Minimum Standards for the Care of Children in Residential Care Facilities

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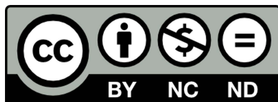

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Abbreviations

CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of People with Disabilities
CRS	Catholic Relief Services
RCF	Residential Care Facility

Introduction

Safe and nurturing family care provides the optimal environment for children. A nurturing family can provide children with the attention, love, and sense of belonging they need to thrive. In alignment with the U.N. Convention on the Rights of the Child (CRC) and the U.N. Guidelines for the Alternative Care of Children, it's CRS's belief that the family is the fundamental group in society that provides care and protection for children and all efforts need to be made to support and nurture families to uphold this primary responsibility. Hence, CRS's programming focuses on strengthening families, preventing family separation and supporting family reintegration and placement of children in family-based alternative care.

All children have the right to grow up in a family and be protected from abuse, violence and exploitation, including children with disabilities. CRS's Family Care Policy indicates that, in cases where children are separated from their families, family-based care is promoted as the alternative care option that best supports children's well-being with children's participation and the best interests of the child at the center of all decision-making. Residential care should only be used as a last resort and on a short-term basis prior to a transition back to family-based care.

"It is from the family that citizens come to birth and it is within the family that they find the first school of the social virtues that are the animating principle of the existence and development of society itself." Familiaris Consortio, 1981 (42)

CRS envisions children with disabilities thriving in safe and nurturing families. In alignment with the Convention on the Rights of People with Disabilities (CRPD) and the CRC, CRS believes that all children deserve to grow up and thrive in safe and nurturing families and CRS promotes and supports family care for children with disabilities.

For many years, CRS has been partnering with organizations providing care to children who are separated from their families. In an effort to ensure that these children are receiving inclusive care that best supports their development and well-being, CRS has developed guidance on standards of inclusive care for separated children and their families, including children with disabilities, which are aligned with international standards.

This document presents a set of minimum standards of care, which it is recommended that residential care facilities (RCFs) strive to adopt, particularly those RCFs engaged with or receiving support from CRS. The standards are designed to be applicable to a variety of residential care settings and are recommended to be used to promote care practices and approaches that contribute to positive child well-being.

Content Overview

The Minimum Standards for the Care of Children in Residential Care Facilities guidance document includes:

- Summary of Minimum Standards for the Care of Children in Residential Care Facilities.
- Guiding principles for working with separated children and their families.
- The Minimum Standards for the Care of Children in Residential Care Facilities Checklist (Annex 1).
- Glossary of key terms that are used throughout the guidance document (Annex 2).
- References.

Summary of Minimum Standards for the Care of Children in Residential Care Facilities

Quality of Care

The residential care facility has standards of care aligned with International standards (e.g., CRC, UNCRPD) and best practices and the residential care facility is registered with the government, has government authorization to operate, and meets government requirements.

Child Safeguarding

The residential care facility is committed to protecting children from abuse, exploitation, violence, bullying and neglect and has protection and safeguarding policies that are clearly articulated, rigorously implemented and available for review.

Admission Practices

Central to decisions made about placement of a child are the child's best interest and the determination that the placement is both necessary[1] and appropriate[2] to meet the child's needs.

Staffing and Management

Residential care staff are qualified, trained and supervised and there are a sufficient number of caregivers to provide adequate care and attention for each child.

Facilities

The residential care facility is deemed safe and children are provided with private, safe and accessible accommodations and hygiene facilities.

Caregiving

Children receive respectful and attentive care based on their individual needs and caregivers use positive, non-violent forms of discipline.

Access to Services

All children receive education services and have access to health, mental health, psychosocial, rehabilitation, nutrition and social services, as needed.

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[1] **Necessity Principle**: U.N. Guidelines for the Alternative Care of Children key principle that asks the question whether the placement or intervention is necessary for the healthy and full development of the child.

