

GUIDELINES FOR LIBERIAN SEPARATED CHILDREN IN ALTERNATIVE CARE¹

I. INTRODUCTION

During 2002, the conflict in Liberia escalated which has resulted in the arrival of more than 50,000 (UNHCR December 2002) Liberian Refugees fleeing to Sierra Leone for safety. While families are fleeing the conflict in Liberia many children have become separated. Currently 502 Liberian children have been identified as separated and are being provided with family tracing² and reunification and alternative care services.

There are various forms of alternative care – emergency transit booth care, foster care, and independent living.

II. DEFINITIONS

Children/Minors are all human beings under the age of 18.

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 members.

Unaccompanied Minor (UAM) are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

III. HOW TO SET UP ALTERNATIVE CARE

- Child protection agencies (CPA) have been assigned by UNHCR/UNICEF in each refugee camp and way station
- Sensitize the camp residents on separated children, family tracing, reunification, alternative care and other child protection issues
- Involve all key players from start – leaders/religious bodies/development groups etc.
- Assist in establishing a Child Welfare Committee (CWC)
- Seek advice from the CWC and community leaders for the selection of persons who would be suitable candidates for caregivers positions.
- CPA to interview and screen caregivers as defined below.
- CPA social worker to identify a contact in the neighbourhood the children can relate with to promote their protection.
- An individual file will be established for each separated child with appropriate documents (i.e. FTR documents, foster parent information, social worker visits). These files will be secured in the camp or office in Bo/Kenema and be accessible to the CPA, UNHCR, and UNICEF.
- CPA to be provided with office space in the camp.

IV. EMERGENCY TRANSIT BOOTH CARE (ETBC)³

Definition: This is temporary care of separated children in a same sex child emergency transit booths. An emergency transit booth is a temporary place where children stay until they are reunified or placed in another form of alternative care. Same sex caregivers will provide 24 hour supervision for children residing in emergency transit booths. Children should be placed transit booths for a period not greater than two weeks dependant upon availability of structures.

¹ Prepared December 2002 by IRC, SC-UK, UNICEF and UNHCR.

² In view of capacity constraints, family tracing will only be pursued for children who are not living with their immediate or extended families unless there are extenuating circumstances warranting an exception.

³ In case of a massive influx it may be necessary for these booths to accommodate adults. If such a situation arises, precautionary measures would need to be followed such as placing girls with adult females headed households or erecting temporary partitions in the booths.

Criteria for Children being placed in Emergency Child Transit Booth Care: A separated refugee child arrives at a way station or refugee camp and is not in spontaneous foster care. If the child is in spontaneous foster care then the foster care guidelines below can be followed. Some vulnerable children (i.e. sexually abused, disabled) may require immediate placement in emergency foster care to meet their specific needs.

Procedures for Placement of children in Emergency Transit Booths

- Construct an emergency child transit booth in collaboration with Camp Management for each sex (male and female)
- On arrival in a refugee camp or way station the unaccompanied child should be placed in an emergency child transit booth if family members or an appropriate spontaneous foster parent cannot be found.
- Siblings should not be separated, unless they are of the opposite sex and older than 12 years; this should be assessed on a case by case basis with regards to the child's vulnerability with proper consideration given to the children's opinion. Special arrangements may need to be made such as allowing younger boys to stay with their sisters in the girls' transit booth.
- Identification and placement will be the responsibility of the child protection agency located in the refugee camp.

Criteria for Caregivers supervising children in Emergency Transit Booths: Adults wishing to provide care must fulfil the following criteria:

- Promote the well being of an unaccompanied minor (UAM).
- Be in good physical and mental health.
- Have a knowledge of the needs of children and how to meet them appropriately.
- Desire to care for unaccompanied children for humanitarian reasons.
- Be able to fulfill the CPA's expectations for providing the quality and hours of care appropriate for children.
- Like children and have the ability to offer them love and security.
- Have the skills and resources to provide care for his or her own children and other vulnerable persons within the household while he or she is providing care away from home⁴.
- Does not have any current or past history of child abuse.
- Be a camp resident / Liberian refugee.
- Understand, agree, and commit themselves in writing to the "Standards of Accountability to the Community and Beneficiaries for All Humanitarian & Development Workers in Sierra Leone"; please see Annex A.
- Understand and agree that all efforts should be made to reunify or place the UAM in a more permanent alternative care.

