

Interagency Standard Operating Procedures (SOP) for Interim Alternative Care in Dohuk, KRI.

Developed with input from the Department of Labour and Social Affairs, UNICEF, UNHCR, International Rescue Committee, STEP, ACTED and Save the Children.
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1. Purpose and scope

The Interim Alternative Care Standard Operating Procedures (SOP) document provides the policy and procedures for the identification, establishment and support of alternative care arrangements for Unaccompanied and Separated Children (UASC) and other vulnerable children in the Kurdish Region of Iraq (KRI), including Syrian refugees and Iraqi Internally Displaced People (IDP). It identifies the roles and responsibilities for all actors involved and the processes for establishing alternative care placements.

The systems outlined in this SOP are the first stage of a phased approach to establishing alternative care in the KRI, that is, an interim alternative care framework that can respond to the immediate needs of refugee and IDP children. The second phase will be the establishment of a formal alternative care system under the mandate of the Kurdish Regional Government (KRG) for all children living in the KRI. The formal alternative care system will leverage the models and systems outlined in this SOP.

The development of this SOP has been an interagency process led by the International Rescue Committee (IRC) with the ongoing support of the Ministry for Social and Labor Affairs (MOLSA) and the Directorate of Labor and Social Affairs (DOLSA), and with funding from UNICEF.

This SOP should be formally reviewed three months following implementation in the Dohuk Governorate to ensure processes and agencies are correctly identified and reflected. The formal review should be a participatory process lead by the Child Protection Sub Working Group.

This SOP should be used alongside the [SOP for Child Protection Case Management Services](#) and the [Interagency SOP for Best Interests Determination of Unaccompanied and Separated Children and Children at Risk](#).

2. Glossary and working definitions

For a full list of definitions relating to child protection and case management, please refer to the [SOP for Child Protection Case Management Services](#).

Alternative Care Alternative care is the care provided for children by those who are not their usual caregivers. This 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.¹

Best Interests BID describes the formal process with strict procedural safeguards designed to determine the child's best interests for particularly important

¹ *Alternative Care in Emergencies Toolkit*, 2013, Save the Children

Determination (BID)	decisions affecting the child. ² The BID is a key tool within the Child Protection Case Management System. Determining alternative care arrangements for children may require a simplified Best Interests Assessment (BIA), simplified BID or full BID. For further guidance, refer to the <u>Interagency SOP for Best Interests Determination of Unaccompanied and Separated Children and Children at Risk</u> .
Caregiver	Caregiver is the general term associated with each of the different alternative care models and types of carers, including foster carer, kinship carer and mentor.
Child/children	A child means any person under the age of 18.
Caseworker	Caseworker is the term broadly applied to child protection agency officers. Caseworkers may be responsible for managing individual cases. Their role will be to provide support and oversight to children in alternative care and their caregivers, including monitoring and case reviews. Caseworkers assigned children in alternative care arrangements must have completed a minimum of 8 days of relevant training, including on alternative care.
Child Protection Officer	Child Protection Officers manage community engagement through the Child Protection Committees (CPCs). CPOs will lead on advocacy and awareness raising on alternative care with CPCs, training caregivers, and developing and supporting community support for alternative care placements.
Family-based care	Family-based care is a type of alternative care that involves the child living with a family other than his or her biological parents. This is a broad term that can include foster care, kinship care and supported child-headed households.
Foster care	Foster care is a care arrangement administered by a competent authority or agency, whether on an emergency, short-term or long-term basis, whereby a child is placed in the domestic environment of a family who have been selected, prepared and authorized to provide such care, and are supervised and may be financially and/or non-financially supported in doing so. ³
Informal care	Any private arrangement provided in a family environment or other supported environment whereby the child is looked after on an ongoing or indefinite basis by relatives, friends or others in their individual capacity, on the initiative of the child, his or her parents or other people, without this arrangement having been ordered by an administrative or judicial authority or accredited body. ⁴
Interim care	Interim care is care arranged for a child on a temporary basis for up to 12 weeks. The placement may be formal or informal with relatives, foster

² UNHCR *Field Handbook for Implementation of BID Guidelines*, 2011; *UNHCR BID Guidelines*, 2008

³ *Alternative Care in Emergencies Toolkit*, 2013, Save the Children

⁴ Article 29 (b), *Guidelines for the Alternative Care of Children*, United Nations, 2009

carers or in residential care such as an interim care centre. The child's care plan should be reviewed every 12 weeks (three months) in order for a longer-term plan and placement to be put in place. After this period, if a child is still in the same care situation, this should be referred to as longer-term care.⁵

Kinship care

Kinship care is family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.⁶

Orphans

Orphans are children, both of whose parents are known to be dead. In Iraq, in cases where one of the child's parents is known to be dead, they are also considered to be an orphan.

Residential care

Residential care is a group-living arrangement in a specifically designated facility where salaried staff or volunteers ensure care on a shift basis. Residential care is an umbrella term that includes short- and long-term placements in institutions, small-group homes, places of safety for emergency care and transit centers.⁷

Separated Children

Separated children 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 members⁸.

Unaccompanied Children

Unaccompanied children (also called unaccompanied minors) 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 so⁹.