[2] **Suitability Principle:** U.N. Guidelines for the Alternative Care of Children key principle that aims to ensure that the chosen placement is selected based on each child's specific and individual needs, characteristics, experiences and circumstances, on a case-by-case basis.

Care Planning

All children have a secure, confidential and complete case file that includes the child's regularly updated care plan. Children and their families actively participate in development of the care plan, including the plan to address the needs of the child while residing in the residential care facility and the plan for the child to reintegrate with their family or transition to family-based care in a timely manner.

Please refer to the Minimum Standards for the Care of Children in Residential Care Facilities Checklist CRS's approach to caring for children is grounded in a set of core principles informed by the United Nations Convention on the Rights of the Child, international best practice, recognized social work values, and ethical standards. The following principles guide CRS's approach to working with and interacting with children and their families.

Guiding Principles for Working with Separated Children and their Families

CRS's approach to caring for children is grounded in a set of core principles informed by the United Nations Convention on the Rights of the Child, international best practice, recognized social work values, and ethical standards. The following principles guide CRS's approach to working with and interacting with children and their families.

Child-centered and family-focused

All decisions, interventions and plans should be made on an individualized basis, holding the child's safety and best interest paramount. Adequate time should be spent getting to know the child, to ensure sufficient understanding of their unique needs that should guide interventions and planning. Children should also be at the heart of care and transition planning efforts; they must be listened to, their input should be regularly and intentionally solicited, and they should be fully engaged in all care and transition planning processes, as per their age and evolving capacities and developmental abilities.

Families should also be a key focus of the care and transition planning processes and involved in decision-making. Adequate time should be spent getting to know each family's unique strengths and needs that should guide appropriately targeted interventions and planning.

Do no harm

All care and transition processes should aim to benefit and prevent harm to children, giving consideration to preventing abuse and all forms of violence, addressing stigma, ensuring informed assent and respecting confidentiality. It is also vital that all caregivers and RCF staff are trained in, and have signed to agree to their adherence with, their organization's child safeguarding and protection policy.

Child participation[3] and family self-determination

RCF staff and caregivers respect and promote people's right to make their own choices and decisions, irrespective of their own values. There is an obligation to listen to children's views and to facilitate their participation throughout their care and process of reintegration or transition. Children should be given relevant information in a manner appropriate for their age and evolving capacities/development and encouraged and supported to participate in all matters concerning them with opportunities to express their views, hopes, fears and wishes. Equally important is that their views be given due consideration in accordance with their age and level of maturity. It is important to note that children often express themselves very effectively in non-verbal ways

[3] Helpful resources include "*The nine basic requirements for meaningful and ethical children's participation*." Save the Children (2021). Retrieved from: https://resourcecentre.savethechildren.net/library/nine-basic-requirements-meaningful-and-ethical-childrens-participation and *Moving towards children as partners in child protection COVID-19 guide: from participation to partnerships.* UNICEF (2020). Retrieved from: https://www.cpaor.net/Child_Participation_Toolkit

(especially those who have experienced adversity, and who may not be willing to speak about sensitive topics), so caregivers and staff should be attentive to non-verbal cues.

Families have the right to be supported in making their own decisions, provided this does not threaten the rights of the child. The best interests of the child should always determine decisions within the care and reintegration/transition processes.

Worth, dignity and strength of the child/family

It is important to respect the inherent worth and dignity of all people. RCF staff and caregivers should uphold and defend the physical, developmental, psychological, emotional and spiritual integrity and well-being of every child and their family member. This should be reflected in all of the interactions with, and decisions about, each child and family member.[4] RCF staff and caregivers recognize that every person, child or adult, has strengths and they work to identify and build upon them to promote empowerment and resiliency.

Rights-based

All children, regardless of age, gender, ability or any other status, have the right to safety, protection and family, and to participate in all decisions that affect them. A child's best interest should be the primary driver of all interventions, decisions and plans.

