Alternative Care in Emergencies (ACE) Toolkit

Summary 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 Mirdani, 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.
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Introduction

This document provides a rapid overview of best practices in relation to interim care, including Key Principles and a Key Summary Guidance of the actions required before and during the emergency response, associated tools and where in the Extended Guidance to go for detailed information. A List of Tools located in the Zip File is included as well.

This document also contains the Draft Standard Operating Procedures for Supporting Children’s Community-Based Care Placements (SOP’s). These were developed from the Haiti response by Katherine Williamson for the IRC, and provide an example set of the tasks required by those identifying, assessing and placing separated and unaccompanied children in an emergency, in accordance with the national context and required procedures. These serve as an example and can assist in the development of SOP’s to suit the context and legal and policy framework in which you are working.
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, and the Interagency Guiding Principles on Unaccompanied and Separated Children, 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 is 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 Extended Guidance 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 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.

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<tr>
<th>1. Emergency Preparedness</th>
<th>Additional Guidance and Tools</th>
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<tr>
<td><strong>Interagency and Government Co-ordination:</strong> 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. Work with other sector groups to ensure linkages between care and protection activities with health, security, livelihoods, sanitation, education etc. Co-ordinate interim care arrangements with existing emergency interventions in country (e.g. Child-Centred Disaster Response)</td>
<td>Chapter 1.1</td>
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Plan, Inter Agency CP IMS etc), and any national disaster response plan.

**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.

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<th>Chapter 1.3</th>
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<td>Tools 3-7/28/31/36</td>
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Clarify interagency policy with regards to the registration of children separated prior to the current emergency.

The co-ordinating body for child protection in the emergency should clarify the mechanisms for determining the legal status of children requiring alternative care, and who has the authority to make decisions regarding the child.

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.

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<thead>
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<th>Tools 11/12</th>
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<tr>
<td>Tools 18-27 (Note that additional IMS forms are available – see Resource List)</td>
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Where the Inter Agency CP IMS system is in place, customise the care arrangement forms.

**Situation Analysis:** Assess community caring norms and determine most viable and suitable forms of emergency, interim and longer term alternative care locally.

Complete an extensive mapping of important national and local level economic and social services e.g. emergency food assistance, legal advocacy, economic support (including government cash transfers), and child protection services. List each organization’s address, contact details, activities and referral procedures.

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<th>Chapter 3.2</th>
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<td>Chapter 4</td>
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**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.

Have names and contacts for these people who can support a response in the event of an emergency.

Have draft job descriptions pre-prepared.

Map which government agencies are concerned with care arrangements, and initiate training for Government care workers where required.

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<tr>
<th>Training:</th>
<th>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.</th>
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<td></td>
<td>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.</td>
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<tr>
<th>Existing Child Care Facilities/Placements:</th>
<th>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.</th>
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<td>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.</td>
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<td>Create memorandum of understanding for all care provision for monitoring standards of care (including child protection procedures); for ensuring accountability with relevant government departments or other appointed agencies; and exit strategy.</td>
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<th>Foster Caregiver Recruitment:</th>
<th>Recruit, screen and train emergency stand-by foster caregivers and maintain contact at</th>
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<th>Guiding Principles Chapters 3-7 Tool 29/40</th>
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<th>Chapters 4/8 Tool 40</th>
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Foster care placements should be prioritised for infants and young children, and children with special needs, and therefore caregivers should be trained accordingly.

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.

**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.

**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.

**2. Rapid Onset Policy and Programming**

**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.

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.

**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.
### Assessments

Assessments should be ongoing and interagency (to avoid duplication) in order to evaluate the situation of children in the affected areas.

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.

### 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.

Confirm guidance and tools to be distributed e.g. inter-agency rapid assessment tool, registration form for separated and unaccompanied children etc.

Identify which immediate care placements can be used, and how these and informal care arrangements can be supported and monitored.

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.

### 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.

Advise donors of the risks associated with channelling resources into orphanages.

### 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

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[Resource List](See Tools zip file, or *List of Tools* for a list of all the tools available)](Chapters 2/3/5/6 *Draft Standard Operating Procedures (Tool 28)/ Tool 36)

[Tool 6/ *Keeping Children Out of Harmful Institutions, Save the Children, 2009*](Check the Extended Guidance - Contents Page)
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.

