assessing the child's current care status
- 5.2 Admission criteria for interim care
- 5.3 Determining where to place a child in need of alternative care
- 5.4 Admitting a child into interim care
- 5.5 Opening and maintaining the child's case file

5.1 Assessing the Child's Current Care Status^{lxiii}

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,

customary caregivers or other relatives to explore their capacity to care for the child (see [Chapter 7](#)).

Once a child has been identified as separated or unaccompanied 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 best 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 18- 20** or **Tool 32** for an example Assessment form).

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 **Tool 28 and 31**).

An assessment of a child's living situation and coping mechanisms should focus both on a child's resilience as well as 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.

Based on 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 timeframe 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 upon by the lead agency for child protection. A case worker should be allocated to each child who requires alternative care, in order to carry case management and care planning duties (see rest of 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 (e.g. 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 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 upon by the lead agency for the child protection response.)

5.3 Determining Where to Place a Child in Need of Alternative Care^{lxiv}

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. 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. 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 1-1 consistent care. (See **Tool 9** 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^{lxv}. 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.
- 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.
- Ideally, children should be in mixed aged 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.
- Specialist care should be provided for children with special needs, e.g. CAAFAG, children with severe psychological problems or with highly contagious diseases.

5.3.1 Options for Interim Care, Longer Term Care, and Permanent Placements^{lxvi}

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 [Chapter 5.1](#) and **Tool 32**).

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 BID process. (See **Tool 1** for definitions of types of care and **Tools 12 /13 /14** on the BID process.)

Interim Care Provision (up to 12 weeks)	
Placement	Rationale
With relatives, neighbours, or family friends, who are known to 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	<p>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.</p> <p>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 e.g. 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.</p>
Supported child-headed households	Where a group of children are living together with no adult caregiver, yet they have consistent and good levels of support, it may be beneficial for the children to remain together, rather than be placed in an alternative form of care.

	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 child's community.	Where family-based care with adequate support and monitoring cannot be immediately organized 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 the surrounding community. (See Chapter 9 for information on small group residential care.)
Interim care centre/orphanage or other institution 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: <ul style="list-style-type: none"> - The child is over 3 years of age. - Such a 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 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 or 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

	<p>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).</p> <p>Where the child requires a permanent alternative family, consideration should be made to formalising the placement (see permanent placements below). Where the child requires a permanent alternative family, consideration should be made to formalising the placement (see permanent placements below) and willingness to care for the child.</p> <p>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 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 priority is placing the child with a family which is not known or familiar to the child but which is part of the same community. Finally, the last alternative is the placing of the child with a family outside his/her own community.</p>
<p>Small group care</p>	<p>If it proves impossible to place the child with relatives or a local foster or adoptive family, then the child may be placed in a small group home within the his/her own community that is run like a family home, and which is based on the social structure prevailing in the area in question.</p> <p>Young people in particular may request a long-term group care arrangement over family based care or independent living. Children with severe or multiple disabilities or who have other special needs 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.</p>
<p>Supported peer/child headed households</p>	<p>Young people^{lxvii} may prefer not to be placed in a family or residential setting and request 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.</p>
<p>Permanent Placements</p>	
<p>Placement</p>	<p>Rationale</p>
<p>National</p>	<p>For a child who requires a permanent alternative family,</p>

<p>adoption/ Kafala</p>	<p>national adoption provides security and stability and is usually the best option, particularly for preadolescent 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 tracing efforts (see Chapter 6.4 & Tool 17).</p> <p>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.</p> <p>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. In accordance with the Hague Convention^{lxviii}, inter-country adoption should only be considered once national adoption options have been exhausted.</p>
<p>Permanent kinship or foster care</p>	<p>If it is expected that the child will remain permanently with relatives or foster caregivers, the placement should ideally be formalized, in accordance with local law or custom, in order to establish the caregiver as the child’s legal guardian and to clarify the child 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).</p>

5.4 Admitting a Child into Interim Care

Once a decision has been made for a child to have an interim care placement (see [5.1](#) and [5.2](#) above), 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.

<p>Checklist for Child’s Admission into Care</p>	
<p>Action</p>	<p>Completed</p>
<p>Consent form signed by child’s parent, customary caregiver or other legal guardian (if located)</p>	<p></p>
<p>Assessment made of the most appropriate placement for the child, taking into consideration the child’s age, opinion and any</p>	<p></p>

special needs	
Case worker allocated to the child	
Where the child has no contactable legal guardian, alternative representation agreed upon	
Placement agreement form signed by caregiver or placement manager	
Child placed into care of designated adult, as per placement agreement	
Registration form completed and updated 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 notified, including lead tracing agency	
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	
Child received medical examination.	
Child received necessary medical treatment, including inoculations or prescription medicines	
Initial care plan developed	
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)	
Child and caregiver linked in with or referred to required and available services or supports e.g. community groups, safe play areas, day centres, community based schooling/vocational training, parenting supports etc	

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 you will come into the home, introduce the 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

- what he/she will be doing during the day, e.g. school, day centre, helping with basic chores etc
- 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 the him/her and when.

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, e.g. 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
School attendance or vocational training options
Access to emergency or routine health care
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 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)
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, e.g. prescription medicines, dietary requirements, allergies, etc. For infants, the caregiver should be provided with info on feeding and the child's usual nap routine, 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.
<p style="text-align: center;">Pre-placement information for the child's parent/legal guardian/customary caregiver (where he/she is contactable).</p> <p>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.</p>
Explain his/her 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)
The process for appealing against the decision to place the child in alternative care
What type of placement the child is going to, who is in the household, and what the child will be doing during the day e.g. attending schooling, chores, activities, etc. (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 health care
The expected duration of the placement and any initial care plan or tracing

information. 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, e.g. telephone calls or visits

See also **Tool 35** for preparing children for Moving, End of Placement, or Reunification.

5.4.2 Welcoming Children 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, to go over basic information on the placement, to complete any remaining paperwork, to check that the child has the required essentials for their care, and to help the child settle. 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, for example clothes, blankets, a mat, a pair of flip-flops, plastic cups, plates, buckets, spoons, underwear, bathing and laundry soap, tooth paste 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 on-going 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, e.g. 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 (e.g. 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 **Tool 31**).

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 interagency data base forms. (See **Tools 18-27**.)

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 co-ordination 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 **Tool 31**).

5.5.2 Recording by Caregivers

Alternative caregivers should be asked to record 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. Information from caregivers is vital for:

- assisting with tracing.
- helping to monitor the child's needs and in determine if 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.)

Chapter Six

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 separations.

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 CRC (article 25) it means that there is no regular assessment of the child's situation in terms of their best interests or that of the family, and the question of alternative solutions is not considered.

This chapter includes:

- 6.1 Monitoring children in alternative care
- 6.2 Child protection actions
- 6.3 Case reviews
- 6.4 Care planning
- 6.5 Best Interests determination (BID)
- 6.6 Case closure

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 case loads 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:^{lxix}

- a. 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

- b. ensure that the child and family are accessing services and community resources in line with the care plan
- c. update the child and caregiver on progress made towards long-term care solutions, specifically family reunification
- d. monitor for and mitigate the risk of abuse, neglect or exploitation of the child
- e. receive information regarding tracing and contact arrangements.

6.1.1 Reducing Resistance to Monitoring

Follow-up visits may stigmatize 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. They 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 placed on 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 [6.1.2](#) below).

6.1.2 Community Based Monitoring^{lxx}

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 the child 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 and community groups should also play defined roles in protecting children. Agencies should work with such structures, providing necessary training and support, or where none exist, help set them up.