"The true measure of any society can be found in how it treats its most vulnerable members" —Mahatma Gandhi

Non-discrimination and respect for diversity

All individuals are treated with equal respect by RCF staff and caregivers. No distinctions are made between children, adults or communities on any grounds of status, including age, wealth, gender, race, color, ethnicity, national or social origin, sexual orientation, HIV status, language, religion, ability, health status, and political or other opinion. RCF staff and caregivers challenge all forms of discrimination and respect the diversity of families and communities.[5] Children and families should be given equal access to support services, appropriate to their needs.

[4] International Federation of Social Workers (2019). Statement of Ethical Principles [webpage]. Retrieved from: http://ifsw.org/policies/statement-of-ethical-principles/.

[5] *Ibid.*

Annex 1. Minimum Standards for the Care of Children in Residential Care Facilities Checklist

Description		Notes
QUALITY OF CARE STANDARDS		
The residential care facility has standards of care.	☐	
All staff have reviewed the standards of care.	☐	
Standards of care are aligned with **International standards** (e.g., CRC, UNCRPD) and **best practice**.	☐	
Standards of care are aligned with government minimum standards of care.	☐	
The residential care facility is registered with the government and has government authorization to operate.	☐	
The residential care facility's inspection is up to date and meets government requirements.	☐	Date of last inspection:____________________
CHILD SAFEGUARDING		
The residential care facility's protection and safeguarding policy is accessible to all staff and others internal and external to the organization.	☐	
The protection and safeguarding policy includes practices to keep children safe when there are visitors and volunteers.	☐	
All staff have been oriented and trained on the protection and safeguarding policy.	☐	
All staff have cleared a background check and signed a code of conduct.	☐	
Measures are taken to protect children from all forms of abuse, exploitation, violence, bullying and neglect.	☐	
There is vetting and monitoring of visitors to prevent children being exposed to potential abusers.	☐	
Children are aware of what abuse and neglect are.	☐	

Description		Notes
Children are aware of what to do if abuse/neglect occurs within the facility, including how to make a formal complaint.	☐	
Serious complaints of abuse, neglect, exploitation, criminal activity, etc. are forwarded immediately to the management of the facility, partner organizations and the relevant authorities.	☐	
Children's right to privacy and confidentiality is understood, respected and adhered to by the staff.	☐	
There is a written policy on privacy and confidentiality, including the secure storage of child files.	☐	
Staff know how to deal with and share information that is given in confidence for child protection purposes.	☐	
ADMISSION PRACTICES		
Admission criteria are aligned with government policies and procedures.	☐	
Admission criteria are aligned with the child's best interest.	☐	
Placement decisions are made using criteria that determines the placement to be both necessary[6] and appropriate[7].	☐	
The residential care facility ensures that family-based care options are not available for the children in their care.	☐	
The residential care facility ensures that the children's duration of stay is planned to be short-term.	☐	
The appropriate authorities are notified of the movement of children in and out of the facility.	☐	
There are procedures for introducing the child to the home, the staff and the children living there.	☐	
Explanations and reassurances are provided to children upon arrival so they understand why they are there.	☐	
A lead care staff is matched with newly admitted children to provide individualized support and ensure a smooth transition.	☐	
STAFFING AND MANAGEMENT		

[6] **Necessity Principle**: U.N. Guidelines for the Alternative Care of Children key principle that asks the question whether the placement or intervention is necessary for the healthy and full development of the child.

[7] **Suitability Principle:** U.N. Guidelines for the Alternative Care of Children key principle that aims to ensure that the chosen placement is selected based on each child's specific and individual needs, characteristics, experiences and circumstances, on a case-by-case basis.