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.

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<tr>
<th>Resources: Promote/facilitate the distribution of essential resources to households, and unaccompanied children. Co-ordinate 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.</th>
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<td>Chapter 2.3 Tool 36</td>
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<tr>
<th>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.</th>
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<th>Issue guidance for families on prevention of separation measures, and on psychosocial measures that can help children and adults recover.</th>
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<th>Disseminate guidance to all those working in child care and protection to promote international standards and principles.</th>
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<td>Guiding Principles/ Chapter 1/ Tool 3</td>
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<tr>
<th>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.</th>
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<td>Chapter 1.3/2.1/2.2/6.2</td>
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<th>Deploy police/security personnel to borders/airports to prevent the illegal movement of children</th>
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<td>Tool 4/7</td>
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<th>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</th>
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humanitarian staff on prevention of separation measures.

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<th>Data Management:</th>
<th>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.</th>
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<td>Tools 18-27, 29, 31</td>
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### 3. Initial Care Response

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<th>Immediate Reunification:</th>
<th>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.</th>
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<tr>
<td>Identification and Registration:</td>
<td>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.</td>
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<tr>
<td>Assess Child’s Current Care Situation:</td>
<td>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.</td>
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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.

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<tr>
<th>Child’s Admission into a Care Placement:</th>
<th>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.</th>
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<td>Tools 34/35</td>
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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 if serious problems.

Organise infant and supplementary feeding as required. Follow guidance given by the Infant and Young Child Feeding in Emergencies Core Group.

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).

**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).

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.

Encourage and support the community in spontaneous foster care.

**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.

**Residential Care:** Where there is a shortage of foster caregivers, where older children do not want live with a substitute family, or when it is in the child’s best interests to be in supervised group living arrangements, make use of existing residential care that meets agreed quality standards. Ideally these should be based on a small group care model. As in normal families, children in group care should ideally be of mixed ages and abilities – avoid placing children of all the same age or disability in one placement, unless they are siblings, as this reduces the opportunities for children to learn from and be stimulated by each other. It can also place greater pressure on the caregivers.
Children should not be in temporary residential care for more than 12 weeks.

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.

**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.

**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.

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.

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.

**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.

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.

Co-ordinate ongoing reviews of the causes of separations and adapt responses to tackle these root causes.

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<tr>
<th>Tracing and Reunification:</th>
<th>Support tracing teams to locate and verify family members, and in the assessment of whether reunification is in the child’s best interests.</th>
<th>Chapter 2.1</th>
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<tr>
<td>Child Protection:</td>
<td>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.</td>
<td>Chapter 6.1/6.2 Tools 11/13 Draft Standard Operational Procedures (Tool 28)</td>
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4. Building on the Initial Response and Preparing Longer-term Care Options

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.

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.

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.

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. | Chapter 2.3.1 Tool 32 |
<table>
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<tr>
<th><strong>Logistics Support:</strong> Ensure sufficient trained staff and resources for developing, supporting and monitoring interim and longer-term care placements are available.</th>
<th>Chapter 4</th>
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<tr>
<td>Provide ongoing training and supervision to staff and paid caregivers.</td>
<td>Chapter 4.5-4.8 Tool 40</td>
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<tr>
<td><strong>Case Management:</strong> 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.</td>
<td>Chapter 6 Tool 32</td>
</tr>
<tr>
<td>Every child in alternative care should have a care plan.</td>
<td>Chapter 6 Tool 33</td>
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<tr>
<td>The case worker should make use of the BID process where a more complex assessment of the child's situation is required.</td>
<td>Chapter 6.5 Tools 11, 12, 13, 14</td>
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<td><strong>Identification of Children in Care:</strong> 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.</td>
<td>Chapter 8.2 Tool 20</td>
</tr>
<tr>
<td><strong>Residential Care:</strong> 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.</td>
<td>Chapter 3.5 Tool 3</td>
</tr>
<tr>
<td><strong>Community Based Protection and Support:</strong> Continue to develop sustainable community based mechanisms to identify and respond to protection concerns including monitoring, reunification and reintegration services.</td>
<td>Chapter 6.1</td>
</tr>
<tr>
<td>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.</td>
<td>Chapter 7.4</td>
</tr>
<tr>
<td>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.</td>
<td>Chapter 1</td>
</tr>
</tbody>
</table>
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.

