



# Alternative Care

Children separated from their parents and families because of conflict, disaster or population displacement, or because of economic or social reasons, are at increased risk of violence, abuse, exploitation and neglect in an emergency. Every child has the right to the right to know and be cared for by his or her parents as recognised in the Convention on the Rights of the Child (CRC Article 7). The CRC requires that any child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State (Article 20).

Growing up in a safe family environment is essential for children to accomplish the various developmental tasks related to their psychological, cognitive and physical development. In the best case, alternative care is only required as an interim measure whilst family tracing is carried out and until the time when children can be reunited with family members. The views of girls and boys in need of alternative care should be considered in identifying care arrangements that are in their best interests.



Every child and young person should live in a **supportive, protective and caring environment** that promotes his/her full potential. **Children with inadequate or no parental care are at special risk** of being denied such a nurturing environment.”

UN General Assembly, Guidelines for the Alternative Care of Children: 24 February 2010

## Key messages

- ➔ The best interests of the child should guide any decision as to **alternative care arrangements**.
- ➔ **Residential or institutional care should always be a last resort** and only considered when family-based care arrangements are not possible or family-based care is not in the best interests of the child, and then only for the shortest time possible.
- ➔ Alternative care should **build on existing community** care systems.
- ➔ **Clear standards and procedures** are vital to ensuring alternative care arrangements protect children and do not cause harm.
- ➔ Be aware of **existing national legal framework** for children without parental care and alternative care.
- ➔ Alternative care **should be viewed as an interim measure** whilst family tracing is carried out and until the time when children can be reunited with family members.



This briefing note has been produced by the Child Protection Unit, Division of International Protection, for field operations as a quick reference note on key thematic child protection issues.

# What is the role of UNHCR?

UNHCR and its partners must ensure adequate care arrangements are in place, and regularly monitor those arrangements to ensure that they continue to be appropriate and in the best interests of the child. The best interests process is one of UNHCR's key protection tools in supporting unaccompanied and separated children with appropriate alternative care arrangements. In addition to UASC, children who have been removed from harmful care arrangements may also require alternative care. This is an exceptional measure for extreme cases and should preferably involve national child protection authorities. If they are unable or unwilling, UNHCR must act to protect the child using the BID tool and following established procedures. Finally, UNHCR and partners must be mindful that in the process of finding durable solutions for children who are in positive care arrangements that these arrangements are not interrupted upon resettlement or repatriation.

## Key concepts

**ALTERNATIVE CARE:** Alternative care is the care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care, foster care, other forms of family-based or family-like care placements, residential care, or supervised independent living arrangements for children. It also includes temporary places of safety for emergency child care.

**UNACCOMPANIED CHILDREN (UAC):** Are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

**SEPARATED CHILDREN (SC):** Are those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

**CAREGIVER:** A person with whom the child lives and 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. 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. The caregiver should not be the child's child protection worker.

**FAMILY TRACING AND REUNIFICATION (FTR):** The process of searching for the child's family members or primary legal or customary caregivers, or for children whose parents are looking for them, and the process of bringing together the child and family or previous care provider for the purpose of establishing or re-establishing long-term care. The term "tracing" is often used to cover the whole process.

**CHILD-HEADED HOUSEHOLD:** A form of independent living, where unaccompanied and separated children live in a "child or peer-headed household" (CHH), where they are cared for by an older sibling or by unrelated older children.

# Types of Alternative Care

Any decision regarding affecting a child's alternative care arrangements should only be made after consideration of their individual best interests. There is no one-size-fits-all solution and the role and capacity of the State, community and partners will determine the care options available. However, in most situations, whether emergency or a protracted crisis, separated or unaccompanied children are spontaneously cared for by other community members and it is important to promote and support existing local arrangements, (while at the same time being aware of and monitoring these arrangements) rather than replace them.

Some of the common types of care arrangements are:

**FOSTER CARE:** A situation in which a child is cared for in a household outside her/his family. Foster care is usually understood to be a temporary arrangement and in most cases, the birth parents retain their parental rights and responsibilities. It may include:

- (a) informal fostering (or spontaneous fostering), where the child is taken into the care of a family or other household that may or may not be related to the child's family;
- (b) formal fostering (or arranged fostering), where a child is taken into the care of a family as part of an arrangement made by an external agency.

As a general rule, fostering should follow national legislation and policies. If and when it is both possible and in the best interests of the child, child protection staff should seek to involve local authorities. Fostering (or adoption) of refugee children by families of host communities should be discouraged.

**KINSHIP CARE:** A form of foster care, kinship care is family-based care within the child's extended family or with close friends of the family known to the child.

**INDEPENDENT LIVING:** A living arrangement where an adolescent child, or group of adolescent children, live independently. There is also growing consensus that children and families should be provided with care options relevant to their evolving capacities and situations. Older adolescents may also wish to live alone or with others of similar ages. Independent living arrangements must be monitored and the role of the community is crucial in supporting these children.