3. Guiding principles

Agencies and staff engaged in child protection case management and alternative care should comply with a core set of principles to guide their behavior and interaction with children and their families. These principles should establish a foundation of care and responsibility and influence all decisions and actions taken.

For a full list of guiding principles related to child protection case management please also refer to the SOP for Child Protection Case Management Services.

Best interests of the child: The 'best interests of the child' encompass a child's physical and emotional safety (their well-being) as well as their right to positive development. In line with Article 3 of the *United Nations Convention on the Rights of the Child* (UNCRC), the best interests of the child should provide the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families. Caseworkers and their supervisors must constantly evaluate the positive and negative consequences of actions and discuss these with the child (taking into consideration the child's age and level of understanding), and their caregivers when taking decisions.

⁵ *Alternative Care in Emergencies Toolkit*, 2013, Save the Children

⁶ Article 29 (c), *Guidelines for the Alternative Care of Children*, United Nations, 2009

⁷ Article 29 (b), *Guidelines for the Alternative Care of Children*, United Nations, 2009

⁸ *Interagency Guiding Principles on Unaccompanied and Separated Children*, 2004 (http://www.unicef.org/protection/IAG_UASCs.pdf)

⁹ *Interagency Guiding Principles on Unaccompanied and Separated Children*, 2004

The least harmful course of action is always preferred. All actions should ensure that the child's rights to safety and on-going development are never compromised.

Necessity and suitability: the basic principles of alternative care for children are the principles of *necessity* and *suitability*, namely:

- that such care is genuinely needed; and
- that, when this is so, care is provided in an appropriate manner.

The necessity principle relates to the need to support children to remain with, and be cared for by, their family. Removing any child from his/her family should be a measure of last resort, and before any such decision is taken, a rigorous participatory assessment is required. In respect of *suitability*, the *Guidelines* define a range of alternative care options. Each child in need of alternative care has specific requirements and care options must be tailored to individual needs and circumstances. The suitability of placements should be regularly reviewed to assess the continued necessity of providing alternative care and the viability of potential reunification with the family.¹⁰

Gatekeeping: A robust 'gatekeeping' process is necessary to ensure that children are admitted to the alternative care system only if all possible means of keeping them with their parents or wider (extended) family have been pursued.¹¹

Confidentiality: Confidentiality requires service providers to protect information gathered about clients (children and caregivers) and to ensure it is accessible only with explicit permission. For agencies and officers involved in case management, it means collecting, keeping and sharing information on individual cases in a safe way and according to agreed upon data protection policies. Officers should not reveal children's names or any identifying information to anyone not directly involved in the care of the child. When information is shared, it should be shared on a need-to-know basis and limited to only the information necessary to enable better protection of the child.

For more information about confidentiality and information sharing, refer to the Data Sharing Decision Making tool in the [SOP for Child Protection Case Management Services](#).

Child participation: Children have a right to express their opinions about their experiences and to participate in decisions that affect their lives, particularly relating to their care arrangement and caregiver. Agencies and officers are responsible for communicating with children their right to participate, including the right not to answer questions that make them uncomfortable, and supporting them to claim this right throughout the case management process.

Seek informed consent and/or informed assent: Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. In all circumstances, consent should be sought from children and their families or caregivers prior to providing services or implementing an alternative care placement. To ensure informed consent, caseworkers must ensure that children and their families fully understand: the services and options available, potential risks and benefits, information that will be collected and how it will be used and confidentiality and its limits. Caseworkers are responsible for communicating in the language spoken by the child and family and in a child-friendly manner and should encourage the child and their family to ask questions that will help them to make a decision regarding their own situation.

Informed assent is the expressed willingness to participate in services¹². It requires the same child-friendly communication of information outlined above. However, for younger children or children with mental or other disability who are by nature or law unable to give informed consent, but able to understand and agree to participate in services, the child's *informed assent* is sought.

¹⁰ *Guidelines for the Alternative Care of Children*, United Nations, 2009

¹¹ *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'* (2012) UNICEF, (http://www.unicef.org/protection/files/Moving_Forward_Implementing_the_Guidelines_English.pdf)

¹² *Caring for Child Survivors Guidelines*, IRC and UNICEF, 2012

In some situations, informed consent may not be possible or may be refused, and yet intervention may still be necessary to protect the child. Where consent is not given, and where the agencies involved have a legal mandate to take actions to protect a child, the reasons for this should be explained and the participation of children and family members continually encouraged.

Provide culturally appropriate process and service: Caseworkers and agencies should recognize and respect diversity in the communities where they work and be aware of individual, family, group and community differences as well as social norms and prevailing attitudes. This is important to be able to make an informed and holistic assessment of a child's situation. Cultural sensitivity also improves caseworkers' capacity to work effectively with children, families and communities and to identify solutions that leverage local methods of care and protection and are in line with the children and families' values and beliefs. Without consideration of the cultural context, the quality of case management services can be hindered, leading to the development of care plans that do not fit the realities of people's lives and beliefs and that may not be acceptable and therefore difficult to implement. When what is in the best interest of the child conflicts with cultural values or practices, managers and caseworkers must continue to prioritize the child's best interests and take decisions that do not place them in additional risk (do no harm). It may be difficult to identify solutions that are seen as acceptable to the family or community, particularly in relation to alternative care in the KRI, but managers and caseworkers must make every effort to work with children and families to identify culturally acceptable solutions that at the same time uphold the rights of children.