Consider how long term care placements can be sustainably monitored and supported and how service providers can be independently inspected.
List of Tools (located in zip file)

1. Child Protection and Care Related Definitions (Save the Children, 2007)
5. Example Emergency Response Interagency Statement Regarding Coping in the Aftermath of an Emergency (Haiti, 2010)
11. BID, including Emergency Procedures, for Possible Separation (UNHCR (2008) Guidelines on Determining the Best Interests of the Child, UNHCR. Annex 3)
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
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)
40. 4 Day Case Worker and Foster Care Training Package (IRC, Haiti, 2010)
Identifying separated and unaccompanied children

1. Care Placement Caseworkers (Caseworkers) working in displacement sites and quartiers will be involved in a process of community mobilisation around child protection issues, and it is anticipated that community members themselves will identify separated and unaccompanied children and other children in need of protection as particularly vulnerable and of concern within the community. It is important that this comes from the community, and that momentum is built from this to work with the community to identify these children. Children who should be considered are:

   - Children separated before, by or since the earthquake on 12 January
   - Children living in spontaneous care arrangements with unrelated adults
   - Children living together with other related or unrelated children
   - Children living on the streets
   - Children living in restavek
   - Unaccompanied children living in hospitals who are ready to leave
   - Children living in orphanages who are identified as exposed to or at risk of abuse, exploitation or neglect, and children in residential care who are under the age of 3
   - Children living with extended relatives who need alternative care because they have been identified as exposed to or at risk of abuse, exploitation or neglect
   - Children who need to be removed from their parents or primary caregivers because they have been identified as exposed to or at risk of abuse, exploitation or neglect

2. Caseworkers and other mobilisation facilitators should help the community to identify appropriate and feasible solutions for these children, such as identification and monitoring, support for family tracing and reunification, and community support to address their care and protection needs. It may then be possible to identify community members and networks who can identify these children living amongst them, and who can identify and refer children who are newly separated.
3. It will be important to ensure that these community members have clear guidelines on what they should do and who they should contact in the event that a child is left without care and protection, including the following:

   a. Contact the Camp Manager and ensure that the camp management has registered the child in line with camp management registration procedures
   b. Organise emergency care in the community with a designated care provider if required
   c. Contact the agency responsible for FTR who will make an evaluation of the child’s situation and then start tracing/family mediation/referrals to different types of support as necessary.
   d. Contact the agency responsible for child care and protection to organise an assessment of the child’s living situation and coping mechanisms as quickly as possible

4. Separated and unaccompanied children often know each other and should be asked whether they know of other children who are in the same situation as they are.

5. Whilst a comprehensive registration of separated and unaccompanied children is beyond the capacity of caseworkers to undertake, opportunities may arise to use other registration processes to identify separated and unaccompanied children. For example, it may be possible to negotiate with agencies undertaking camp registrations, house-to-house livelihoods or return intention surveys to include an additional question aimed at identifying any children in the household who are not related or who do not usually live with the household.

Assessing the child’s living situation and coping mechanisms:

6. Once a child has been identified as separated or unaccompanied or in need of urgent protection, the caseworker should organise to meet the child and caregiver, in co-ordination with camp management or other community-based organisations where necessary. The caseworker should introduce him or herself to the child and caregiver, and explain that they are there to register children who are living apart from their parents or usual primary caregivers, to find out whether it may be possible to help the child find and return to their families, and in the meantime ensure that they have adequate care. Explain that we work closely with the government agency for children (IBESR) and may share information with them or with police if necessary for security, but that otherwise, anything they tell us will remain confidential. Information may be shared with other service providers with their knowledge and consent. Manage expectations by explaining that we may be able to help by linking to available services, but that we cannot give material support to the child or family.
7. The assessment of a child’s living situation and coping mechanisms focuses both on a child’s resilience as well as on his or her vulnerability. It aims to assess:

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

8. Based on the above, 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.

9. The assessment process and outcomes will differ according to the age and situation of each child. Assessments of older unaccompanied children living independently will focus primarily on their supportive social relationships and coping strategies, and may aim to build a protective environment around them. Assessments of spontaneous care in the community may focus on ensuring that the child is not exposed to abuse and exploitation within the household. Assessments of the living situation for children with disabilities or chronic illnesses will need to consider whether the caregiver is able to provide adequate care for the child’s specific needs and whether they are able to access health services.