Each agency involved in emergency child transit booth care should have a contract with their caregivers to specify the required services and incentive. The caregiver will receive training and support to ensure that children under their care are safe, and nurtured. The agency social worker will meet daily with the caregiver and children to support and monitor these placements.

Length of Emergency Child Transit Booth Care To normalise and integrate the child into the refugee community as soon as possible, children should spend no more than two weeks⁵ in Emergency Transit Booth Care. During this time in Emergency Transit Booth Care, family tracing (FTR) is being activated along with plans for the other means of alternative care.

Support to Children in Emergency Transit Booths

- CPA social worker should assess the child's need for non-food items while in emergency transit booth care. An essential ration of non-food items⁶ should be distributed in the emergency transit booth.

⁴ A visit to the family should be undertaken by the CPA to confirm this criteria.

⁵ For children bound for independent living this will depend upon the availability of shelter materials.

⁶ To date experience has shown that this should include mats and blankets as other NFIs are frequently sold.

- CPA social worker will facilitate the UAM's placement and participation in community activities, such as: education, skills training, recreation, and psycho-social activities.
- CPA social worker to ensure that the UAM has been properly registered with UNHCR and receives a refugee identification and food ration card.
- CPA social worker to ensure that the child in the emergency transit booth is receiving daily wet feeding.
- Inform each UAM of his/her entitlements, rights, responsibilities, including the camp bylaws.
- Educational support will be provided by the assigned agency in the camp. CPA should directly assist the child in enrolling in school and obtaining needed educational items.
- Youth mobilisers to engage and encourage UAMs to participate in community recreation and cultural activities.
- Medical support for the UAM will be provided in the camp. CPA should closely monitor the health of UAM, in particular, if one is prescribed a complex course of drugs, home visits should be conducted to monitor proper intake of the drugs and to assess whether additional food is needed. Where necessary in emergency situations and when the camp health facilities cannot provide needed services, the agency can seek outside community based health services. In such cases the CPA must assign a caregiver to accompany, feed, bath and spend the night with the child.

Monitoring

- CPA supervisor will visit the emergency transit booths at least weekly.
- CPA social worker will visit the emergency children's transit booths everyday.
- CPA social worker will meet at least twice per week with the caregiver and children to support and monitor these placements.
- CPA caregiver to visit daily and complete a weekly caregiver monitoring form, which is to be handed in at the end of each week; see Annex B.
- CPA social worker will complete a social worker monitoring form every two weeks; see Annex C.
- CPA social worker should closely liaise with teachers in the school to ensure that children are integrating smoothly.
- CPA will report monthly to UNHCR and UNICEF regarding this activity.

V. FOSTER CARE

Definition: This is temporary parental care for UAM until reunification becomes possible, the child reaches adulthood or is adopted. With regards to this latter option it should be clearly known that adoption should only be considered after all means to trace relatives have been exhausted and in accordance with international, national and customary standards; please refer to UNHCR Guidelines on Protection and Care of Refugee Children

Criteria for Placement of Children into Foster Care An UAM who has either arrived in the camp or at the way station and is determined to not meet the criteria for independent living.

Procedures for Placement of Children into Foster Care

- Selection of families should be in accordance with foster family criteria.
- Siblings should not be separated into different families.
- Organise training for foster parents before placement.
- In consultation with the CPA the selection and placement will be the responsibility of the foster care committee (part of the child welfare committee).
- Selection of families and preparation of a roster should be done prior to placement.
- The CPA social worker will visit the foster home to assess the home conditions and to check that every member of the family is agreeable to fostering.
- If at all possible, have pre-placement visit and interaction between the foster children and family parent/family.

Criteria for foster families⁷: Adults wishing to foster children and those persons who are formalising spontaneous fostering arrangements must fulfil all the criteria enumerated in “Criteria for Caregivers supervising children in Emergency Transit Booths” and be the same ethnicity and nationality, if possible and appropriate, and if necessary transfer to another camp can be explored.

Length of fostering

The length of fostering will depend on the effectiveness of the tracing and reunification, and family and community mediation effort.