4. Goals and strategy

The primary goal of an alternative care system is to provide UASC and other vulnerable children in need of alternative care with appropriate and durable interim care arrangements. All alternative care arrangements will be supported by child protection case management and are integrated with all child protection and mainstream services.

4.1 Roles and responsibilities

The Directorate of Labor and Social Affairs (DOLSA): DOLSA are responsible for the identification and registration of UASC and other vulnerable children requiring the support of government and/or child protection agencies.

DOLSA will participate in all BID panels convened to consider an alternative care placement and facilitate all placements in residential or institutional care facilities, at the recommendation of the BID panel. DOLSA will ensure that all children placed in these arrangements continue to receive case management and community-based services, including attending school, throughout their placement.

DOLSA will maintain a register of all children in alternative care arrangements and ensure their active management, whether with an NGO partner or by government. DOLSA will participate in all alternative care case reviews (each 12 weeks).

In cases where it is determined that an Iraqi child requires removal from their family or legal guardian, DOLSA will present the child's case to Juvenile Court to recommend a protection order for the child for temporary guardianship. This will include requesting an extension of the guardianship order at 12 weeks based on BID panel recommendations. This procedure may be extended to non-Iraqi children on a case-by-case basis (see [Section 9.6 Separation of a child from parents or legal guardians](#)).

At the time of writing, DOLSA was in the process of establishing various units and functions within the Directorate to respond to child protection needs and issues in the Dohuk Governorate, including a foster care unit, social care unit and children's helpline.

The Ministry of Labor and Social Affairs (MOLSA): MOLSA will ensure local government is sufficiently resourced to support implementation, including funding and capacity building. MOLSA will also provide oversight of the Interim Alternative Care system and participate in all BID panels convened to consider an alternative care placement.

MOLSA is committed to developing a formal alternative care system, including foster care, in the KRI. This work will be an extension of the interim alternative care system outlined in this SOP and will formalize care arrangements established by the IRC and partner agencies.

The International Rescue Committee (IRC): The IRC will rollout the Interim Alternative Care SOP and provide ongoing technical assistance to partner CP and government agencies in the Dohuk Governorate of the KRI. The IRC will participate in each BID panel convened to consider alternative care.

Child protection case management agencies: Agencies will assess and train caregivers; facilitate the child's placement in alternative care arrangements; provide case management for children in alternative care; and ensure sufficient supervision and support to alternative care arrangements.

In addition, agencies will undertake capacity building and awareness raising on the need for family-based care for children without suitable caregivers with community networks such as Child Protection Committees (CPCs).

Agencies will also participate in BID panels convened to consider alternative care.

UNHCR: The UNHCR will convene and chair all BID panels to consider alternative care placements for children.

Child Protection Committees (community representatives): The CPCs are organized community groups which are trained to identify protection issues and promote child protection within their communities. CPCs will play an ongoing role in supporting and monitoring alternative care placements. They will also be the main mechanism for community awareness raising on alternative care, including identifying potential caregivers in their communities. The IRC and other child protection agencies will be responsible for providing training and capacity building to the committees to support this function.

4.2 Capacity building

A significant aspect of the implementation of alternative care in the KRI will be capacity building with partner agencies, government officials and community networks. Capacity building will focus on expanding the scope of services for children in the region, promoting the need for family-based care for young and vulnerable children and developing flexible and supportive care models. This capacity building will also support MOLSA's development of a formal alternative care system for the KRI.

Capacity building on alternative care will align with border child protection case management capacity building, as outlined in the [SOP for Child Protection Case Management Services](#).

5. Other standards

5.1 Management requirements

In addition to existing responsibilities in respect of child protection, CP agencies implementing alternative care arrangements may also be required to:

- assess and train caregivers;
- place children in alternative care arrangements;
- provide ongoing case management and monitoring;
- participate in the BID process;
- undertake community engagement on alternative care, particularly awareness raising on the need for foster carers and mentors;
- develop of community-based monitoring of alternative care arrangements; and
- deliver training on alternative care, child protection and parenting to caregivers.

5.2 Case allocation

Senior Child Protection Officers and Managers are responsible for assigning caseworkers specific cases according to their experience, skills and capacity to meet the child and the caregiver's needs.

Managers should consider issues of age, gender, culture and identity as well as experience when assigning cases.

Caseworkers assigned children in alternative care arrangements must have completed a minimum of 8 days of relevant training, including on alternative care.

5.3 Caseload

Managers must be aware of the number of cases caseworkers have, the complexity and progression of each case and the timeline for achieving case objectives. They are responsible for ensuring no one caseworker is overburdened and for providing them with support to appropriately manage the case. Minimum standards require that caseworkers be responsible for no more than 20 cases at any one time, but this may need to be reduced based on the capacity of caseworkers and the complexity of cases.

Best practice is for one caseworker to manage a child's case from initial assessment through to case closure. This allows for the development of a positive, supportive relationship and as well as confidentiality and consistency. Caseworkers will follow the steps outlined below and for all cases.