Community Based Child Protection Mechanisms (like CWCs),, 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 (e.g. do they need to look after their own family/rebuild shelter), their capacity and level of training and resources. Volunteers should not be relied upon to replace the work of child welfare professionals, and their work 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.

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 Lenz, J (2007) *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.)

6.1.3 Issues to Monitor and Address

Via visits to the family home and contact with other involved professionals, e.g. the child's teacher, doctor, or any other relevant people in the child's life, the 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 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 provide information and support. (For guidance on how to communicate in a child-friendly manner, see [Resource List](#)).

Below is a range of tasks the worker or volunteer may undertake in monitoring visits. (The following table may help in designing training for workers or volunteers who are to monitor and support families). **It should be noted that the child's care should be evaluated in the context of the general capacities and socio-economic condition of families in the same community.**

<p>Observations^{lxxi}</p> <ul style="list-style-type: none"> • 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, etc • There are no signs of abuse, such as unexplained burns, cuts, bruises, or welts in the shape of an object, anti-social behaviour, problems in school, apathy, depression, etc • The condition of the house is adequate and there are no obvious safety risks • There is good 'bonding' between child and the caregiver: They appear to be relaxed with each other and there are indications that the child's emotional needs are being met • 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 • Appropriate action is taken by the caregivers to meet the child's needs, e.g. the caregiver responds to child if ill, takes him or her to school, feeds the child adequately, etc • 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 coping physically and mentally
<p>Information to ask the child and the caregiver about</p> <ul style="list-style-type: none"> • 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 other children in the household/community • Child's health, attendance at required checks and treatment for any identified health problems • Child's attendance and progress in education or other activities • Whether the child or caregiver are receiving required supports • Any planned changes to the care of the child • Any behaviour concerns relating to the child

<ul style="list-style-type: none"> • Child's relationship with foster family, peer group and community • Caregivers coping abilities, his or her physical and mental health, and any support needs
<p>Information to provide</p> <ul style="list-style-type: none"> • 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
<p>Direct provision of a support or service by worker</p> <ul style="list-style-type: none"> • Documentation including birth certificate • Emotional support • Collection of tracing information • Training in parenting skills/Parenting education • Information on key issues, e.g. 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, e.g. inheritance

For the Inter-Agency CP IMS form on Children in Care Follow-Up Questions, please refer to **Tool 21**.

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 of concern, e.g. 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 [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
- if placement is new
- If tracing and reunification activities are ongoing
- if there are protection concerns
- if it is an emergency, interim or longer-term placement
- if the caregiver is known to the child
- if there are support needs
- if 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 and 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

The child's care plan should specify the frequency of monitoring visits.

See [Chapter 6.1.6](#) 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

Among the children to be followed up, criteria should be established for priority monitoring. The child may have one or an accumulation of risk factors. These are not restricted to but are likely to include the following:

High Risk Factors^{lxxii}

- Vulnerable or unaccompanied children under 10 years of age and girls
- 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 parent
- Child-headed households, particularly those headed by girls
- Unsafe living arrangement (e.g. 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
- Forced marriage (or threats thereof)
- Forced labour
- Experiencing or risk of harmful cultural practices
- In hiding (e.g. for fear of being identified or found)
- Detained / imprisoned / denied freedom of movement (for own protection or to prevent socialization)
- Of school age and not attending available schooling
- Lack of access to adequate food, water, shelter or other basic needs
- Child alleged, accused or recognized 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 if Children Move 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 well-being of children (e.g. the Department of Women and Children, or the Department of Social Services). Where such departments lack the resources or capacity to carry out monitoring, agencies should support them in locating a community mechanism, community based organization, social service agency, or child protection organization, 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 e.g. 5-8, 9-12, 13-16.) There should be approx ten children in each group.

Process for conducting group follow-up^{lxxiii}:

- 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 cycles of six weeks; each cycle running within a quarter of the calendar year. Groups meet once a week during the cycle.
- Themes for discussion should be identified with the children or caregivers, e.g. 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.

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. Where the government authorities are unwilling or unable to take action, please refer to **Tool 11** for alternative procedures.

The responding 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, e.g. the police.
- All actions must be based on what is in the best interests of the child and will do the least harm.

- 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 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 sections [6.4](#) and [6.5](#) below and **Tool 14**).
- 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 Case Reviews

All children in care must have formal reviews of their placements. The first should take place at or before the child has been in the placement for 12 weeks. Ongoing reviews should take place approximately every three months^{lxxiv}. However, this will depend on whether the current placement is meeting the child's needs, if decisions regarding the child's care have to be made, or if preparations are underway for the child to be reunified. In addition to case reviews, there needs to be regular monitoring of the child's care and overall well-being.

The purpose of reviews is to determine the child's care plan and to agree on actions to take towards realizing 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 well-being that need to be addressed.
- any issues relating to the caregiver's ability to care for the child.
- progress made against 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 21** for the Inter-Agency CP IMS Children in Care Follow-Up Form.)

6.4 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, e.g. 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 from the child's placement into interim care, and thereafter every 12 weeks)
- who will monitor the child's well being 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.

(For an example care plan please see **Tool 33**.)

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.

6.4.1 Guidelines for Care Planning^{lxxv}

When developing the care plan, the following key guidance should be considered (see also **Tool 28** and **Tool 33**):

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 CRC. (See **Tool 12** 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 of the child's situation and the opinions of all those involved should be undertaken.
- 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 a professional supervisor with whom cases can be discussed.
- It must be recognized 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 that 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 [Chapter 6.5](#)).
- 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 well-being, provide support, and to gather vital information that will help

in decision making. The frequency of these visits should be determined on a case by case basis; however recommended timeframes are described in [Chapter 6.1](#).

b. Participation

- All children have the right to a legal guardian recognized 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 or her views on all matters relating to his or her care and plans. The ability of the child to express his or her opinions will depend on the child's evolving capacities. The worker should however help the child to voice his or her opinions and concerns, e.g. through using play or art, 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 likelihood of factors and 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 with 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 e.g. 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 or herself, has accommodation to move to and has the capacity to provide for him or herself via employment. The young person should lead on such preparations, with the support of his or 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 or 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 regarding durable solutions for the child. This may be done via a Best Interests Determination Process (BID) (see [Chapter 6.5](#)).

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^{lxxvi}. 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
- 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, e.g. their access to inheritance, their legal status, their eligibility for marriage, their ability to live independently upon leaving care, 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 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 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 with whom the child can be placed. Permanent solutions should not be considered for at least 6 months and usually after 2 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 6 month tracing period.

When a permanent alternative family is required for the child, then consideration should go to formalising the child's current care arrangement, where this is adequate. This may be done via adoption, kafala, or guardianship. (See **Tool 17** for information on adoption, and **Tool 22** 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, decisions which will make the

alternative care of a child permanent, which will change the child's legal status, or which will 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 [6.5](#) below).

For guidance on placing refugee or displaced children, please refer to **Tool 15**.

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 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 CRC bear responsibility to ensure 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. (The BID process is typically used by UNHCR in camp populations with refugee groups; however, it is 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:

- decisions to identify durable solutions for unaccompanied and separated children. For refugee unaccompanied children, this would mean repatriation, local integration or 3rd country resettlement .
- decisions on temporary care arrangements for unaccompanied and separated children in particularly complex situations (See **Tool 13**).