10. If the child has already been registered for family tracing and reunification, liaise with the FTR Caseworker to share registration information on the child. If the child has been newly identified as separated, it is useful to interview the child and caregiver with the FTR Caseworker, to avoid asking similar questions twice. If this is not possible, the Caseworker should share registration information with the FTR Caseworker, with the consent of the child and caregiver as appropriate. Ask the child and the caregiver for their consent to answer some questions, and fill in the child and caregivers questions in the Assessment of Child’s Living Situation and Coping Mechanisms. This will give an overview of the living situation.
situation for the child. Provide guidance to the caregiver on collecting / passing on information that could help in tracing.

11. According to the age of the child, ask to talk to the child separately and arrange another time if necessary. Use the questions and techniques outlined in the Assessment of Child’s Living Situation and Coping Mechanisms.

12. As necessary, follow up with people in the community who the child has identified as important to them. Use the Questions for People in the Child’s Social Network in the Assessment of Child’s Living Situation and Coping Mechanisms as a guide for the type of questions to ask them, but adapt these for the age and specific issues of each child. For very young children, talk to neighbours, CFS animators or health personnel to find out as much information as possible about the child’s living situation.

13. Once all the necessary information has been gathered, fill in the Assessment of Child’s Living Situation and Coping Mechanisms Report Form and make recommendations for the child’s individual care plan.

Identifying appropriate interim care options

14. Interim care is care provided on a temporary basis that should not extend beyond 12 weeks. It may be extended if necessary upon review at the end of the first 12 week period. The following care options should be considered in the care planning process, based on the assessment of the child’s living situation and coping mechanisms:

a. **Support to remain in spontaneous care**: The child remains in their current living situation and the caregiver and child are supported with referrals to health and education services. The household may be referred for livelihoods support if they meet the targeting criteria of the livelihoods service provider. This will be the preferred option for most separated children in the community.

b. **Monitoring of independent living arrangement**: This may be appropriate for older children of 15 and above, or for child headed households. The assessment of the child or children’s living situation and coping mechanisms should identify social supports around them, and it may be possible to convene a meeting of people that the child or children have identified as supportive and involve them in planning a social support system for the child or children. They may be referred for health and education services. Children should be asked if there is an adult that they trust to make contact with them on a daily basis. Child-focused community organisations or child protection networks may then also designate a representative to liaise with this adult or to directly provide daily contact.
with any children living together or on their own, and the Caseworker should conduct monitoring visits at least every two weeks.

c. **Alternative care in the community from within the child’s social network:** such as relatives, neighbours or the families of friends. This should be considered if the child has no current living arrangement or cannot remain in their current living arrangement, and should take into account the child’s opinions and preferences. Any potential caregiver option will need to be assessed for their capacity and willingness to take the child. The child may also refer to health and education services. Livelihoods support may be given at the household level if the household fits the beneficiary criteria for such support.

d. **Referral of child in to organised foster care:** This should be considered if it is not possible to identify care for the child in their immediate environment, or because the child has specific care and protection needs. Children in organised foster care will have the same access to services as those remaining in their immediate environment. Placement in organised foster care generally offers a more protective environment for children than care within displacement sites, but may remove a child from their social networks and coping strategies. Where foster placements are limited, the following categories of children should be prioritised for referral into foster care:

   i. Children under the age of 3
   ii. Children with disabilities and health issues that can be handled without specialised care
   iii. Children who report specific security concerns within their current location
   iv. Adolescent girls
   v. Underage mothers and their children
   vi. Children with psychosocial problems