Description		Notes
Minimum qualifications for caregivers and staff, which are included in job descriptions, have been established and are adhered to when hiring.	☐	
Caregivers and staff have been vetted, trained and deemed competent to meet the children's needs.	☐	
Caregivers, educators, and managers are trained on identification and early detection of disability, and how to adapt behavior to needs of children with disabilities.	☐	
Caregivers reflect the ethnic and cultural make-up of the resident children and are able to communicate in the language(s) spoken by the children.	☐	
Caregivers and staff receive regular supervision and support.	☐	
Gender of caregivers takes into consideration the gender of the children in residence. Female caregivers are recommended to care for young children and girls. Male caregivers are preferred in some situations such as group homes with adolescent boys.	☐	
Caregiver-to-child ratios are aligned with government standards and there are a sufficient number of caregivers to provide adequate care and attention for each child.	☐	
Caregivers are responsible for a maximum of eight children, where all the children are over 8 years of age.	☐	
Caregivers are responsible for a maximum of five children under the age of 8 and, of these five children, a maximum of three may be under 5 years of age.	☐	
Children are cared for within a small group of up to eight children of mixed ages and with consistent caregivers.	☐	
For a group of children with disabilities, there is a minimum of one staff to every three to five children during daytime.	☐	
Caregiver-to-child ratios apply 24 hours a day, seven days a week.	☐	
Adequate staffing is available in times of illness or absence of caregivers.	☐	
Siblings are kept together unless it is determined not to be in one of the children's best interests.	☐	
Caregivers of children with disabilities work in pairs. A discussion group and/or regular session should be set up to help them talk freely about difficulties and emotional experiences during daily care.	☐	
FACILITIES		

Description		Notes
Children have their own bed, their own place for their belongings, and their own clothes and shoes.	☐	
There are assured supplies of appropriate food items similar to those available to other families, plus kitchen utensils and a cooking stove.	☐	
Good hygiene is practiced in storage, preparation and cooking of food.	☐	
Children eat their meals as part of a small family group.	☐	
Sufficient clean water is accessed and available.	☐	
Latrines or other arrangements for the sanitary disposal of bodily waste are well away from water sources, cooking and eating areas and are kept clean.	☐	
Private, safe and accessible (for children with disabilities) areas for toileting, bathing and dressing are available; boys' and girls' latrines are separate and in well-lit places.	☐	
Physical accommodations (railings, ramps, lower beds, adapted chairs, etc.) required by children with disabilities are provided to promote their independence and dignity.	☐	
The facility is deemed safe and free of fire and hazard risks.	☐	
CAREGIVING		
Relationships between caregivers, staff and children are based on mutual respect and understanding and clear professional and personal boundaries.	☐	
Children receive individual attention regularly beyond survival needs.	☐	
Each child is matched with a lead care staff who is responsible for providing individualized support in line with their needs and wishes and monitoring their day-to-day care to ensure that the care provided is in line with the child's care plan. (See Care Planning section).	☐	
Children identified as having particular needs receive help, guidance and support when needed or requested.	☐	
Infants and young children are not left alone and are given sufficient physical affection, attention, and stimulation.	☐	
Caregivers use positive, non-violent forms of discipline; disciplinary measures are based on establishing positive relationships with children.	☐	
Caregivers provide age-appropriate and child-friendly support to children.	☐	

Description		Notes
Caregivers establish structure and schedules and engage children in social, recreational and leisure activities.	☐	
Caregivers implement regular observations and assessments of all children for early diagnosis of disability. Use regular observation to understand expressions of discomfort or pain from children with disabilities.	☐	
Caregivers give special attention to integrating children with disabilities into community life and into the outside community.	☐	
Caregivers raise awareness of disability issues with all children.	☐	
Children's privacy is respected, and all forms of information received (verbal, written, etc.) is confidentially handled.	☐	
ACCESS TO SERVICES		
Health Care		
Children have a physical and psychological health check on arrival. For children with suspected developmental delay or disability, further examination is carried out to refine diagnosis and clarify implications for the child.	☐	
Children are given medicines as prescribed.	☐	
There are regular visits by/to health workers to assess the health and nutritional status of children and to provide vaccinations and other primary health care services.	☐	
Severely ill children and those with highly contagious diseases are transferred to community hospitals for medical treatment. The child must be registered, and their details documented, and prevention of separation measures taken.	☐	
Malaria bed nets are allocated to each child where malaria is present.	☐	
Menstrual hygiene supplies are provided on a monthly basis to girls who require them.	☐	
Health records are kept in the child's file and regularly updated.	☐	
For children with disabilities, all hospitalizations, surgical interventions, rehabilitation plans, the social perception of the child, and existing resources/obstacles in the community are noted.	☐	
Mental Health and Psychosocial Support		
Psychosocial evaluations are conducted as part of the assessment of the child.	☐	