Support to Children and Their Foster Families

- CPA social worker and UNHCR staff to ensure that the UAM receives the food ration and that its used properly.
- CPA social worker and UNHCR staff to review the NFI allotments (separate blanket and mat are essential) and ensure that they are distributed properly.
- CPA social worker should assess the foster family's situation and where necessary provide the foster child with additional NFI items. This should be done in the context of not providing the child with a higher amount of items than the foster family has acquired.
- Each agency involved in foster care should encourage the foster carers to form a Foster Parents Association. The Association will meet regularly and make suggestions as to what support can be provided for them for income generating activities.
- Before reunification takes place, prepare the foster parent psychologically.
- CPA social worker to ensure that the UAM has been properly registered with UNHCR and has received an identification card and their own food ration card.
- Inform each UAM of his/her entitlements, rights, responsibilities, including the camp bylaws.
- Youth mobilisers to engage and encourage UAM to participate in community recreation and cultural activities.
- CPA social worker to ensure that the separated child is involved in some of the following activities: education, skills training, psycho-social activities, and recreation.
- Educational support will be provided by the assigned agency in the camp
- Medical support for the foster child will be provided in the camp. Where necessary in emergency situations and where the camp health facilities cannot provide needed services, the agency can seek outside community based health services.

Monitoring

- CPA social worker monitoring should be done weekly the first month and every two weeks thereafter, if no concerns are noted. Social worker monitoring form (Annex C) will be filled after each visit and placed in the child's file.
- Child Welfare Committees (CWCs) or Foster Parent Associations (FPAs) will meet at least monthly to review foster care placements. CPA social worker will be in attendance at these meetings.
- CWCs and FPAs will be encouraged to report all child abuse and care concerns to CPA social worker, who will accordingly report to UNHCR and UNICEF following the appropriate confidentiality guidelines.
- CPA social worker and CWCs/FPAs to take appropriate action, including removal of the child if deemed to be in the best interest of the child, when concerns are raised regarding the care of foster children.
- In the case of abuse, neglect and/or exploitation, the case should also be reported through standard camp reporting systems.
- CPA will report monthly to UNHCR and UNICEF regarding this activity.

Indicators for Monitoring

At Home

1. Child's appearance during your visit
2. Child's attitude/behaviour during visit

⁷ Foster Forms to be completed for this process; see Annex D.

3. Discussion and feedback from foster parents
4. Discussion and feedback from child a part from the foster family.
5. Child's relationship with
 - Foster family
 - Peer group
 - Community/neighbours
 - Social Worker
6. Child's health status
7. Feedback from peers and neighbours.

At School/Skills Training

1. Attendance
2. Class work
3. Behaviour/Discipline in school,
4. Information on peer group at school
5. Assessment results
6. Feedback from teacher/trainer

VI. INDEPENDENT LIVING

Definition: This refers to children living on their own in a refugee camp. These children (15 -17 and under) may be living on their own with dependent(s) or with other older children. These children have been deemed to have the capacity to look after themselves with minimal support. The support and monitoring will be by a CPA social worker and assigned CPA caregiver.

Criteria for Independent Living CPA social worker to assess the following factors for an older child's admission into Independent Living versus foster care:

- Children who are 15-17 years
- Child's wishes for independent living or family care
- Child's level of recent and past trauma experienced .
- Child does not express or display psychological or physical disturbances (nightmares, significant medical condition).
- Children who have demonstrated a level of maturity to care for themselves i.e. able to cook, wash clothes, etc.
- Girl mothers who have the capacity to care for themselves and their children
- Placing girls in independent living may place them in additional risk of sexual abuse and exploitation. (Safety plan will need to be developed)
- Girls should be placed in safe independent living situations where cultural dynamics are taken into consideration.

Procedures for Placement of Children into Independent Living

- Place same sex children together in a two room booth, unless married.
- Place children two to a room and/or four to a shelter per regular camp standards. Whenever possible, children should be allowed to group themselves, rather than be assigned a roommate.
- Place children in camp communities that will have positive influence on children
- Identify contacts (CWCs, FPAs) in camp neighbourhoods the children can relate with to promote their protection.
- Siblings should not be separated, unless they are of the opposite sex and older than 12 years; this should be assessed on a case by case basis with regards to the child's vulnerability and wishes.

Criteria for Caregivers supervising children in Independent Living: Adults wishing to be caregivers for children in Independent Living must fulfil the criteria enumerated in "Criteria for Caregivers Supervising Children in Emergency Transit Booths".