For caseworkers managing children in alternative care arrangements, there will be some additional requirements to standard case management (as outlined in the [SOP for Child Protection Case Management Services](#)), including supporting the caregiver, visiting the household and undertaking the 12 week review process. Caseworkers must have capacity to undertake these additional requirements.

6. Caseloads

Alternative Care may be considered to ensure the appropriate care of UASC and other vulnerable children without suitable caregivers in the KRI.

6.1 Unaccompanied and separated children (UASC)

UASC are children who are in the KRI without their natural or legal caregiver. In many cases, these children may be cared for by members of their extended family or community and these arrangements should be managed and supported by child protection agencies to ensure their suitability and durability. There will also be cases in which children do not have a caregiver or their current caregiver is unsuitable. In these situations an alternative care arrangement may be in the child's best interest.

6.2 Other vulnerable children

There may be other children in the community for whom alternative care may be in their best interest. Children may be relinquished or abandoned by their parents or may require separation from their parents or legal guardian because they have suffered or are at risk of suffering significant harm in the care of their parents.

In cases where children have been abandoned or relinquished, caseworkers and child protection managers should work closely with the families to effect reunification and reintegration where possible and ongoing support to the family to ensure the child is provided with appropriate care. If efforts to reunify the child with the family are unsuccessful, the child may be placed in an alternative care arrangement. However, efforts to engage with the child's family must be ongoing and the child's placement in alternative care should be considered a short-term response.

In cases where a child may require separation from their parents and placement in an alternative care arrangement, separation may be considered only as a last resort and in cases where the child's safety demands separation. In no circumstances should a child be removed from their family due to poverty or a family's inability to meet the child's material needs. Child protection agencies must work closely

with government officials to ensure any separations are enacted lawfully (see [Section 9.6 Separation of a child from parents or legal guardians](#)).

Where siblings groups, young mothers with children or other groups of children require alternative care arrangements, they should not be separated unless in exceptional circumstances - such as violence within a sibling group - and at the discretion of a BID panel.

7. Interim care models

Family reunification is the first priority for UASC and family tracing should take place as soon as possible. Interim alternative care can be provided while family tracing takes place but should not delay tracing efforts.

Interim care is care provided on a temporary basis for a period up to 12 weeks (see [Section 9.11 Case review and follow up](#)). At the end of the 12 week period, the placement will be reviewed and may be extended if required. A case review should be held every 12 weeks for children in alternative cared until the case can be closed (see [Section 9.12 Case closure](#)). In cases where a child has been placed in institutional care, placement in a family-based care arrangement should be actively pursued and the placement in institutional care should not be extended beyond 12 weeks unless in exceptional circumstances and in the best interests of the child.

The following care models should be considered in the interim care planning process, based on the assessment of the child's living situation and wellbeing. The care models are presented in a hierarchy of most desirable to least desirable (emergency and short-term).

7.1 Support to remain in existing informal care

In many cases, UASC are living in the KRI with family and other caregivers in arrangements that formed spontaneously without the intervention of any agency and prior to identification. These arrangements (mainly kinship care arrangements) should be registered and supported, with referrals to health, education and other available psychosocial services, consistent with the [SOP for Child Protection Case Management Services](#).

When UASC in existing informal care arrangements are found, a [Best Interests Assessment \(BIA\)](#) must be conducted to determine if any action is required to improve the child's protection or care. This assessment should include consideration of the following factors:

- Is the caregiver or caregiver's children disadvantaged by the arrangement?
- Can the caregiver provide adequate care for all of the children in the household?
- What is the caregiver's motivation for caring for the UASC?
- How long is the care arrangement expected to last?
- What kind of support – commensurate (equal) to what is available to the wider community - does the household require to ensure the durability of the arrangement?
- What are the child's views and preferences on their placement?

Where possible, and if in the child's best interests, the child's current caregivers should be supported to care for the child. If the BIA shows that the care arrangement is not safe or stable and it is not in the child's best interests to remain there, one of the following options can be considered.

7.2 Kinship Care

Kinship care is family-based care within the child's extended family or with close friends of the family known to the child.¹³ It is generally in the child's best interests to be placed in the care of extended family members. Where possible, this arrangement should be pursued by agencies as a priority. All

¹³ *Alternative Care in Emergencies Toolkit*, 2013, Save the Children

kinship care arrangements will be supported with case management for the child and referrals to health, education and other available psychosocial services. Limited assistance in the form of household items, clothing and hygiene items can be provided for the child and the household to support the placement if required.

Where a kinship care arrangement is not possible, one of the following care arrangements can be considered.

7.3 Foster Care

Foster care is a care arrangement whereby a child is placed in the household of a family who have been assessed and trained by a caseworker to provide such care.

Children in the following circumstances may be placed with a foster carer:

- The child is unaccompanied with no known relatives or previous caregivers.
- The child requires temporary care until their reunification with located family members or usual caregivers can be organised.
- The child's parents or usual caregivers are unable or unwilling to care for the child, even with support, and have agreed for the child to be placed with a foster carer.
- Any other cases approved for foster care by a BID panel and are in the best interest of the child.

A child's referral into foster care will depend on the availability of foster carers and whether the profile of the child matches a foster carer profile. Where foster care placements are limited, children under 3 years of age and girls should be prioritised.