Foster care placement are temporary, and children who are placed in foster care should have a high likelihood of finding a long-term care solution, such as reunification with family, supported independent living, or adoption. Referral into foster care depends on the availability of foster care places, and on whether the profile of the child fits the profile of the caregiver. When determining whether a child should be referred into foster care, the Caseworker should categorise their need as urgent or standard, and consider what other interim care options may be suitable and available.
e. **Referral of children in to residential care**: This should be done as a last resort, even as an interim care solution. There are many residential centres operating in Haiti, but few are registered and accredited by IBESR. A list of roughly 50 orphanages operating at or above minimum standards has now been compiled by IBESR in co-ordination with UNICEF. Referral of a child to a residential care centre should be done based on the following criteria:

   i. The child has a disability or health issue that requires specialised care that is not available in the community, but is available in a centre
   
   ii. A child needs care on a temporary basis pending reunification or the identification of alternative care and no other interim care options are available

   iii. A child needs a secure environment that cannot be guaranteed through other forms of alternative care

   When determining whether a child should be referred to residential care, the caseworker should categorise their need as urgent (high risk) or standard, and consider what other interim care options may be suitable and available. The Caseworker should co-ordinate with IBESR to identify a suitable placement.

f. **Referral to a Safe House**: Girls and boys who have been exposed to or are at risk of abuse and exploitation and whose security cannot be guaranteed through alternative care options, may be referred to a safe house. Currently, there is only one safe house operational in Port-au-Prince, with limited placements for girls under the age of 16.

15. Emergency placements may sometimes be necessary when a child is in immediate need of care, such as when infants and young children are abandoned by their caregivers or when a child presents themselves as unaccompanied and the child is referred to FTR and child protection agencies for support. The Caseworker responsible for the displacement site closest to the location of the child should be contacted to respond to the immediate care needs of the child. The Caseworker should consider which of the options above is available to the child in their current location.

**Developing a care plan**

16. The Caseworker should discuss the outcomes of the assessment and the recommendations for the care plan with the Case Co-ordinator. It is the responsibility of the Case Co-ordinator to approve the care plan. Once the recommendations for the child’s care have been agreed and finalised, the Caseworker should return to the child and caregiver and discuss each recommendation with them. Both the child and caregiver should have the
opportunity to have their views heard and considered in the care planning process. This may not be possible for cases where it is considered necessary to remove a child against the will of the child or carer.

17. In cases where the process involves the voluntary relocation of the child to an alternative carer in the community or in to foster care, the Caseworker should spend time with the new caregiver discussing the specific care and protection needs of the child, in line with the Preparation of Caregiver to Receive Child Checklist. In this process, care should be taken not to disclose the details of confidential information about a child, whilst at the same time ensuring that the new carer is prepared to respond to the needs of the child. Recommendations of the care plan should also be discussed with the new caregiver who should also have the opportunity to give input to the care plan.

18. Once the recommendations have been discussed with the child and caregivers, the Caseworker should draft an Individual Care Plan based on the template provided. It will detail the specific individual care needs of the child, the type of service support needed for the child, the anticipated length of stay in care placement, and the frequency of monitoring visits. Access to services and assistance given should follow the Guidelines on Support to Children Living in Spontaneous or Community-based Care and their Caregivers. This Care Plan should be submitted to the Case Co-ordinator for review, and signed off by the Programme Manager. For foster care placements, the caregiver should also sign the care plan which will then act as a contract for the duration of the foster care placement.

Implementing the Care Plan

19. If it is considered that the recommended actions may involve the immediate removal of a child against the child or carers will, the Caseworker will need to ensure that the alternative caregiver is fully briefed and prepared to accept the child and that the recommendations of the care plan have been discussed and agreed with them. The Caseworker should ensure that the Case Co-ordinator is fully briefed on the need to remove the child, approves the removal, and liaises with senior staff within IBESR for government approval and support. The Caseworker should then be accompanied to the household by an IBESR agent and, where applicable, a member of camp management. The child should be escorted by the IBESR agent and Caseworker to their alternative care arrangement.