- decisions which may involve the separation of the child from parents against the parent's will or the will of both. In these cases, the parent and the child fall within the competence of the State. Any intervention by international organizations to separate a child from 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 should, to the extent possible, be done in cooperation with national child protection authorities and 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 in limbo for lack of a competent mechanism.
- The lead agency or co-ordination body for child protection should consider if 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^{lxvii}, 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 **Tool 14**). 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 25**.
- Training in age-appropriate and culturally appropriate interviewing and observation techniques must be conducted for all staff involved in collecting the comprehensive information required.
- 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 community and current care arrangement;
 - the views of the child and his or her legal guardian 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 decision/placement of the child;
- where appropriate or necessary, views of experts.
- In making a decision, the panel will need to strike a reasonable balance between the necessity of making a swift decision on the best interests of the child and the need to ensure that a decision must be based on sufficient solid information.
- BID processes must be established as part of a broader CP programme and cannot be implemented in isolation.

For the forms and guidance relating to the BID process, see **Tools 11-14**.

6.6 Case Closure^{lxxviii}

Organisations should have criteria which can be used to identify if 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 a permanent alternative placement.

Criteria for closing a case once a child has been reunified or placed in a permanent arrangement will be multiple and should be sustained over a period of time. They are likely to include 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 eats a similar amount of food to other children in families in the same community, and the child eats alongside any other children of the placement;
- there are no protection concerns;
- the child is able to make and keep friends;
- all administrative procedures have been followed.

(See also **Tool 28** 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 database is in use, is completed (see **Tool 27**). Children and their families should know who to contact with any new concerns or support needs.

Chapter Seven

Family Reunification

While 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 straight forwarded, 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 (CRC, 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 if family reunification is in the best interests of the child
- 7.3 Addressing issues which can hinder reunification
- 7.4 Preparation for reunification
- 7.5 Follow-up 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 while 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.^{lxxix}

All agencies should have a standard verification procedure, with accompanying forms for the adult and child. (See **Tools 23 & 24** for the Interagency Child Protection Information Management System Verification forms. For additional guidance on verification, please refer to **Tool 39**.)

7.2 Determining if 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 time, 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 child care 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 challenging. Children should always have their opinion taken into account regarding whether or not they want to be reunified, with whom and how.

The following is a list of basic and comprehensive assessment questions to help determine if reunification is in the child's best interests.^{lxxx}

Determining If 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

Comprehensive assessment issues

- The history of tracing
- The expressed wishes of the child regarding remaining with his or family until adulthood, and any fears with regards to 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 a comparison to 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 if 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 applies^{lxxxi}:

- 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 (e.g. identity of family members).
- There are indications of past or current child abuse or neglect within the household that the child will join.
- 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 or her father or mother.
- The child is reluctant to be reunited with the family member(s).
- The child and the family member that she/he 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; could affect custodial rights or contact with a family member^{lxxxii} (see BID Guidelines, Section II.3^{lxxxiii}).

7.3 Addressing Issues Which 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.^{lxxxiv} 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 such illnesses as HIV/AIDS, epilepsy, diabetes, etc.), follow-up should be planned together with the local authorities or local NGO, the family and the child. Reunification may have to be delayed until such supports are in place, or until treatment is completed.^{lxxxv}
- The child is unable to be immediately reunified** e.g. 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^{lxxxvi}

Consent to live with the claimant 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 onto the relevant

database, if used. (Please refer to **Tool 26** 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 **Tool 34** and **Tool 35** and Chapter [5.4.1](#).)

7.4.1 Preparing Children for Reunification

The time invested in preparing and supporting a child is crucial to their well-being 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 and their situation, the child must be prepared prior to reunification. This will include providing information on:

- what kind of follow-up can be expected upon return;
- what reintegration programmes are in place (for CAAFAG);
- what kind of health care 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 shall 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 e.g. 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.

The following are examples of the ways in which children can be helped to prepare for and adjust to reunification:^{lxxxvii}

- children help to develop their reunification/reintegration plan
- children are regularly informed of the results of each field visit by social workers and consulted on next steps
- children are helped to discuss their fears and hopes
- children are able to select what they will wear for reunification day
- older children are invited to participate in community discussions regarding reintegration issues

- children have the opportunity to say goodbye to friends and staff.
- children are given photo albums with pictures of caregivers and friends
- when possible, field workers are encouraged to carry correspondence between children and their friends during follow-up visits
- children can select who to accompany them on their reunification day
- children are 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 accessed education or other services
- how to support the child to settle and adjust
- 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
- available services for the family to access
- any medical treatment the child should continue receiving
- any reunification assistance
- 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 e.g. as a result of association with armed forces or groups, pregnancy, ill health or disability, or institutionalisation.

Discussions with the teachers or the headmaster at the school the child will return to, identifying child welfare committees, and discussions with women's groups or the elderly as well as other children can be important.

7.5 Follow-up Post 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 the reunification or protection.

Other children and families may require more sustained support in order to support the child's reintegration and to prevent the breakdown of the placement. 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 issues;
- there are current or previous issues relating to the care and protection of the child either in the family or in the community.

For reunification issues relating to CAAFAG see **Tool 10**.

For guidance on providing family supports see [Chapter 2.3](#).

For guidance on monitoring and when to close a case see [Chapter 6](#).

Section Three

Types of Alternative Care

Chapter Eight

Foster and Kinship Care

In emergencies, the majority of children on their own will be taken in by their extended families in 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, formal foster care programmes may need to be set up.

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 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
- 8.2 Promoting and supporting informal foster and kinship care
- 8.3 Developing formal foster care programmes
- 8.4 The process of setting up individual foster and kinship care placements
- 8.5 Assessment of the suitability of kin or foster caregivers

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 quality care within a family, it should never be assumed that because children are with a family that they are protected or 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 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.

With 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, the risks of permanent separation can be greatly reduced. Such placements require an assessment of the caregiver's motivation to care for the child and their expectations of the child and the placement.

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 who have recently separated from their families, or infants. The following activities should be undertaken to protect children in informal care:

- a. **Community awareness and support:** The support of the community should be enlisted to help care for separated and unaccompanied 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
- b. **Identification, registration, documentation and tracing:** 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 20** 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 co-operation for this. 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.

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 the **Tool 19** for the Inter-Agency CP IMS Registration form). If the foster family is moving, for example to another camp/ location, then the final destination of the foster family should be noted. 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.

- c. **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. E.g. 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 (e.g. an adult man caring for an adolescent girl)? (See [Chapter 5.1](#) and **Tool 32**.)

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, e.g. 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 (e.g. 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 **Tool 11 & Tool 13**.) If necessary, an alternative placement should be arranged immediately.

- d. **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 (see [Chapter 2.3](#) and **Tool 36**).

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 issues 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 [Chapter 8.3](#)).

For additional guidance on supporting caregivers please see [Chapters 4.7/ 5.3.1/ 6.1.3/7.4](#).)

- e. **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](#)).

- f. **12 week review:** For children whose families have not been traced within 12 weeks from 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

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 quality care, and that any additional supports are

received on the basis of an explicit contract to provide a certain level of care and to be monitored (see [Chapter 8.5.3](#)).

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 in 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, e.g.

- 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 non-governmental organisations?
- 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 in Locations where it is not widely Used or Accepted

Introducing fostering into contexts where it is not widely used or accepted is challenging, however research shows that it can be achieved.^{lxxxviii} A number of key factors are associated with the successful introduction of fostering programmes:^{lxxxix}

- 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 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.