All foster care arrangements will be supported with case management for the child and referrals to health, education and other available psychosocial services. Limited assistance in the form of household items, clothing and hygiene items can be provided for the child and the household to support the placement if required.

7.4 Supervised group living

While placement in a family-based care arrangement offers the best environment for unaccompanied and separated children, there are instances where supervised group living may be appropriate. In cases where placement in a family-based arrangement would require relocation and may remove a child from their social networks and coping strategies, or where a child does not wish to live in a family environment, a more flexible model may be considered. Furthermore, it may not be possible to find foster parents who are willing to provide care for adolescent boys.

A supervised group living arrangement should be considered in cases where:

- Children are already living in child-headed households and want to remain in this arrangement.
- Adolescent boys are accustomed to significant independence and could benefit from a supported group setting.
- It is not possible to identify a foster carer, the child is in immediate need of an alternative care arrangement and the placement has been approved by a BID panel.

Supervised group living must:

- Comprise of a group of no more than 4 children, unless there is an existing household or sibling group of more than three and it is in their best interests to remain together;
- Should be all the same sex, unless the household comprises a sibling group of both girls and boys. In most cases groups comprising only girls will not be culturally appropriate and other models of alternative care should be considered;
- The oldest child must be at least 15 years of age and the youngest child may be no younger than 12 years of age;
- Be commensurate with the standard of housing of others in the community, for example,

accommodation should be a tent if the group home is in a camp setting, or a small apartment if in a community setting;

- Be supervised and supported on a daily basis through a mentoring approach. Whenever possible support from a family that lives in the same community to ensure the protection and wellbeing of the children; and
- Be considered on a case-by-case basis and only approved where safe and in the child's best interests.

Supervised group living should not:

- Isolate children from the rest of the community;
- Become a place for other youth to gather and hangout; or
- Become a form of institutional care.

Supervised group living arrangements will be allocated a trained mentor/family from the community to provide day-to-day support and supervision. The mentor and the children will be supported with case management for the children and referrals for food, health services, education and other available psychosocial services. DOLSA/DMC will also facilitate the procurement of shelter (such as a separate tent in a camp) if required.

7.5 Supervised independent living

Many adolescent boys are in the KRI for the purpose of seeking work to provide an income for their families and are living independently or on the premises of their employer. Allocating a mentor/family to support these arrangements and mitigate risk of harm or exploitation, rather than trying to relocate the child to an alternative care arrangement, may be in the child's best interest.

Supervised independent living should be considered only in cases where:

- the child is male and a minimum of 16 years of age;
- it is not a situation of the worst form of child labour;
- the child is *already* living independently in the community;
- it is his wish to remain in their current placement; and
- relocating him to a new placement would not be in his best interests, for example, it would remove the child from important community networks, or would interfere with existing education, training or employment arrangements.

Supervised group living arrangements will be supported with case management for the child and referrals for health, education and other available psychosocial services. Education opportunities should be specifically promoted for such cases. Allocated mentors will provide day-to-day support and supervision.

7.6 Residential or institutional care

Residential care includes care provided in short and long-term residential care facilities, including state-run childrens' homes and camp-based transit centers. These options should be used only in emergency cases on a short-term basis (up to a maximum of 12 weeks) and as a last resort or when no other alternative care arrangements are available. Family tracing and reunification process should be put in place as soon as the child is identified. Case managers should continue to look for other care options for the child during the 12 week period.

In Dohuk, there is one girls' home and one boys' home, managed by DOLSA. The Transit Centre at Domiz Camp can also provide temporary shelter for Syrian children.

All children placed in residential or institutional care should continue to receive case management services and access community based services, for example, Child Friendly Spaces (CFS), and attend local schools. This must be negotiated with the DOLSA focal point and recorded in the child's care plan. The child's care plan should be cosigned by the child, the DOLSA focal point or representative

at the care home, and the child's caseworker.

8. Caregivers

Caregivers are required to:

- care for the child in the same way that they would for their own children, with the understanding that there will be no personal gain, financial or otherwise;
- protect the child from abuse or exploitation;
- provide sufficient meals for the child and a place to sleep;
- encourage the child to participate in community activities (for example, attend Child Friendly Spaces, school etc);
- release the child in the event that the child's parents or other family members are located;
- ensure that the child receives the necessary medical, nutritional, emotional and educational follow-up;
- cooperate with the caseworker, including attending monitoring visits and participating in the 12 week review; and
- notify the agency prior to any move to another location, including a change of residence in and outside the present location.

Caregivers will work with the child to make day-to-day decisions, such as school enrolment and attendance, based on recommendations by the caseworker. Caregivers will not have legal authority to make major decisions on behalf of the child in their care. More significant decisions, such as decisions related to major medical procedures, may require review by a BID Panel.