Support for Children in Independent Living

- CPA social worker to ensure that the separated child has been properly registered with UNHCR and has received an identification card and food ration card.
- Inform each UAM of his/her entitlements, rights, responsibilities, including the camp bylaws.
- Youth mobilisers to engage and encourage UAM to participate in community recreation and cultural activities.
- CPA social worker to ensure that the UAM is involved in some of the following activities: education, skills training, psycho-social activities, and recreation.
- Educational support will be provided by the assigned agency in the camp
- Medical support for the UAM will be provided in the camp. Where necessary in emergency situations and where the camp health facilities cannot provide needed services, the agency can seek outside community based health services.
- CPA social worker and caregiver to ensure that the UAM receives sufficient non-food items, supplementary food (including condiments and firewood)
- CPA social worker and caregiver to provide support to develop life skills such as: cooking, laundry, recreation, budgeting and hygiene.

Monitoring

- CPA social worker to monitor the child at least twice a week and complete a monitoring form every two weeks. This social worker monitoring form (Annex C) to be placed in the child's file.
- Caregivers to visit the children at least daily, and note this on the caregivers monitoring form (Annex B). Form to be placed in the child's file.
- Youth mobiliser to monitor the UAM a minimum of two times per week.

Indicators for Monitoring**At Home**

1. Child's appearance during your visit
2. Child's attitude/behaviour during visit
3. Discussion and feedback from child a part from the foster family.
4. Child's relationship with
 - Peer group
 - Community/neighbours
 - Social Worker
 - Caregiver
5. Child's health status
6. Feedback from peers and neighbours.

At School/Skills Training

1. Attendance
2. Class work
3. Behaviour/Discipline in school,
4. Information on peer group at school
5. Assessment results
6. Feedback from teacher/trainer

ANNEX A

STANDARDS of ACCOUNTABILITY to the COMMUNITY & BENEFICIARIES for ALL HUMANITARIAN & DEVELOPMENT WORKERS SIERRA LEONE

When working with beneficiaries of humanitarian & development assistance in Sierra Leone [we](#) must conduct ourselves in a manner befitting such a responsibility.

Humanitarian & development workers must:

- Promote fundamental human rights without discrimination of any kind and irrespective of sex, race, age, ethnicity, religion or political affiliation.
- 2)• Treat all persons with respect, courtesy, and according to Sierra Leonean law, international law and local customs.
- 3)• Never commit any act that could result in physical, sexual or psychological harm or suffering to individuals, especially women and children.
- 4)• Never condone or participate in corrupt activities or participate in the trafficking of children, drugs, diamond dealing and the trading of arms.
- 5)• Never abuse their position to withhold humanitarian and development assistance, nor give preferential treatment, in order to solicit sexual favours, gifts, payments of any kind, or advantage.
- 6)• Ensure that all confidential information, including reports of breaches of these standards by colleagues, obtained from beneficiaries or colleagues is channeled correctly & handled with utmost discretion.
- 7)• Ensure that reports of breaches of these standards are immediately reported to the head of agency or human resources manager who are expected to take prompt investigative action.
- Uphold the highest standards of efficiency, competence, integrity and transparency.

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ANNEX B
SOCIAL WORKER ALTERNATIVE CARE MONITORING FORM
FOR SEPARATED AND UNACCOMPANIED MINOR

INFORMATION ON THE CHILD

1. FTR Code: _____ 2. UNHCR-Code: _____
3. Child's First name: _____ 4. Family name: _____
5. Date of birth: _____ 6. Age: _____ 7. Sex: _____
8. Current address of child: Camp _____ Phase _____ Booth _____
9. Type of place: Transitbooth Foster care Independent living Since when, Date: _____
10. Name of person(s) currently caring for child: _____ 11. Date of last visit: _____
12. Actions taken on the recommendations made during the last visit: _____
- _____
- _____