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.^{xc}

1. Build government and community support for foster care

- Be patient and prepare to have long, open dialogues and do plenty of sensitisation and awareness-raising among communities regarding the potential benefits of having children cared for in families instead of orphanages (see **Tool 6**). Work with the local community to understand what realistically can be done to reduce reliance on residential care and achieve sustainable and 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, e.g. short or long-term, individual or group based.
- If foster care is not used traditionally or in the emergency, assess the feasibility of creating a pilot with priority for the care of babies and infants.
- The roles and responsibilities of managing and supporting organisations must be clearly laid out.

2. Develop fostering policies and procedures

- Determine the eligibility criteria for placing children in foster care, the rights of the child and family, admission procedures, and guardianship for children without known family members.
- Clarify the care planning and case management processes for: verification, reunification and reintegration; monitoring; child protection;

changing and ending placements; making placements permanent. (See [Chapter 6](#) for guidance).

- Determine whether and how monetary or non-monetary supports will be provided (see [Chapter 2.3](#) for guidance). Consider how additional needs, associated with the placed child, will be met. For example, if the child requires ongoing medication or medical treatment, who will pay for this?
- Set up mechanisms for the recruitment, training and supervision of staff who will be delivering the programme, including child protection and other key training for caregivers (see [Chapter 4](#)).

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 e.g. forms, database, material provisions, etc.
- Start foster care recruitment and training process (see [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.^{xci} (Parts of the process below may apply to kin caregivers who are not known to the child).

- Identify willing families:** Local government and community leaders and other local organizations 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. They should be involved in determining what would make a person eligible to be a foster caregiver – see [8.5.1](#) below.
- 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.

- c. **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, the attitudes of others in the household regarding any placement, and to obtain a character reference from others in the neighbourhood.
- d. **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, if they are known adults from the child's community, and the ability to place siblings together.
- e. **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 **Tool 40** and [Chapters 4.5-4.7.](#))
- f. **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 34** and **Tool 35**)
- g. **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 16**) 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.

- h. **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.
- i. **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 Assessment of the Suitability of Kin or Foster 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 [Chapter 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 be possible to observe how they treat their own children.
- **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 an observation of their interaction.

One of the key criteria for determining if 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 well-being.

Examples of criteria for adults wishing to foster or care for children^{xcii}

- Matching ethnicity of the child where feasible. Refugee children should only be fostered by families from their country and NOT from the host country.
- Matching culture, language, lineage and religion of the child. (This will help facilitate the placement and maintain the child's sense of identity, but may not be key criteria in every case.)
- Good physical and mental health

- A 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 that are connected to personal gain
- Satisfactory living conditions in relation to standards in the surrounding community
- The ability to offer children love and security
- An understanding of the difference between fostering/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 will not 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 not normally be considered appropriate for a single man to be the caregiver for a female young person.
- Ability to provide adequate care to the child based on number and ages of children already in the adult's care, and any other responsibilities the caregiver has. No families with more than 3 children under the age of 5 years should be accepted. There should be a maximum of 8 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 fostered children will remain with the family that moves or not)
- Ability to provide equal provision of health care and education for the foster child 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 6 months
- Willingness to be monitored by social workers and local authorities
- Appropriate age and age gap. This will depend on cultural norms, however the UN defines an adult as a person aged 24+. If the caregiver is an older sibling, it may be acceptable for he/she to be younger, e.g. 18+ years of age. If the child has special needs, or there are multiple children to be cared for, the minimum age is likely to be older, e.g. aged 24+.

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 to use the child for domestic duties in the home or for marriage purposes.

8.5.2 Assessment Interviews with the prospective caregiver

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 location?
- 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 are 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 **Tool 16** for a sample contract).

Foster caregivers should agree to:

- relinquishing care of the child if requested by the child or agency, or the child's family
- regular monitoring by a community child welfare committee, local agency or international organization
- allowing contact with family members, including siblings, while the child is in the placement
- cooperation with tracing and reunification efforts
- not leaving with the child or changing the child's placement without notifying and getting the agreement of the monitoring committee or agency
- commitment to care for the child for 6 months or more. (Ultimately the length of the placement will depend on the well-being 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.)

Chapter Nine

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 organized through community leaders and/or local organizations in cooperation with child-care workers in order to ensure that the provision is set up in accordance with cultural norms, and provides a standard of living comparable with other families in the community.

This chapter includes:

- 9.1 Group care in camp, residential or group foster care
- 9.2 Use of interim care centres
- 9.3 Small group home specifications

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 organized 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 if certain groups of children need to be separated into other areas. This may be the case for demobilized children (see page **Tool 10**).
 - While 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) along with their older siblings should be prioritised for foster care.**
- 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 consistent caregivers who 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 go to rotas 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^{xciii}

Where a decision has been made to create an interim care centre, this too 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 and will ideally be much shorter, e.g. 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 placements.
- the need to address key socialization and psycho-social 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, e.g. level of violence.
- the existence of alternative family based care options.

To ensure that the child's stay in the centre is within this timeframe, 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 Time Scales for the Existence of Emergency Care Centres

Emergency centres (sometimes known as Interim Care Centres or ICC's) 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 timeframe so that neither children nor staff settle into a long-term situation.

Small group homes that meet agreed upon 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 'normalize' 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, e.g. 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 also 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, e.g. 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. Age-appropriate activities help children re-learn a sense of responsibility and their place within the family and the community.
- **Life Skills:** The 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, prevention of HIV, reproductive health, child care, etc.
- **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 and 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 their friends. These 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 organized 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.

Please refer to **Tool 3** for guidance on standards of care and **Tool 41** for the Sphere Standards- these provide specifications for the building of shelters, basic supplies and other essentials.

Chapter Ten

Supported Child and Peer Headed Households

In some communities, particularly in developing contexts, 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 make-shift shelter, while others may be living in the family property or on their land, in an effort to hold onto 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 child-headed households, such as eligibility for aid available to other households in the community, access to education, protection of inheritance and property/land, etc.^{xciv} Given the potential needs of children in such households, they should be included in care and protection programmes for an initial assessment and potential referral to a community based support mechanism. 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. **The rest of 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
- 10.2 Support for existing and new child and peer headed households

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 32** 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? Under what circumstances children may 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 other unrelated youth?
- 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 dependents? If they are in hazardous labour, what alternative appropriate livelihoods can be found?
- Is there a risk of 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^{xcv}

a. 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 well-being of the child/children, they may 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, e.g. female, pregnant, sick, disabled, etc?

b. Monitoring: All children in child or peer headed households should be monitored by a community member to ensure their protection, at least until the eldest child reaches 18 and older if support is still required, e.g. by a relative, neighbour, child protection committee volunteer, or local social worker. 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, e.g. 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 particular risks or needs of the household.

c. 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. They should be supported to obtain the resources for which they are eligible, e.g. 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, e.g. recreation facilities, children's support groups, education facilities, psychosocial support, health care, vocational training, etc.

The head of the household or adults supporting the placement should be encouraged to help the children in the household learn key skills, e.g. cooking, budgeting, hygiene; be aware of key risks and how to protect themselves, e.g. in relation to sexually transmitted diseases, recruitment by armed forces and groups, etc; 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 28** for guidance on supporting independent living from the Haiti response, 2010).