8.1 Minimum standards for caregivers

- **Nationality and religious identify:** caregivers should have the same nationality, religion and ethnicity as the foster child where possible.
- **Age:** caregivers should be a minimum of 18 years of age and not more than 70 years of age. Applicants aged 65-70 years of age should undergo a health assessment to ensure they are in good health.
- **Educational level:** it is important that at least one of the caregivers is literate and able to read basic documentation related to their role as a caregiver.
- **Marital status:** caregivers may be single or married. If the applicant is married then the applicant's partner/spouse must also give consent to being a caregiver prior to the placement of a child. If the applicant is single, upon application they must demonstrate sufficient household income so that they are not dependent on income or support related to their role as a caregiver.
- **Health status:** the applicant should be in good health, both physical and mental. All applicants should undertake a health assessment to ensure their good health.
- **Experience with children:** caregivers should be able to demonstrate experience with children. This could be as a parent, relative, through their profession or other activity.
- **Integrity:** the applicant's good character should be verified with consultation with the applicant's neighbours and community. The applicant must also sign the Foster Carer Agreement (Annex 1) or Mentor Agreement (Annex 2), where applicable, and be willing to adhere to it.
- **Ability to participate in training:** caregivers must be prepared to participate in all relevant training, as requested by the relevant government body or NGO. All caregivers will be expected to complete training on child protection, parenting and life skills.
- **Motivation:** the main motivation for becoming a caregiver should coincide with the core values

of child protection including desire to care for a child, love of children, or faith-based beliefs. The motivation should not be economic or political. The caregiver must also have sufficient time to spend with the child.

It is also important that the family and household of the caregiver is engaged in the assessment process. Taking on these roles will be a commitment that the whole household will share and their willingness is critical to the sustainability of these arrangements.

8.2 Foster carers

Foster carers provide care, support and a home to children that do not have a family or other caregiver. The foster carer is expected to care for the child in the same way that they care for their own children. Each foster care arrangement will be formalized through a Foster Care Agreement (Annex 1) developed and signed by the carer, child and caseworker.

8.3 Mentors

In group and independent living arrangements, supervision and support will be provided by a designated mentor or family from the child(ren)'s community. The mentor/family's primary role is to provide culturally appropriate supervision and support to the child(ren), including psychosocial support and the provision of advice. They will act as the child's advocate and be an important link to the community. The mentor will be expected to provide some life skills training such that the children are able to provide for their basic needs (such as health, hygiene and nutrition).

Mentors will be supported and supervised by the child's caseworker. A Mentor Agreement (Annex 2) will govern the care that will be provided for the child(ren) and agree to a regular schedule of monitoring of the placement. The agreement will be decided between the child(ren), the caseworker and the mentor and reflect the needs and circumstances of the child(ren).

8.4 Identification of caregivers

Caregivers may be identified in the following ways:

- Identification by the child.
- Identification of an individual in the child's extended family or immediate community.
- Identification of a suitable caregiver from the register. These caregivers should be from among the same community as the child.

All caregivers will be assessed and registered prior to the child's placement.

8.5 Caregiver assessment

Potential caregivers must complete and submit a completed Caregiver Application Form (Annex 3) to an IRC child protection officer. A caseworker will review all of the information and confirm that the applicant has signed the form. The caseworker will determine the potential caregiver's suitability based on the criteria outlined above. The senior Child Protection Officer must approve the application, after which the caseworker will go through the assessment process with the applicant.

All applicants will be assessed using the Caregiver Assessment Form (Annex 4). This process takes into consideration:

- the applicant's motivation for becoming a caregiver and preference of child, including age and sex;
- their skills and experience with children;
- the suitability of their home environment, health and financial situation (particularly for foster carers);

- the attitude and composition of the household, including other children in the household (particularly for foster carers); and
- reports from three references nominated by the applicant.

8.6 Training

Once the applicant has been assessed as suitable, they will be required to undertake training to support their role as a caregiver, including child protection and parenting skills training. Applicants should complete the training prior to commencing their role as a caregiver, or as soon as possible following placement of the child. Applicants should also be eligible for all relevant training delivered by child protection and other agencies to further develop their skills.

8.7 Registration

Assessed and trained caregivers will be kept on a register and will be contacted to care for a child on an emergency or longer-term basis as the need arises. All caregivers on the register will be contacted periodically by the IRC to ensure their ongoing commitment and completion of relevant training programmes.

9. Alternative care procedures

9.1 Identification of children

When a child has been identified as separated or unaccompanied or in need of urgent protection requiring a new care arrangement, a caseworker will meet with the child within the timeframes stipulated in the Vulnerability and Risk Assessment Criteria (refer to the SOP for Child Protection Case Management Services) to determine their care needs and begin the process of identifying a suitable care arrangement for them.

Identification, registration and a BIA will be conducted consistent with procedures for UASC outlined in the SOP for Child Protection Case Management Services.

Refer to the SOP for Child Protection Case Management Services for further information about information management and CPIMS requirements.

9.2 Assess child's current care arrangement

Children without caregivers or in unsuitable care arrangements will be referred for alternative care. For children who have been taken in by adults (spontaneous alternative care arrangements); children living in child- or peer-headed households; and children at high risk of abuse or separation, assess with each child (according to his/her capacities) and the caregiver whether the current arrangements are suitable and whether additional supports or services are required.

The assessment process and outcomes will differ according to the age and situation of each child. Assessments of older unaccompanied children living independently should 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 in the household. Assessments of the living situation for children with disabilities or chronic illness 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.

9.3 Identifying an alternative care placement

If it is identified that the child requires an alternative care arrangement, the caseworker work with the child to complete the Alternative Care Arrangement Identification Form (Annex 5), including making a recommendation for an appropriate placement and caregiver.