20. If the child is to be referred to a residential care facility or a safe house, the Caseworker should spend time with the child preparing them for their transfer, and should ensure that the residential care facility or safe house is ready to receive the child. The Caseworker should ensure that the Case Co-ordinator is fully briefed on the need to transfer and place the child, approves the placement, and liaises with senior staff within IBESR for government approval.
and support. An IBESR agent should approve the transfer and placement and the agent and Caseworker should escort the child to the residential care facility or safe house. In addition to paperwork required by IBESR, the Caseworker, IBESR agent and the person assuming responsibility for the child should sign a **Child Care Transfer Form.** From this point onwards, the residential care facility or safe house assumes legal responsibility for the care and protection of the child. The Caseworker should negotiate and agree follow up visits to the child in the placement with the residential care facility or safe house, and ensure that visits are conducted in accordance with this agreement. A Family Tracing and Reunification (FTR) Caseworker from an FTR agency will assume responsibility for this process, and should update the Caseworker on progress made. If it is not possible to trace the child’s relatives or the relatives are unwilling or unable to take the child or the child is unwilling to be reunified with relatives, then the FTR Caseworker should contact the Caseworker and highlight the need to consider a Best Interest Determination process for considering long-term care options.

21. In line with the Care Plan and based upon pre-existing referral agreements, the Case Co-ordinator should initiate contact with health, education and recreation agencies and service providers in the community in which the child is located and ensure that the child is referred to these services and that the household is linked in to safety net or livelihoods services as appropriate. The Caseworker should then follow up with service providers on the ground to secure any placements.

22. If the child is to be relocated to a new care arrangement, the Caseworker should again visit the child and spend some time with them informing them about the new caregiver and preparing them for the relocation, using the **Preparation of Child for Moving, End of Placement or Reunification Checklist.** If a child is scared or reluctant to move to a different caregiver, a go-and-see visit should be arranged, in which the current carer and Caseworker accompany the child to the new caregiver and ensure that the child feels safe and secure whilst getting to know the new caregiver. If the child is to be referred in to services such as Child Friendly Spaces or school, this may also be an opportunity to take the child to the CFS or school and introduce them to other children, animators and teachers. The Caseworker should then follow up with the child to see how they feel about relocating to the new caregiver.

**Monitoring the care arrangement**

23. The purpose of the monitoring visits are to:

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

24. The Care Plan will outline the frequency of monitoring visits made by the Caseworker to the child and caregiver. These will vary according to the needs of the child and caregiver, but should not be any less than every 2 weeks for the first two months of the placement, and every 12 weeks thereafter unless there are protection concerns. The Caseworker should clearly explain the purpose of the monitoring visits to both the child and the caregiver, and organise the specific time of the first monitoring visit when the child is first placed. Subsequent visits should be arranged at the end of each visit. Where possible, the Caseworker should call a day in advance of the monitoring visit to remind the child and caregiver of when they are coming. If the Caseworker has any protection concerns with the current caregiver, then unannounced visits may be suitable.

25. During the monitoring visit, the Caseworker should ensure that the child and the caregiver are seen both together and separately to enable both to have the space to speak openly about the care situation and express any difficulties or concerns. The Caseworker should also talk to key informants such as CFS animators, teachers, or members of child-focused community associations or child protection networks. The Caseworker should refer to the Follow Up Form to guide the content of the monitoring visit.

26. For any issues arising involving access to services or community resources, the Caseworker should take appropriate steps on the ground. This may involve visiting service providers and negotiating access, involving CFS animators, teachers, or child protection focal people in reinforcing peer support for the child.

27. The Caseworker should give advice and support to mediate on any issues or challenges arising in the care relationship between the child and caregiver. 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. The Caseworker should ensure that both the child and the caregiver feel that they have come to a reasonable solution and have agreed a positive way forward, or that next steps towards a resolution have been agreed, before the Caseworker leaves. More frequent monitoring visits may be suitable if there are difficulties in the placement.
28. In the event that the relationship between the child and the caregiver breaks down, the Caseworker should initiate a mediation process. 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 organise an alternative interim care placement for the child. Both the child and the new caregiver will need to be well prepared for the placement, and the Caseworker should accompany the child to the new caregiver. The previous and new caregivers as well as the Caseworker should sign the Child Care Transfer Form. The Caseworker will need to conduct regular follow up visits to ensure that the child is settling in to the new placement, and should link with a child psychologist to ensure that the child is supported to process the previous breakdown of relationships and any issues arising.