Bibliography

- Abdallah, I (2001) *Learning from Interim Care Centres-Daru, Sierra Leone, Final Draft*, IRC
- Abdallah, I (2001) *Lessons Learnt from Working with Children Associated with Fighting Forces in Sierra Leone*, Save the Children UK
- Adams, L, Kendrick, A (2007) *Helping Families Cope and Care: Direct Economic Support for Families*, The Working Group on Family Based Care, Banda Aceh
- Altes, M, K (2008) *Interim Report Emergency Child Protection Response for Separated Children Following the Post Election Violence in Kenya January-August 2008*, Save the Children, 2008
- Aubourg D (2003) *Community Centred Orphan Care Institutions*, USAID OVC Technical Consultation, USAID
- Boothby et Al (2009) *Children and the 2004 Indian Ocean Tsunami: An Evaluation of the Child Protection Program in Aceh, Indonesia*, UNICEF
- Boothby et Al (2009) *Children and the 2004 Indian Ocean Tsunami: An Evaluation of the Child Protection Program in the Maldives*, UNICEF
- Broad, B (2007) *Kinship Care. Providing Positive and Safe Care for Children Living Away from Home*, Save the Children Fund
- Browne, K (2009) *The Risk of Harm to Young Children in Institutional Care*, Save the Children
- Bullock, R, Little M, Millham S (1993) *Checklist of Factors Associated with the Return of Children to their Birth Families*, Excerpted from *Going Home: The return of children separated from their families*
- De La Soudiere, M (2007) *The Lost Ones. Emergency Care and Family Tracing for Children from Birth to Five Years*. UNICEF
- De Lay, B (2003) *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC
- De Lay, B (2003) *Mobility Mapping and Flow Diagrams: Tools for Family Tracing and Social Reintegration Work with Separated Children*, Washington DC, USAID
- Department of Children, Schools and Families (2008) *Statutory Framework for the Early Years Foundation Stage*, UK Government
- Dona, G (2001) *The Rwandan Experience of Fostering Separated Children*, Save the Children; IRC, Save the Children, UNICEF,
- Dunn A, Jareg E, Webb D (2003) *A Last Resort*, Save the Children
- Edwards C, Brockelsby E (2006) *Consideration of Kinship Carer/s for Emergency/Immediate Placement of a Child or Children*, Carol Edwards, Edwina Brockelsby, Family Rights Group, UK
- Fiene, R (2002) *13 Indicators of Quality Child Care: Research Update*, National Resource Center for Health and Safety in Child Care, University of Colorado. <http://aspe.hhs.gov/hsp/ccquality-ind02/#Staff1>
- IASC (2004) *Implementing the Collaborative Response to Situations of Internal Displacement*, IASC

- IASC (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Inter-Agency Standing Committee
- IASC (2008) *Interagency Child Protection Rapid Assessment Tool & Guidance Notes*, Field Testing Draft, IASC Child Protection Working Group of the Protection Cluster Working Group
- IASC and UNICEF (2007) *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
- ICRC (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision
- ICRC (Internal document), *Guidelines on ICRC' Action on Behalf of Children Affected by Armed Conflict*, ICRC
- IDDRS (2005) *Children and DDR*. IDDRS 05.30 (Interagency Disarmament, Demobilisation, and Reintegration Working Groups)
- IDDRS (2005) *Youth and DDR*. IDDRS 05.20 (Interagency Disarmament, Demobilisation, and Reintegration Working Groups)
- IFCO (1995) *Guidelines for Foster Care*, International Foster Care Organization
- IFE Core Group (Feb 2007) *Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers*
- IRC (2002), *Guidelines for Liberian Separated Children in Alternative Care*, IRC, Save the Children, UNICEF, UNHCR;
- IRC (2003) *Guidelines and Protocols for Interim Care Centres in Liberia, Final Draft*, IRC;
- IRC (2007) *Foster Care*, Power point presentation, IRC Nepal
- IRC (2009) *Evaluation de Structure d'Accueil des EAFGA à Gitega*, International Rescue Committee
- ISS (1999) *The Rights of the Child in Domestic and Intercountry Adoption. Ethical Principles and Guidelines for Practice*, International Social Service
- ISS (2005) *Permanency Planning: The Principles to be Taken into Account*, International Social Services
- Lenz, J (2007) *An Inter-Agency Review of Child Protection Committees in Acholi, Lango & Teso Regions in Uganda*, UNICEF
- Melville L et al (2007) *Introduction to Child Protection in Emergencies, an inter-agency modular training package*. UNICEF, CCF, IRC, Save the Children, Terre des Hommes and UNHCR
- Melville, L (2005) *Working with Children and Families, Volume 2*, The British Council
- Ministry of Social Affairs (2005) *Indonesian Government Policy on Separated Children, Unaccompanied Children and Children Left with One Parent in Emergency Situations*, Ministry of Social Affairs of the Republic of Indonesia
- Mitchels, B (2004) *Let's Talk. Developing Effective Communication with Child Victims of Abuse and Human Trafficking*, UNICEF

- Mkombuzi Center (2005) *Literature Review of Foster Care*, Mkombuzi Center for Street Children
- Mott, T (2009) *Unique Elements of FHI Tracing and Reunification Work in Rwanda (1995-1998)*
- Mulheir, G, Browne K (2007) *De-Institutionalizing and Transforming Children's Services: A Guide to Good Practice*, European Commission Daphne Programme and WHO Regional Office
- Munson, C (2003) *Handbook of Clinical Social Work Supervision. Third Edition*, The Haworth Social Work Practice Press
- NRC (2008) *Protection of Persons with Specific Needs*. Chapter 11 from the Camp Management Tool Kit, Norwegian Refugee Council (NRC) / The Camp Management Project (CMP)
- OCHA (199) *Guiding Principles on Internal Displacement*, OCHA
- Oswald, E (2009) *Because We Care: Programming Guidance for Children Deprived of Parental Care*, World Vision
- Save the Children (2004) *Follow up of Demobilised Child Soldiers: Schema of Follow-up Activities*, Social Protection Programme, Save the Children
- Save the Children (2004) *Separated Children: Care and Protection of Children in Emergencies*, Save the Children Federation
- Save the Children (2005) *Community Based Social Work with Children and Families, Manual on Prevention and Reintegration*, Save the Children UK, Bulgaria Program
- Save the Children (2005) *Raising the Standards: Quality Child Care Provision in East and Central Africa*. Save the Children
- Save the Children (2007) *Child Protection Training for Foster Parents*, Save the Children, Dadaab
- Save the Children (2007) *Issue Brief Number Three. Child Care: An Essential Service for Disaster Recovery*, Save the Children
- Save the Children (2007) *The Unique Needs of Children in Emergencies: A Guide for the Inclusion of Children in Emergency Operations Plans*, Save the Children
- Save the Children (2008) *Emergency Standard Operating Procedures*, Child Protection in Emergencies, Save the Children
- Save the Children (2008) *Establishing Community Based Structures*, Save the Children, Dadaab, 2008
- Save the Children (2008) *Guidelines for Emergency Preparedness Plans*, Save the Children, 2008
- Save the Children (2008) *KITS Catalogue for Emergency Response 2008*, Save the Children
- Save the Children (2009) *Alternative Care Arrangement Guidelines for Ex-CAAF and Separated Children*, Save the Children
- Save the Children Alliance, UNHCR, UNICEF and OHCHR (2004) *Action for the Rights of the Child (ARC): Separated Children*, Save the Children Alliance, UNHCR, UNICEF and OHCHR, Geneva