OBSERVATIONS <i>(find below possible questions)</i>	RECOMMENDATIONS
<p><u>GENERAL APPEARANCE</u> At home/ in the community: Is the child happy, active, aggressive? (Statements made from the foster parent/ neighbours/ community)</p>	
<p><u>HEALTH</u> How does the child look? (for example healthy, weak etc.) Does the child complains of any health concern? Does the child has any injuries?</p>	
<p><u>EDUCATION</u> Is the child able to participate regularly at School/ Skills-training? Any protection problems at School/ Skills training? Assessment of results. What domestic work does the child do? What recreational activities?</p>	
<p><u>COMMUNITY INTEGRATION</u> Does the child have a good relationship with peer group/ neighbours? Does the child belong to any social group in the community? Are any protections problems in the community?</p>	
<p><u>FAMILY/ HOME RELATIONSHIP</u> Does the child have a good relationship to the foster parents/ housemates? Any protection problems in the family/ home? Are there any signs of abuse?</p>	

13. Name and Signature of Child: _____ 14. Place/ Date: _____
15. Name and Signature of Social Worker: _____ 16. Organisation: _____
17. Name and Signature of Supervisor: _____ 18. Place/ Date: _____

ANNEX C
CAREGIVER ALTERNATIVE CARE MONITORING FORM
FOR SEPARATED AND UNACCOMPANIED MINOR

INFORMATION ON THE CHILD

1. FTR Code: _____ 2. UNHCR-Code: _____
 3. Child's First name: _____ 4. Family name: _____ 5. Age: _____
 6. Current address of child: Camp _____ Phase _____ Booth _____
 7. Type of place: Transitbooth Foster care Independent living Since when, Date: _____

OBSERVATIONS <i>(find below possible questions)</i>	ACTION TAKEN <i>(i.e. reported)</i>	DATES
<u>PERSONAL CARE</u>		
<u>HEALTH</u> How does the child look? (E.g. example healthy, weak etc.). Does the child have any injuries? Does the child need medical treatment/ to be hospitalized?		
<u>ATTITUDE TOWARDS SCHOOL/ WORK</u> Is the child able to participate regularly at School/ Skills-training? How is the performance? Does the child study at home? Is he/ her assisted in the studies at home?		
<u>RELATIONSHIP WITH OTHER CHILDREN/ NEIGHBOURS/ CAREGIVER</u> Does the child have a good relationship with the foster parent, peer groups/ neighbours/ caregiver?		
<u>OTHER OBSERVATION</u> Are there any additional positive/ negative behaviours to be reported?		

8. Name and Signature of Child: _____ 9. Place/ Date: _____
 10. Name and Signature of Caregiver: _____ 11. Organisation: _____
 12. Name and Signature of Supervisor: _____ 13. Report is handed in/ Date: _____

ANNEX D
FOSTER PLACEMENT AGREEMENT
FOR SEPARATED AND UNACCOMPANIED MINOR

1. The Agency _____ of _____

after a thorough social assessment agreed to place _____

in the care of Mr/ Mrs _____

Nationality _____ Ethnicity _____ Age _____ Sex _____

Residing at Camp: _____ Phase: _____ Booth: _____

2. The placement took place on: _____

Mr/ Mrs _____ will:

- a) Care for the child/children in the same way that they would for their own with the understanding that there will be no personal gain, financial or otherwise.
- b) Release the child/children without any problems in the event that the parents and/or family members come to reclaim the child/children
- c) Ensure that the child/children receive the necessary medical, nutritional, emotional and educational follow-up.
- d) Notify the Agency prior to any move to another location including change of residence in and outside the present location.
- e) Be responsible to contact the Agency/Community Representative for guidance/advice should the need arise.

3. The Agency on the other hand will:

- a) Undertake follow-up visits on a regular basis through Social Workers/ Community network and where necessary, assist and facilitate the foster family in accordance with the agreements in clause 2.
- b) Keep the family informed of the progress made to trace the parents and close family of the child/children
- c) Have the right to remove the child from the placement/family if there is evidence/report of mistreatment.

4. This agreement is NOT an adoption agreement, but only a temporary placement agreement to ensure proper family-based care for the child/children while tracing efforts to find the family continue.

5. Decision about the child/children placement will be made by both the foster parents and the Agency in the best interests of the child/children. The child/children's wishes must be heard and wherever possible taken into account.

6) This agreement could be subject to review in the face of future major development/changes.

7) This agreement is in recognition and appreciation of all the care and support given to the child/children by the foster family, both previously and in the future.

Signed by: _____ and _____
(Foster Parent/s) (Agency Social Worker)

_____ and _____
(Community Representative) (Agency Supervisor)

Signed at: _____ Date _____

This agreement is binding and effective from the date of signature.