When matching children with a particular caregiver, caseworkers should consider:

- the preferences of the child and the caregiver (where relevant);
- the composition of the caregiver's household;
- the needs of the child; and
- the nationality, ethnicity and religion of the child and members of the household.

Tools: Alternative Care Arrangement Identification Form (Annex 5)

9.4 Recommendation and BID process

When a care arrangement and caregiver have been identified, the arrangement will need to be reviewed by a BID panel. The agency responsible for case management of the child is responsible for developing a BID report that identifies, justifies and recommends an alternative care arrangement. The BID panel should include representation from IRC, DOLSA and MOLSA. For contact information for the IRC, DOLSA and MOLSA focal points, refer to the [Referral Pathway \(Annex 6\)](#).

For more information about the BID process, refer to the [Interagency SOP for Best Interests Determination of Unaccompanied and Separated Children and Children at Risk](#).

Tools: Referral Pathway (Annex 6)

9.5 Placement

If the identified caregiver is already registered, this process can commence immediately. If the caregiver has been identified by the child or the caseworker, the assessment process needs to be completed prior to the placement of the child. If the caregiver requires training, this can occur concurrent to the placement process so as not to delay the placement.

The caseworker will work with both the child and the caregiver to discuss the placement and provide information about each party. Both the child and the caregiver should be consulted and have their views considered. The caseworker will ensure each party understands their roles, responsibilities and the nature of their relationship. For guidance on this process refer to the checklists listed below.

Tools:

Checklist for preparing the child for alternative care placement (Annex 7)

Checklist for preparing the caregiver to receive the child (Annex 8)

9.6 Separation of a child from parents or legal guardians

Removal of a child from the care of their family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration. Caseworkers should make an assessment of the parents' actual and potential caring capacities and should proceed with removal only if the assessment indicates separation is the only way to safeguard the wellbeing of the child. This decision must take into consideration the wishes of the child, the best interests of the child and the opinion of the BID panel.

Removal decisions should be regularly reviewed and the child's return to parental care, once the original causes of removal have been resolved, may be in the best interests of the child.¹⁴

If a child's caseworker determines that a child requires separation from their family or guardian, they must make every effort to engage with, and gain consent from the parents or legal guardian to place the child in alternative care. Where this is not possible, the caseworker must work closely with government to ensure the child's separation is lawful.

Any decision to remove a child against the will of the child's parents must be made by competent authorities (DOLSA and MOLSA officials), in accordance with applicable law and procedures and

¹⁴ *Guidelines for the Alternative Care of Children*, Article 14, United Nations General Assembly, 2010

subject to judicial review.¹⁵ This process may include making a report of harm or negligence to the Juvenile Police and presenting the case at the Juvenile Court. Where such cases arise, engagement as early as possible with DOLSA and MOLSA is required. For contact information for the DOLSA and MOLSA focal points, refer to the Referral Pathway (Annex 6).

9.7 Care plan

Once the BID Panel has approved the placement, the caseworker will begin developing a care plan for the child. 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 the care placement and the frequency of monitoring visits. Access to services and assistance should follow the Guidelines for Supporting Alternative Care Arrangements (Annex 9).

The care plan should be developed in close consultation with the child and the caregiver and, if appropriate, with the family of the child in case of removal from his family. The caseworker should spend time with the new caregiver and the household discussing the specific care and protection needs of the child. 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 caregiver is prepared to respond to the needs of the child.

The Child Protection Manager must review and approve the care plan and ensure it is signed by all parties (caseworker, caregiver and child) no later than two weeks following the placement.

**Tools: Guidelines for Supporting Alternative Care Arrangements (Annex 9)
Care Plan for Children in Alternative Care template (Annex 10)**

9.8 Commencement of the alternative care arrangement

The child will be placed in their new care arrangement at a date and time agreed upon by all parties (caseworker, child and caregiver). At the discretion of the Child Protection Manager, the caseworker may arrange for the child and the caregiver to meet prior to placement.

On the designated date, the child will be accompanied to the placement by the caseworker and received by the primary caregiver. The caseworker should go over basic information about the placement, check that the child has the required essentials for their care, and help the child settle into their new environment.

At a minimum, it is expected that:

- the caregiver is available to meet the child;
- the child is shown where he/she will sleep, keep his/her belongings, eat and bathe;
- the child is introduced to other adults and children in the household;
- the caregiver explains the daily routine, any recreational or educational activities available and any house rules or chores that apply to all the children in the household;
- depending on the needs of the other children in the household, the placed child and other children may be provided with some basic items such as clothing, bedding, kitchen or hygiene items.

9.8.1 Residential home care arrangements

If the child is to be referred to a residential care home, the IRC will work with the DOLSA focal point to arrange the placement. The caseworker should spend time with the child preparing them for their transfer, and should ensure that the care home is ready to receive the child. The caseworker should ensure that the care home staff is fully briefed on the needs of the child but should take care not to disclose any confidential information. At the appointed time, the caseworker will accompany the child to the home.

¹⁵ *Guidelines for the Alternative Care of Children*, Article 47, United Nations General Assembly, 2010

The caseworker must negotiate with the management staff of the care home and agree on a schedule of meetings with the child and the child's continued access to services, including education and psychosocial activities throughout their time at the care home.