- Save the Children and UNICEF (2002) *Protection of Children during Organised and Spontaneous Population Movements*, Save the Children & UNICEF
- Save the Children, UNHCR (2001) *Separated Children in Europe Programme Training Guide*, Save the Children Alliance, UNHCR
- Swales, D (2006) *Applying the Standards: Improving Quality Child Care Provision in East and Central Africa*, Save the Children
- Tan, J (2007) *Project Documentation: Family Tracing and Reunification*. Child Protection Working Paper, Save the Children Indonesia
- Tearfund (2001) *Children in Residential Care and Alternatives, Children at Risk Guidelines: Volume 5*, Tearfund
- The Hague Convention on the Protection of Children and Cooperation in respect of Intercountry Adoption (THC), 1993
- The Sphere Project (2004) *Humanitarian Charter and Minimum Standards in Disaster Response*, The Sphere Project
- Tolfree, D (1995) *Roofs and Roots*, Save the Children
- Tolfree, D (2003) *Community Based Care for Separated Children*. Save the Children
- Tolfree, D (2003) *The Care and Protection of Children Affected by Armed Conflict and Disasters*, Children and Residential Care 2nd International Conference, Stockholm;
- Tolfree, D (2004) *Whose Children? Separated Children's Protection and Participation in Emergencies*. Save the Children
- Tolfree, D (2005) *Facing the Crisis: Supporting Children through Positive Care Options*, Save the Children
- Tolfree, D (2007) *Protection Fact Sheet: Child protection and care related definitions*, Save the Children
- UNHCR (1993) *UNHCR Guidelines on Separated Children*, UNHCR
- UNHCR (1994) *Refugee Children: Guidelines on Protection and Care*, UNHCR, Geneva
- UNHCR (2002) *Guidelines for Liberian Separated Children in Alternative Care*, IRC, Save the Children, UNICEF, UNHCR
- UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR
- UNHCR (2008) *The Heightened Risk Identification Tool*, UNHCR
- UNICEF (2003) *Analysis of the Reintegration of Demobilized Child Soldiers in Rwanda*, Kigali, UNICEF
- UNICEF (2003) *Gate keeping Services for Vulnerable Children and Families*, UNICEF
- UNICEF (2003) *Guidance Note on Inter country adoption in the CEE/CIS/Baltics Region*, UNICEF
- UNICEF (2005) *Unaccompanied and Separated Children in the Tsunami Affected Countries: Guiding Principles*, UNICEF

- UNICEF (2006) *Alternative Care for Children without Primary Caregivers in Tsunami Affected Countries: Indonesia, Malaysia, Myanmar & Thailand*, UNICEF,
- UNICEF (2006) *Guidelines on the Protection of Child Victims of Trafficking*, UNICEF Technical Notes, UNICEF
- UNICEF (2006) *Technical Notes - Special Considerations for Programming in Unstable Situations: Chapter 4*, UNICEF
- UNICEF (2007) *Promoting the Rights of Children with Disabilities*, Innocenti Digest No. 13, Innocenti Research Centre, UNICEF
- UNICEF (2008) *Toolkit on Child Protection in Emergencies: A guide for field workers. Section four Separated and Unaccompanied Children*, UNICEF Indonesia
- UNICEF (2008) *Unaccompanied and Separated Children Affected by Violence in Kenya: Guiding Principles, Draft*, UNICEF
- UNICEF (2009) *Manual for the Measurement of Indicators for Children in Formal Care*, UNICEF and the Better Care Network
- UNICEF and ISS (2004) *Improving Protection for Children Without Parental Care. Care for Children in Emergency Situations: Implications for International Standards*, UNICEF and ISS
- UNICEF Innocenti Research Centre (2003) *Changing Minds, Policies and Lives: Improving Protection of Children in Eastern Europe and Central Asia*, UNICEF and the World Bank
- UNICEF, UNFPA, Save the Children (2008) *Interagency Review of the Myanmar Protection of Children and Women Cluster Response to Cyclone Nargis, External Review*, UNICEF, UNFPA & Save the Children
- United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations
- Uppard, S, Petty, C, Tamplin M (1998) *Working with Separated Children – Field Guide and Training Manual*, Save the children UK
- USAID and UNICEF (2006) *A Hard Homecoming: Lessons Learned from the Reception Center Process in Northern Uganda. An Independent Study*, USAID and UNICEF
- Verhey, B (2001) *Foster Care: Mutual Learning Between Traditional and Western Practice, Dissertation*, Beth Verhey, Oxford Brookes University
- Wedge, J (2009) *Review of Quality of Save the Children UK Protection Programme in North Kivu*, Save the Children
- Williamson, J and Moser, A (1988) *Unaccompanied Children in Emergencies: A field guide for their care and protection*, International Social Service
- Wolff, P, Fesseha, G (2005) *The Orphans of Eritrea. What are the Choices?* P.Wolff & G. Fesseha, American Journal of Orthopsychiatry 2005, Vol.75, No.4, 475-484, 2005
- World Vision (1999) *Foster Care – Standards and Practice Guidelines*, World Vision Romania

Resource List

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

Case Management

UNHCR Guidelines on Determining the Best Interests of the Child, UNHRC, 2008

Inter-Agency CP IMS forms. (For additional and updated versions of the Inter-Agency CP IMS forms, please go to www.childprotectionims.org or contact the IA CP co-ordinator Annalisa Brusati at annalisa.brusati@ircuk.org)

Children Associated with Armed Forces and Groups

Children and DDR. IDDRS 05.30 (Interagency Disarmament, Demobilisation, and Reintegration Working Groups), 2005

Youth and DDR. IDDRS 05.20 (Interagency Disarmament, Demobilisation, and Reintegration Working Groups), 2005

Child Protection

Working with Children and Families Vo1 1 & 2, Louise Melville, The British Council, Jordan 2004

Toolkit on Child Protection in Emergencies: A Guide for Field Workers. Section 5 Psychosocial Support, UNICEF Indonesia, 2008

Let's Talk. Developing Effective Communication with Child Victims of Abuse and Human Trafficking, Barbara Mitchells for UNICEF, Kosovo Office, 2004

Guidelines on the Protection of Child Victims of Trafficking, UNICEF Technical Notes, UNICEF, 2006

Manual for Social Workers. Dealing with Child Victims of Trafficking and Commercial Sexual Exploitation, UNICEF & the Ministry of Human Resource Development, Department of Women and Child Development, Government of India, 2005

Training Manual. MoGLSD/IASC Capacity Building on the Key Competencies in Child Protection Modular Series, MoGLSD/IASC

Keeping Children Safe. Standards for Child Protection, Keeping Children Safe Coalition, 2006

Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention and Response to Sexual Violence in Emergencies, IASC, 2005

Action for the Rights of the Child (ARC): Abuse and Exploitation, Save the Children Alliance, UNHCR, UNICEF and OHCHR, Geneva, 2009

Protection: An ALNAP Guide for Humanitarian Agencies, Overseas Development Institute, 2005

Community Based Groups

Children at the Centre: A Guide to Supporting Community Groups Caring for Vulnerable Children, The Save the Children Fund, 2007

Making Space for Children - Planning for Post-Disaster Reconstruction with Children and their Families. Save the Children, 2006

Action for the Rights of the Child (ARC): Community Mobilisation, Save the Children Alliance, UNICEF and OHCHR, Geneva, 2001

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

Individual and Group Work with Children and Young People in Care

Early Childhood Development Kit: Guidelines for Caregivers, UNICEF, 2005

Ideas Bank of Creative Activities for Children at Drop-in or Residential Centre
Colin Cotterill for End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes (ECPAT), 2001

Health Education and Life Skills Program for Children and Youth, Compiled by Rachel Mason for Mkombozi Centre for Street Children, 2006

Life Skills Manual, Peace Corps Center for Field Assistance and Applied Research, 2001