**RESIDENTIAL CARE** (also referred to as institutional care): Care provided in any non-family-based group setting. This includes orphanages, small group homes, transit/interim care centres, children's homes, children's villages/cottage complexes, and boarding schools used primarily for care purposes and as an alternative to a children's home. Residential or institutional care should always be a last resort, appropriate only where family-based care arrangements are not possible or it is decided that family-based care is not in the best interests of the child.

**GROUP CARE:** A form of residential care where children are placed in small group home that is run like a family home, whereby groups of six to eight children or young people are cared for by consistent caregivers within the children's community. Where family-based care or independent living is not possible or advisable, small group care is strongly preferable to other forms of institutional care. In some cases adolescents may prefer small group care to family-based care as it provides more independence, however very young children should be prioritized for family-based care.

**ADOPTION:** Adoption is the permanent placement of a child into a family whereby the rights and responsibilities of the biological parents (or legal guardians) are legally transferred to the adoptive parent(s).

# Key actions: What UNHCR and partners can do

## Legal & Policy Framework

- ➔ Map out the relevant **national legislation and policies** concerning alternative care and where appropriate, advocate for access for children of concern to national care services.
- ➔ Establish clear **standards and procedures (SOPs)** for determining, managing and monitoring alternative care arrangements.

## Knowledge & Data

- ➔ Conduct a **needs assessment to identify** children in need of alternative care, e.g. using the Heightened Risk Identification tool and other identification methods. Emphasize groups that are particularly vulnerable (i.e. separated girls, younger unaccompanied children, child-headed households) and **understand community perceptions** towards these children.
- ➔ Ensure **individual registration** for all unaccompanied and separated children and the systematic assessment (e.g. BIA) prior to any alternative care arrangements. Relevant **information management systems**, such as ProGres and CPIMS, should be regularly updated, monitored and analysed.
- ➔ **Map the existing community care arrangements**, including family-based and residential care arrangements. Identify which alternative care arrangements are culturally acceptable.

## Coordination

- ➔ Coordinate with **key national actors and community stakeholders** regarding alternative care arrangements, clearly defining roles and activities.
- ➔ Ensure that alternative care programmes are closely **linked to the case management system**. Care plans for UASC should consider alternative care as only part of the holistic needs of the child by also considering referrals for psychosocial and community/peer support, education, health, nutrition, family tracing, NFIs, protection and durable solutions.
- ➔ When possible, **involve national and local authorities** in establishing and monitoring child placement arrangements and in the best interests process (e.g. the BID panel).

## Human & Financial Capacity

- ➔ **Train staff and community workers** on relevant inter-agency guidelines and tools (e.g. ACE/Alternative Care in Emergencies Toolkit) as well as specific UNHCR case management tools (e.g. BID Guidelines). Train staff from other sectors to facilitate identification and referrals.
- ➔ When appropriate, set up a **pool of trained and readily available foster families**; where possible these parents should be nominated by the community. Provide supervision and support to foster parents through **training and psychosocial support**. Encourage the involvement of experienced foster parents in training and peer support for new foster parents, etc.

- ➔ Well-run alternative care programmes take resources, e.g. identifying community care structures, training, case management, assessing care arrangements, home visits and monitoring.

Consider the **inter-agency child protection standards** when resource planning:

- **Caseworkers should not handle more than 25 cases** (less if lower training levels);
- **Each caregiver may care for a maximum of 8 children** (less for longer term care) in order to allow children to develop close relationships with their caregivers and peers.

## Prevention & Response

- ➔ **Small group care should be developed with the community's assistance** to ensure its integration into the wider community. Children living in group homes should be included within normal neighbourhood activities. For example, the children should where possible go to local schools and participate in normal community activities (e.g. faith-based groups, youth / community groups, sports and recreation etc.) in order to maintain community ties and relationships.
- ➔ **Assess the level of support needed by each individual foster family**, but mainstream and integrate support provided in order to avoid doing harm by creating the perception of favoured support, potentially causing voluntary separation or discrimination within the community, or fostering for material reasons.
- ➔ Alternative care arrangements for older teens should include measures to **prepare them for self-reliance**, adulthood and participating as a productive community member.
- ➔ **Systematically monitor and follow up all children in alternative care** at regular intervals depending on their individual protection needs. Monitoring should consider the quality of care provided, access to services including health and education, as well as any child protection risks or discrimination.
- ➔ Alternative care arrangements for UASC should be considered temporary pending the **primary goal of reunification with their parents or former caregiver** (including consideration of durable solutions). If reunification is not possible, or not in the child's best interests, long-term alternative care arrangements should be **formalised through national procedures**.
- ➔ Establish **child friendly procedures** in all services accessed by UASC (see *CP Issue Brief on Child Friendly Procedures*).

## Advocacy & Awareness

- ➔ Advocate for a **State child protection system to recognise alternative care arrangements** for children of concern and, where in the best interests of the child, access to national care arrangements.
- ➔ Raise awareness within the community to ensure potential and spontaneous foster families come forward. **Recognize the contributions** of foster families, e.g. by appointing "foster family of the year" award or arranging special social events.



Family separation is prevented and responded to, and **unaccompanied and separated children are cared for and protected according to their specific needs** and their best interests."