Description		Notes
For children with disabilities, the assessment also focuses on history of disability in the child's life, degree of autonomy and socialization of the child, expression of basic needs/pain/emotions, and child's perception of their disability, activity limitations and social obstacles.	☐	
Children have access to mental health and psychosocial support services, as needed.	☐	
Education		
The facility ensures that children of all ages receive educational support and that school-aged children are enrolled in and attending school. For children with disabilities, inclusive education services for all ages are provided, where available.	☐	
Each child has an education plan based on their educational needs.	☐	
Children have access to educational facilities and facilities conducive to studying and completing homework.	☐	
CARE PLANNING		
The care planning process begins upon arrival of the child with the aim of keeping the child's stay short and transitioning the child to more permanent, family-based care as soon as possible.	☐	
The staff works and collaborates with the appropriate authority and the family to take short-term protection measures and investigate the situation of the child and the family; together they develop a suitable permanency plan for each child.	☐	
Child's Case File: Each child has a permanent, private and secure individual case file that includes a record of their history, progress and individualized care plan. The case file is initiated upon the child's arrival and remains safe, secure and confidential. The case file can be seen by the child and by the child's caregivers, as appropriate.	☐	
Admission information: Admission information includes all of the following information: • Biographical information about the child. • Circumstances around the child's arrival and placement (who brought the child, from where, involvement of authorities, etc.). • Reason for placement in residential care. • Family of origin. • Medical history of the child. • Education background. • Disability identification, screening, or assessment. • List of child's belongings.	☐	

Description		Notes
• Existing and available information about the child (birth registration, vaccinations, assistive devices and rehabilitation services, medical and educational records, etc.).		
Child Assessment: A comprehensive assessment of the child is conducted by gathering information, observing the child, and interacting with the child and caregivers to assess the child's well-being, including strengths and needs related to a) health and development, b) physical, psychosocial and emotional well-being, c) safeguarding and protection, d) education, and e) leisure.	☐	
Within days of arrival, an appointment is scheduled with local authorities responsible for disability identification and screening. For children found to have a disability, additional consultations are conducted per the recommendations of the authority conducting disability identification.	☐	
Tracing and Family Assessment: Tracing is conducted to locate the child's parents and extended family members to preliminarily evaluate their ability and willingness to receive the child. Upon locating the family and/or extended family members, a comprehensive family assessment is conducted that identifies the specific needs and strengths/resources of the child's family. Family assessments explore issues related to socio-economic status, health status, disability, nutrition, shelter, psychosocial well-being, education and protection.	☐	
Care plan: The care plan, a written plan informed by the child and family assessments and developed in collaboration with the child and family, care staff and other important actors, includes two components: a) the plan to address the needs of the child while in care and b) the plan for returning the child to their family or transitioning the child to family-based care.	☐	
A. The initial component of the care plan states the assessed needs of the child, how these needs will be met on a day-to-day basis, and who is responsible for ensuring that the care provided meets the needs of the child. This part of the plan addresses how the following will be met: • Health needs. • Protection and safeguarding needs. • Physical, emotional and psychosocial needs. • Education needs. • Cultural, religious, language needs. • Play, leisure needs. • Contact arrangements with the family.	☐	
B. The portion of the care plan that addresses the child transitioning out of care includes, at a minimum: • A summary and prioritization of needs, strengths, and resources related to preparing for reunification/transition to family-based care.	☐	