So You Want to Consult with Children: A Toolkit of Good Practice, Save the Children Alliance, 2003

Action for the Rights of the Child (ARC): Working with Children, Save the Children Alliance, UNHCR, UNICEF and OHCHR, 2001

The Psychosocial Rehabilitation of Children who have been Commercially Sexually Exploited. A Training Guide, ECPAT International "End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes", 2005

INEE Good Practice Guide on Child Friendly Spaces, INEE, 2007

US Safe Spaces Program Manual, Save the Children, 2007

Provision of Alternative Care

Guidelines for the Alternative Care of Children, United Nations, 2009

Community Based Care for Separated Children. Save the Children, David Tolfree, 2003

Whose Children? Separated Children's Protection and Participation in Emergencies. Stockholm, David Tolfree, Save the Children, 2004

Guidelines for Foster Care, International Foster Care Organization, 1995

A Last Resort: The Growing Concern about Children in Residential Care, London, Save the Children, 2003

Facing the Crisis: Supporting Children Through Positive Care Options, Save the Children, 2005

De-Institutionalizing and Transforming Children's Services: A Guide to Good

Practice, European Commission Daphne Programme, And WHO Regional Office, University of Birmingham, Georgette Mulheir, Hope and Homes for Children, UK,

Kevin Browne, School of Psychology, University of Liverpool, UK, 2007
Roofs and Roots. The Care of Separated Children in the Developing World, David Tolfree for Save the Children Fund UK, 1995

The Rights of the Child in Domestic and Intercountry Adoption. Ethical Principles and Guidelines for Practice, International Social Service 1999

Because We Care: Programming Guidance for Children Deprived of Parental Care, E Oswald, 2009

Psychosocial Work

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Inter-Agency Standing Committee, 2007

Refugee and Displaced Children

Action for the Rights of the Child (ARC): Durable Solutions – Resettlement, Save the Children Alliance, UNHCR, UNICEF and OHCHR, Geneva, 1998

Guiding Principles on Internal Displacement, OCHA, 1998

Refugee Children: Guidelines on Protection and Care, UNHCR, Geneva, 1994

Treatment of Unaccompanied and Separated Children outside their Country of Origin, Committee on the Rights of the Child, 39th Session, 2005. General Comment No6

UNHCR Handbook for Registration. UNHCR, New York, 2003

Implementing the Collaborative Response to Situations of Internal Displacement, IASC, September 2004

Reach Out Refugee Training Project, Interagency, 2001

UNHCR Policy on Adoption of Refugee Children, August 1995

Separated Children

Interagency Guiding Principles on Unaccompanied and Separated Children, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision. Geneva, 2004

Introduction to Child Protection in Emergencies, an Inter-agency modular training package. UNICEF, CCF, IRC, Save the Children, Terre des Hommes and UNHCR, 2007.

Action for the Rights of the Child (ARC): Separated Children, Save the Children Alliance, UNHCR, UNICEF and OHCHR, Geneva, 2004

Separated Children in Europe Programme Training Guide, Save the Children Alliance, UNHCR, 2001

Separated Children in Europe Programme, Statement of Good Practice, Second Edition, Save the Children Alliance and UNHCR, July 2004

Separated Children: Care and Protection of Children in Emergencies, Save the Children Federation, 2004

The Lost Ones. Emergency Care and Family Tracing for Children from Birth to Five Years. UNICEF, 2007

Working with Separated Children – Field Guide and Training Manual, Save the children UK, London, 1998

Unaccompanied Children in Emergencies: A field guide for their care and protection, Williamson, J., and A. Moser, International Social Service, Geneva, 1988

Protection of Persons with Specific Needs. Chapter 11 from the Camp Management Tool Kit, Norwegian Refugee Council (NRC) / The Camp Management Project (CMP), 2008

Situation Analysis and Programme Assessment Tools

Action for the Rights of the Child: Situation Analysis, Save the Children Alliance, UNICEF and OHCHR, Geneva, 1999

Rapid Assessment Guide and Tools for Child Protection in Emergencies (draft), UNICEF, 2006

Emergency Assessment Toolkit. Guidelines and Sectoral Checklists for Child Oriented Emergency Assessment, Save the Children, Feb 2002

Emergency Standard Operating Procedures, Child Protection in Emergencies, Save the Children, 2008

Interagency Child Protection Rapid Assessment Tool & Guidance Notes, Field Testing Draft, IASC Child Protection Working Group of the Protection Cluster, 2008

Tracing

Mobility Mapping and Flow Diagrams: Tools for Family Tracing and Social Reintegration Work with Separated Children, Washington DC, USAID, 2003

Guidelines for Interviewing (Separated) Minors, Directorate of Immigration Finland, 2002

Working with Separated Children – Field Guide and Training Manual, Save the children UK, London, 1998

Standards of Care

The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response, The Sphere Project, 2004

Quality4Children: Standards for Out-of-Home Care in Europe, SOS Kinderdorf International, 2007

Raising the Standards. Quality Child Care Provision in East and Central Africa, Save the Children Fund, 2005

Applying the Standards: Improving Quality Child Care Provision in East and Central Africa. Save the Children, 2006

References

Glossary

- ⁱ Tolfree, D (2007) *Protection Fact Sheet: Child protection and care related definitions*, Save the Children
- ⁱⁱ United Nations (2009) Article 28 (b), *Guidelines for the Alternative Care of Children*, United Nations
- ⁱⁱⁱ Ibid.
- ^{iv} Adapted from the National Association Definition of Social Work, http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp#def accessed on 23/09/10
- ^v United Nations (1989) Article 1, *Convention on the Rights of the Child*, United Nations
- ^{vi} UNICEF (2007) *Paris Principles and guidelines on children associated with armed forces or armed groups*, UNICEF
- ^{vii} Tolfree, D (2007) *Protection Fact Sheet: Child protection and care related definitions*, Save the Children
- ^{viii} UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR
- ^{ix} IASC (2004) *Guidelines for HIV/AIDS Interventions in Emergency Settings*, IASC
- ^x Tolfree, D (2007) *Protection Fact Sheet: Child protection and care related definitions*, Save the Children
- ^{xi} United Nations (2009) Article 28 (b), *Guidelines for the Alternative Care of Children*, United Nations
- ^{xii} Ibid.
- ^{xiii} Tolfree, D (2007) *Protection Fact Sheet: Child protection and care related definitions*, Save the Children
- ^{xiv} UNICEF (2009) *Manual for the Measurement of Indicators for Children in Formal Care*, UNICEF
- ^{xv} IASC (2005) *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*, IASC, 2005
- ^{xvi} United Nations (2009) Article 28 (b), *Guidelines for the Alternative Care of Children*, United Nations
- ^{xvii} Adapted from Cantwell N (2010) Draft document: *Defining Child-Care Settings for the Purposes of a 'Violence against Children' Global Census, Interagency*
- ^{xviii} United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations
- ^{xix} Tolfree, D (2007) *Protection Fact Sheet: Child protection and care related definitions*, Save the Children
- ^{xx} United Nations (2009) Article 28 (c), *Guidelines for the Alternative Care of Children*, United Nations
- ^{xxi} IAWG (2004) *Interagency Guidelines on Unaccompanied and Separated Children*, IAWG

^{xxii} ICRC (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision

^{xxiii} UN (2006) *Integrated Disarmament Demobilisation and Reintegration Standards*, United Nations

^{xxiv} 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

^{xxv} United Nations (2009) Article 28 (c), *Guidelines for the Alternative Care of Children*, United Nations

^{xxvi} ICRC, (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision

^{xxvii} ICRC, (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision

^{xxviii} Tolfree, D (2007) *Protection Fact Sheet: Child protection and care related definitions*, Save the Children

^{xxix} UN (2006) *Integrated Disarmament Demobilisation and Reintegration Standards*, United Nations

Introduction

^{xxx} For more information, please see Browne K (2009) *The Risk of Harm to Young Children in Institutional Care*, Save the Children

^{xxxi} United Nations (2009) Articles 21, 52 and 153, *Guidelines for the Alternative Care of Children*, United Nations

Guiding Principles

^{xxxii} United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

^{xxxiii} ICRC, (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision

Key Summary Guidance

^{xxxvii} The chapter references are for the document: *Alternative Care for Emergency and Post Emergency Response: Extended Guidance*. The Tools can be found in the zip file which accompanies this document.