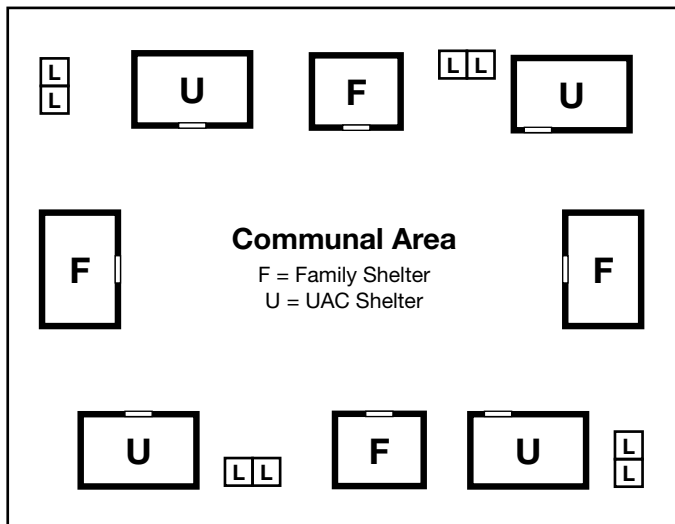
Inter-Agency Minimum Standards for Child Protection in Humanitarian Action  
Standard 13: Unaccompanied and Separated Children

## UNHCR in Action:

### Examples from the Field

#### Alternative-care and camp layout in ETHIOPIA

The **Shire** operation in **Ethiopia** in recent years has seen an average of around 100 unaccompanied children (UAC) arriving per month. Sheer numbers dictated that as a last resort, small group-care would have to be an interim option pending efforts to place children in family based care including reunification with their family members.



A major struggle was the camp layout, with one section of Mai Aini refugee camp being designated to house over 1,000 unaccompanied children. This camp layout discouraged more family and community-based child protection responses, with the general refugee community considering the 'group-care children' as predominately the responsibility of the international community and local authorities. To overcome this, an integrated shelter layout was designed for a newly opened camp, whereby UAC live side by side with families who agree to support the children, in communities of 8 shelters facing each other with communal space in the middle (instead of rows of shelters) to facilitate social interactions.

#### Assessing alternative care in INDIA

Recognising the vulnerability of the approximate 500 unaccompanied and separated refugee children living in the sprawling Indian capital city of **New Delhi** and the lack of detailed information on their care arrangements and general protection environment, the operation and partners conducted a joint needs assessment. After a detailed preparation stage, a questionnaire was developed focusing on the alternative care environment as well as questions on health, education, livelihoods and tracing needs. A multi-disciplinary team of interviewers was assembled and training was conducted for staff with less child protection experience. Over the course of 8 days over 200 children agreed to participate in the assessment and were interviewed, ensuring of age, gender and diversity (AGD) were considered. At the end of the process the findings were presented to the refugee community through two focus group discussions as well as community animators working with refugee children. The assessment found that 48% of the children had found their current care arrangement through the refugee community leaders and 89% of those who participated in the assessment felt safe in their current care arrangements.

## Alternative Care in an Emergency

The United Nations Guidelines for the Appropriate Use and Conditions of Alternative Care for Children (2007) states that in an emergency:

- Care within a child's own community, including fostering, should be encouraged, as it provides continuity in socialization and development.
- As a general rule, large institutions and long-term residential care – and, for young children, any form of residential care – should be avoided.
- Residential care should be used only as a temporary measure until family-based care can be developed.
- No new residential facilities should be established which are designed to care for large groups of children on a permanent or long-term basis.

In exceptional circumstances, however, when none of the alternative care arrangements described above are feasible, temporary institutional care may be considered, but only under strict conditions.

Adoption or other form of permanent care are not recommended in an emergency context as it will take time until all efforts have been exhausted to determine whether the child's family can be traced and the child reunited.

#### Alternative care in urban context in YEMEN

In the urban suburb of Basateen in **Aden, Yemen**, the operation worked closely with the refugee leaders in designing a community driven alternative care system. In addition to supporting family reunification and family-like alternative care arrangements, for some children who could not be immediately reunited with relatives, a supervised small group home arrangement was implemented. Small group homes were rented (with a capacity of 6 to 8 children) next to neighbouring families who were nominated by the community leaders and agreed to play a formal supervisory role over the children. Each child in alternative care arrangements received a BIA with regular home visits by the child protection partner and community outreach workers.

### For More Information:

- Interagency Working Group on Unaccompanied and Separated Children (2013) Alternative Care in Emergencies (ACE) Toolkit, available at: <http://goo.gl/QRzaEU>
- UN Guidelines for the Alternative Care of Children, available at: <http://goo.gl/4egUup>
- UNHCR (2008), Guidelines on Determining the Best Interests of the Child. available at: <http://goo.gl/Y3a3vk>
- UNHCR and IRC (2011), Field Handbook for the Implementation of the UNHCR BID Guidelines. available at: <http://goo.gl/XAxqSL>
- UNICEF (2007), The Lost Ones, emergency care and family tracing for separated children from birth to five years, available at: <http://goo.gl/fkr1Yr>