Description		Notes
• Goals and objectives that the child, family, care staff and others work toward to prepare for the return of the child to the family's care or transition to family-based care. • A series of actions to be taken to prepare for reunification/transition to family-based care. • The roles and responsibilities of all participants, i.e., who will do what. • A clear time frame for completing actions in preparation for reunification/transition to family-based care. • Disability-related considerations, such as adaptations in the home and linkages to community resources to support child and family needs.		
Care plan review: The child's needs, development and the child's and family's progress on goals are reviewed regularly in light of the child's care plan. Care reviews are conducted every three months with the child and family's participation, as appropriate. Adjustments to the care plan are made based on the child's needs and progress made on goals at the time of the review.	☐	
Family contact: Children are provided support for maintaining contact with parents, caregivers and other family members. The arrangements for family contact are included in the care plan and outline guidance to encourage regular contact and ensure the protection of the child.	☐	
Long-term care planning: Children's time in care is limited to short stays of three to six months after which time children are reunified with their families or kin, with support, or transitioned to family-based care such as with a foster family or adoptive family (if child is declared legally eligible for adoption). Older children receive adequate preparation to support a transition to adulthood and independent living.	☐	
Reintegration case management services are provided in collaboration with local authorities, ensuring that the issues that led to placement of the child are addressed and both child and family are adequately prepared for the transition.	☐	
The plan for adolescents leaving care is incorporated into the overall care plan and includes planning specifically related to a) education, training and/or employment, b) developing and maintaining supportive relationships and social support networks, and c) developing practical daily life skills.	☐	
Services are provided to ensure that adolescents are adequately prepared for the transition.	☐	
Post reunification/transition follow-up services are provided, preferably in-person, for a period of at least 12 months after the reunification/transition to family-based care or transition to independent living.	☐	

Annex 2: Glossary

"Best interests of the child" is a guiding principle of the CRC whereby "*In all actions concerning children, ... the best interests shall be a primary consideration*."[8] The interests of children are different from adults, and therefore when adults make decisions that affect children they must think carefully about how their decisions will impact children. Additionally, the best interests of each child should also be informed by globally recognized rights but also the individual strengths, needs, and context and situation of the child in question.

Family care refers to care provided by family of origin or relatives thereof (kinship care), or through adoption or foster care. See definitions below:

- **Kinship care** refers to care provided by relatives of a child such as grandparents, aunts, uncles or other extended family members. This is often arranged informally, but it can be arranged through judicial authority or social services.
- **Foster care** refers to full-time care provided by a non-related adult or family**.** In some settings, foster-care may be legally endorsed; in others it is an informal arrangement. It may be either a temporary or permanent arrangement. Generally, the goal of foster care is to reunify a child with their family and to ensure a safe and nurturing permanent placement for the child as soon as possible (through placement with a family member or adoption if reunification with the family is impossible).
- **Adoption** (either domestic or international) is a legally recognized family arrangement for the child that includes at least one non-biological parent and is designated as permanent.

Placement is a social work term for the arranged out-of-home accommodation provided for a child or young person on a short- or long-term basis.

Reintegration is the process of a separated child making what is anticipated to be a permanent transition back to their immediate or extended family and the community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.[9]

Residential Care Facilities (RCFs) (also called childcare institutions, orphanages, children's homes) are defined as any non-family group living arrangement where children are looked after by paid staff or volunteers. Residential care settings can include emergency shelters, small group homes, large-scale institutions, orphanages, and children's homes. Residential facilities for children with disabilities and/or a chronic or long-term illness are included in the definition as are some boarding schools.

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[8] U.N. General Assembly, Convention on the Rights of the Child, (20 November 1989), article 3.

[9] Interagency Group on Children's Reintegration (2016). Guidelines on Children's Reintegration.

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