Chapter One

^{xxxviii} Ibid

^{xxxix} IASC (2008) *Interagency Child Protection Rapid Assessment Tool & Guidance Notes, Field Testing Draft*, IASC Child Protection Working Group of the Protection Cluster

^{xl} United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

^{xli} ICRC, (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision

Chapter Two

^{xlii} For more information, see INEE (2007) *Good Practice Guide on Child Friendly Spaces*, INEE; Save the Children (2007) *US Safe Spaces Program Manual*, Save the Children

^{xliii} 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: Volume 5, Tearfund; De Lay, B (2003) *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC

Chapter Three

^{xliv} See Glossary for definition of Young People

^{xlv} Adapted from UNICEF (2006) *Technical Notes - Special Considerations for Programming in Unstable Situations*: Chapter 4, UNICEF

^{xlvi} United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

^{xlvii} Browne, K (2009) *The Risk of Harm to Young Children in Institutional Care*, Save the Children

^{xlviii} Adapted from E, Oswald (2009) *Because We Care: Programming Guidance for Children Deprived of Parental Care*, World Vision

^{xlix} Inappropriate discipline includes

- Hitting or smacking with the hand or an object
- Kicking, shaking, scratching, pinching, biting, pulling hair, boxing ears, or burning
- Forcing children to stay in uncomfortable positions
- Forced ingestion (for example, washing children's mouths out with soap).
- Other cruel and degrading punishments such as humiliating, threatening or scaring a child.

^l Swales, D (2006) *Applying the Standards: Improving Quality Child Care Provision in East and Central Africa*, Save the Children

Chapter Four

^{li} Adapted from Swales, D (2006) *Applying the Standards: Improving Quality Child Care Provision in East and Central Africa*, Save the Children

^{lii} Fiene, R (2002) *13 Indicators of Quality Child Care: Research Update*, National Resource Center for Health and Safety in Child Care, University of Colorado. <http://aspe.hhs.gov/hsp/ccquality-ind02/#Staff1>

^{liii} Swales, D (2006) *Applying the Standards: Improving Quality Child Care Provision in East and Central Africa*, Save the Children

^{liv} Adapted from UNICEF (2006) *Technical Notes - Special Considerations for Programming in Unstable Situations*: Chapter 4, UNICEF; Fiene, R (2002) *13 Indicators of Quality Child Care: Research Update*, National Resource Center for Health and Safety in Child Care, 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

^{lv} Fiene, R (2002) *13 Indicators of Quality Child Care: Research Update*, National Resource Center for Health and Safety in Child Care, University of Colorado. <http://aspe.hhs.gov/hsp/ccquality-ind02/#Staff1>

^{lvi} Ibid

^{lvii} 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, 2007

^{lviii} 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

^{lix} Munson, C (2003) *Handbook of Clinical Social Work Supervision. Third Edition*, The Haworth Social Work Practice Press

^{lx} Melville, L (2005) *Working with Children and Families, Volume 2*, The British Council

^{lxi} Ibid

^{lxii} Ibid

Chapter Five

^{lxiii} Williamson, K (2010) Draft Standard Operating Procedures for Supporting Children's Community-Based Care Placements, IRC

^{lxiv} Based on United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

^{lxv} United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations

^{lxvi} Adapted from Tolfree, D (2007) *Protection Fact Sheet: Child protection and care related definitions*, Save the Children

^{lxvii} See Glossary for definition of Young People

^{lxviii} The Hague Convention on the Protection of Children and Cooperation in respect of Intercountry Adoption (THC), 1993

Chapter Six

^{lxix} Williamson, K (2010) Draft Standard Operating Procedures for Supporting Children's Community-Based Care Placements, IRC

^{lxx} 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 & Teso Regions in Uganda*, UNICEF

- ^{lxxi} Adapted from UNICEF (2006) *Technical Notes - Special Considerations for Programming in Unstable Situations*: Chapter 4, UNICEF
- ^{lxxii} UNHCR (2008) *The Heightened Risk Identification Tool*, UNHCR
- ^{lxxiii} Verhey, B (2001) *Foster Care: Mutual Learning Between Traditional and Western Practice*, Dissertation, Beth Verhey, Oxford Brookes University
- ^{lxxiv} United Nations (2009) *Guidelines for the Alternative Care of Children*, United Nations
- ^{lxxv} ICRC, (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision; Swales, D (2006) *Applying the Standards: Improving Quality Child Care Provision in East and Central Africa*, Save the Children
- ^{lxxvi} See Glossary for definition of Young People
- ^{lxxvii} UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR
- ^{lxxviii} Adapted from De Lay, B (2003) *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC

Chapter Seven

- ^{lxxix} 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
- ^{lxxx} UNICEF (2006) *Technical Notes - Special Considerations for Programming in Unstable Situations*: Chapter 4, UNICEF
- ^{lxxxi} UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR. Annex 4
- ^{lxxxii} See section 11.3, UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR.
- ^{lxxxiii} UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR
- ^{lxxxiv} ICRC (Internal document), *Guidelines on ICRC' Action on Behalf of Children Affected by Armed Conflict*, ICRC
- ^{lxxxv} Ibid
- ^{lxxxvi} Ibid
- ^{lxxxvii} De Lay, B (2003) *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC

Chapter Eight

- ^{lxxxviii} Tolfree, D (1995) *Roofs and Roots*, Save the Children
- ^{lxxxix} Ibid
- ^{xc} Adapted from Dunn A, Jareg E, Webb D (2003) *A Last Resort*, Save the Children
- ^{xci} Adapted from Dona, G (2001) *The Rwandan Experience of Fostering Separated Children*, Save the Children; IRC, Save the Children, UNICEF, UNHCR (2002) *Guidelines for Liberian Separated Children in Alternative Care*, IRC, Save the Children, UNICEF, UNHCR
- ^{xcii} Adapted from UNICEF (2006) *Technical Notes - Special Considerations for Programming in Unstable Situations*: Chapter 4, UNICEF

Chapter Nine

^{xciii} 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 Ten

^{xciv} ICRC, (2004) *Interagency Guiding Principles on Unaccompanied and Separated Children*, ICRC, IRC, Save the Children UK, UNICEF, UNHCR, World Vision

^{xcv} IRC (2002), *Guidelines for Liberian Separated Children in Alternative Care*, IRC, Save the Children, UNICEF, UNHCR; Tolfree, D (2003) *The Care and Protection of Children Affected by Armed Conflict and Disasters*, Children and Residential Care 2nd International Conference, Stockholm; 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; Williamson, J and Moser, A (1988) *Unaccompanied Children in Emergencies: A field guide for their care and protection*, International Social Service