29. In the event that the caregiver reports that the child has run away, the Caseworker must respond immediately, and follow the Guidelines on Response When a Child Goes Missing. In line with these guidelines, the Caseworker should first verify that the child is missing, engage people that the child knows in the search for him or her in places where he or she is likely to be, and contact the Brigade pour la Protection des Mineurs (BPM) Border Patrol Unit and report the child as at risk of trafficking.

30. At the end of each monitoring visit, the Caseworker should complete a Follow up in Care Form, and submit to the Case Co-ordinator for review and joint problem solving of any issues arising. The Case Co-ordinator should follow up any problems in referral to service provision with the agency concerned.

Permanency planning and supporting the transition to long-term care

31. For the majority of children in interim care arrangements, family tracing will be on-going whilst the child is in care. The Caseworker should liaise closely with the FTR Caseworker assigned to the tracing process, and ensure that the child and caregiver are regularly updated on progress made towards reunification and know to pass on any information that could help in tracing to the Caseworker. The Caseworker should also ensure that the FTR Caseworker knows about the child's living situation and the timeframe planned for interim care, so that FTR cases can be prioritised accordingly.

32. Once the family have been traced, there may be a need to mediate between the child and the primary caregiver. The Caseworker should liaise closely with the FTR Caseworker who will be working directly with the family, ensure that the child is consulted in any decision making and represent the child’s opinions to the FTR Caseworker. If the child is unwilling or reluctant to return to the primary caregiver, the Caseworker should spend some time with the child finding out the reasons for his or her concerns, and should involve the alternative caregiver in confidence-building efforts as appropriate. Any concerns should be taken
seriously and addressed prior to reunification. It may be appropriate for the FTR Caseworker to visit the child and tell them about the family situation, or pass messages between the family members. It may also be possible to arrange a confidence-building visit to the primary caregiver before the child is reunified with them.

33. Family reunification should be planned in advance so that the child and caregiver have time to prepare. The Caseworker and FTR Caseworker should co-ordinate and agree on a date and time, and the Caseworker should then visit the child and caregiver and inform them of the arrangements. Care should be taken to ensure that the date and time are feasible for everyone, in order to avoid raising expectations if the time then needs to be re-arranged. The Caseworker should spend time with the child and caregiver helping them to talk about what this move will mean for them both, and giving guidance and advice to the child to help with the transition, inline with the Preparation of Child for Moving, End of Placement or Reunification Checklist. It is preferable for the child’s primary caregiver to come and collect the child, but if this is not feasible, transportation should be organised to take the child to the primary caregiver. The Caseworker and interim caregiver will need to accompany the child to their home. The interim caregiver and the primary caregiver will both need to sign the Child Care Transfer Form.

34. Following reunification, the FTR Caseworker will take responsibility for follow up of the child within their family. The FTR Caseworker may request the Caseworker for guidance and assistance as necessary if there are issues arising.

35. If family tracing is not successful, or after mediation efforts, a child and primary caregiver continue to be unwilling or unable to be reunified, a BID Process should be initiated to consider the different options available to the child. This process should follow the Standard Operating Procedures for BIDs. The Caseworker will be responsible for gathering information about the child and exploring the different options available, and will work with the Project Coordinator to compile a BID Report for submission to the BID Panel. The BID Panel will then review the information and options available and make recommendations on the most appropriate form of long-term alternative care.

36. The following alternatives may be considered but are not exhaustive:

   a. For children aged 15 and above, it may be feasible to place the child in residential vocational training or to organise and support monitored group housing in association with a vocational training centre. Guardianship of the child will then need to be determined, with either the primary caregiver or other relative maintaining guardianship where possible, or guardianship being transferred to IBESR or a state delegated body. Where feasible, the
child should be supported to visit and maintain contact with family members. Any such placement in vocational training must include support to find sustainable livelihoods and establish independent living.

b. Children aged 0 – 15 may be considered for national adoption. Adoption laws in Haiti are currently under review, and the government has stated its commitment to sign the Hague Convention on Inter-Country Adoption. International adoption should not therefore be considered until these systems are in place, and should in any case be considered only when all other options have been exhausted. Some agencies are also mobilising community leaders to discuss how to support community-based adoption, and it may be possible to refer children in to some of the systems being developed.

c. If appropriate and according to the best interest and wishes of the child, the foster carer should be given the first right to apply for adoption of the child. If the legal system is not in place to support this at the end of the agreed interim care period, it may be feasible to extend the foster care placement for a second and third period while an adoption process is established.