For contact information for the DOLSA focal point, refer to the Referral Pathway (Annex 6).

9.9 Referrals

In line with the care plan and based on pre-existing referral agreements, the caseworker should initiate contact with health, education and other agencies and service providers in the community if this has not already taken place. They must ensure that the child is referred to these services and that the household is linked with services, including livelihoods services as appropriate.

9.10 Monitoring the care arrangement

The child, caregiver and caseworker will determine the timing and frequency of monitoring visits and record the agreed arrangement in the child's care plan. The purpose of monitoring visits is to:

- a) ensure the caregiver is fulfilling their requirements as outlined in the child's care plan, Foster Carer Agreement (Annex 1) or Mentor Agreement (Annex 2);
- b) 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;
- c) ensure that the child and family are accessing services and community resources in line with the care plan;
- d) update the child and caregiver on progress made towards long-term care solutions, specifically family reunification, if applicable; and
- e) monitor for, and mitigate, the risk of abuse, neglect or exploitation of the child.

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 week for the first month of placements and every fortnight for the following two months unless there are protection concerns. The number and frequency of visits will be reassessed as part of the placement review at the end of the first 12 weeks (3 months) of the placement.

The caseworker should clearly explain the purpose of the monitoring visits to both the child and the caregiver and organize the specific time of the first monitoring visits 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 when they are coming. If the caseworker has protection concerns, then unannounced visits may be suitable.

During the monitoring visit, the caseworker should ensure that the child and the caregiver are seen 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 speak periodically to adults in the child's life, including teachers, CFS officers and CPC members.

For any issues arising involving access to services of community resources, the caseworker is responsible for identifying services and negotiating with service providers to ensure the child has adequate community support.

9.10.1 Mediation

The caseworker should give advice and support to mediate on any issues or challenges arising in the care relationship between the child and the caregiver. Care must be taken to respect the confidentiality of the child and the caregiver when mediating on any issues. The caseworker should ensure that both the child and the caregiver feel that they have come to a mutually acceptable and reasonable solution or

a positive way forward on which they both agree. More frequent monitoring visits may be appropriate if there are ongoing difficulties in the placement.

9.10.2 Care arrangement relationship breakdown

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 organize an emergency placement for the child. If this is in a children's care home, this placement should be for a maximum of 12 weeks while a more appropriate, durable placement can be arranged. 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 caseworker will need to conduct regular monitoring visits to ensure that the child is settling into the new placement and refer the child for any services they require in the new placement.

9.10.3 Child absconds

If the child absconds from the placement the caseworker must attempt to contact the child to ensure the child's welfare and safety. If the child has relocated within the KRI the caseworker must attempt to contact the child and make referrals to local service providers to ensure the child is supported in the new location, including with alternative care if required.

9.10.4 Complaints mechanism

Children in alternative care must be able to safely report infringements of their rights, including abuse and exploitation. Caseworkers must inform the child of their rights to make a complaint and identify with the child independent trusted adults who could support the child to come forward to make a complaint and advocate for the child if and when required. These adults may be known to the child or a trusted member of the local community such as a CPC member.

The caseworker should ensure that the identified adult/s are aware of the need for confidentiality when dealing with a child's complaints.

9.11 Case review and follow up

All children should have formal reviews of their placements every 12 weeks. The purpose of the review is to determine the child's care plan and agree on actions to take towards realizing this plan. The child, the caregiver and the caseworker should all be present at this meeting. As with all monitoring visits, the child should be seen separately as well as with the caregiver. Other adults that have a relationship with the child, such as a teacher, may also be invited and the child can elect to have a particular person attend.

The review should cover:

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

Following the case review the child's care plan will be updated based on the outcomes of the review.

Tools: Alternative Care Review Form (Annex 11)

9.12 Case closure

The child's case may be closed when all of the following have been achieved:

- a) the child has been in the placement for at least 6 months with no major concerns or incidents;
- b) follow up has been conducted throughout the period at the frequency agreed in the care plan;
- c) the caregiver is satisfied that they no longer need support with the placement;
- d) the caseworker is satisfied that the child:
 - is protected from abuse, exploitation and neglect;
 - is receiving any necessary health care;
 - actively participates in social activities; and
 - expresses willingness to remain in the placement.

OR

A child turns 18 years of age while in interim care and has received services for a minimum of 12 months to support their independent living.

OR

The child has relocated within the KRI or has returned to their family or home country and the caseworker and caregiver have been unable to contact the child for a minimum of 3 months.

OR

The child dies, and all necessary investigations in to cause of death have been conducted and concluded.

Annexes

Tools and forms

Annex 1	Foster Carer Agreement
Annex 2	Mentor Agreement
Annex 3	Caregiver Application Form
Annex 4	Caregiver Assessment Form
Annex 5	Alternative Care Arrangement Identification Form
Annex 6	Referral Pathway
Annex 7	Checklist for preparing the child for alternative care placement
Annex 8	Checklist for preparing the caregiver to receive the child
Annex 9	Guidelines for Supporting Alternative Care Arrangements
Annex 10	Care Plan for Children in Alternative Care Template
Annex 11	Alternative Care Review Form
Annex 12	Alternative Care Flowchart