37. The BID Process should result in the identification of a long-term care solution for the child. The child will have been involved in the development of the BID Report, and the final recommendations should then be discussed and agreed with the child. Any concerns raised by the child should be taken seriously and steps taken to mitigate potential issues arising. A long-term care plan should be developed using the Permanency Plan Template.

38. Any change in the legal guardianship of the child should be discussed and approved by IBESR according to their requirements.

39. Both the Caseworker and the caregiver should collaborate to ensure that the child is prepared for the transition in to long-term care. The Preparation of Child for Moving, End of Placement or Reunification Checklist can be used to support this. For children going in to adoption, it may be possible to organise confidence building visits to the new caregiver before the child moves to their home. The Caseworker should also ensure that the long-term caregiver or person responsible for the child in the long-term care placement is prepared to receive the child and has all the relevant information about the child without breaching the child’s confidentiality. The Preparation of Caregiver to Receive Child Checklist can be used to support this. The long-term caregiver or person responsible for the child should sign the Permanency Plan.

40. On the day of transfer to long-term care, an IBESR agent should accompany the child from their interim care placement to their long-term care placement and
ensure that the process is documented as per legal requirements. The Caseworker and interim caregiver should accompany the child to the long-term care placement, support the child through the process, and sign over the responsibility for the child to the long-term caregiver or person responsible for the child, using the **Child Care Transfer Form**. If the previous primary caregiver of a child or other relative retains legal guardianship of the child while they access alternative forms of care, the legal guardian should sign the Child Care Transfer Form as well as the person who is taking responsibility for monitoring the child in their new placement.

41. The Caseworker should conduct follow up visits to the child in their long-term care arrangement, ensure that the child is safe and well in their placement, that the child and care-giver are bonding positively, and that any relevant elements of the permanency plan are being implemented. Follow up visits should be documented using the **Follow up in Care Form**, and should continue for a minimum of 6 months at a minimum of every 12 weeks, in accordance with the permanency plan.

42. The child’s case may be closed when all the following have been achieved:

   a. The child has been placed in long-term care
   b. A minimum of 6 months have gone by since the placement
   c. Follow up has been conducted as a minimum every 12 weeks
   d. Any specified elements of the permanency plan have been implemented
   e. The long-term caregiver is satisfied that they no longer need support with the placement
   f. The child has fulfilled all necessary integration criteria:
      i. Is protected from abuse, exploitation and neglect
      ii. Is engaged with education and / or training activities
      iii. Is receiving any necessary health care
      iv. Actively participates in social activities
      v. Expresses willingness to remain in the long-term care placement

   Or
   - A child is legally adopted outside of Haiti, the central authority on inter-country adoption of the receiving country has reported the completion of the adoption process to the central authority on inter-country adoption in Haiti, and where applicable, the family and the child have satisfactorily completed their probationary period.

   Or
• A permanency plan has been developed and implemented involving supported independent living, small group homes or foster care, and the child has turned 18 and received services for a minimum of 12 months to support their independent living.

Or
• A child turns 18 whilst in interim care and has received services for a minimum of 12 months to support their independent living.

Or
• The child dies, and all necessary investigations into cause of death have been conducted and concluded.

Annex of Tools [Part of Draft Standard Operating Procedure]
1. Assessment of Child’s Living Situation and Coping Mechanisms
2. Preparation of Caregiver to Receive Child Checklist
3. Preparation of Child for Moving, End of Placement or Reunification Checklist
4. Care Plan
5. Child Care Transfer Form
6. Guidelines on Support to Children Living in Spontaneous or Community-based Care and their Caregivers
7. Follow Up in Care Form
8. Guidelines on Response When a Child Goes Missing
9. Standard Operating Procedures for BIDs
10. BID Report
11. Permanency Plan

Note: Some of these tools were not available and could not be included in the Child Care Toolkit for Emergency and Post Emergency Response (IAWG, 2010). Those that have been included are in the Toolkit zipfile and are highlighted in yellow.

The chapter references are for the document: Alternative Care in Emergencies: Extended Guidance. The Tools can be found in the zip file which accompanies this document.