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Rights of Children Deprived of their Family  
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**UN Committee on the Rights of the Child  
Day of General Discussion on “Children without parental care”  
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# **A GLOBAL POLICY FOR THE PROTECTION OF CHILDREN DEPRIVED OF PARENTAL CARE**

**by the International Social Service<sup>1</sup>**

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## Summary and recommendations

One of today's great challenges for many countries resides in preventing the separation of the child from his/her parents and in the development of an individualized and permanent family plan for children placed in institutions or in a foster family. Besides maintaining the child in the family of origin and the prevention of his/her institutionalization, family reintegration constitutes the most desirable permanent solution.

As guiding principles in this regard, international law provides that family solutions must be envisaged as a priority and domestic measures must be given preference over those that may be available outside the country (principle of subsidiarity). However, the international legal framework applicable to children deprived of parental care still needs further development. The adoption of international standards as to how such problems should be dealt with would certainly contribute to the development of appropriate policy and good practice both by public institutions and private actors.

ISS would suggest that the outcome document of the UN CRC Day of General Discussion recommend:

### International standards on the protection of children without parental care

- That the UN General Assembly adopt a set of International standards on the protection of children without parental care. These Guidelines should give special prominence to the following CRC-based thrusts:
  - “primacy of efforts to maintaining the child with his or her parents by providing necessary support to the latter in their care-giving role, i.e. preventing unwarranted or arbitrary separation
  - ensuring the planned provision of a range of alternative care options, with priority to family- and community-based solutions,
  - securing permanency for the child without undue delay through, wherever possible, reunification with the family or in an alternative stable family setting,
  - protection from abuse, neglect and exploitation in all care settings.”<sup>2</sup>

### Prevention of the child's separation from his/her parents

- That the child be maintained in the family of origin as a priority whenever possible.
- That a wide range of care and support measures be available for parents and children in order to prevent risks of abandonment, ill-treatment or gross neglect.
- That psychosocial family support services be developed in order to ease internal family relations and promote the integration of the family within its community.
- That various methods and techniques be used for this work with families to complement each other, varying throughout the process of support, like interviews in the workplace of the professional, home visits, accompanying the family to group meetings of parents and contracts or agreements with the family.
- That the value of the interdisciplinary approach be recognized in the work with families, bringing together the activities of social services, of psychology and the law.
- That children and parents be informed on counselling and support available in their respective countries and that the population as a whole be sensitized to the problematic of children deprived of parental care.

### Kinship care

- That child welfare services check whether children who are deprived of parental care be placed with relatives or other adults known to them, so that they can stay in a familiar environment.

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<sup>2</sup> *Proposed International Guidelines for the Protection of Children Without Parental Care, An Initial Overview of Issues to be Addressed*, NGO Working Group on Children Without Parental Care, Geneva, 20 January 2005, [http://www.iss-ssi.org/Resource\\_Centre/Tronc\\_DI/documents/NGOGpGuideOverview040205.pdf](http://www.iss-ssi.org/Resource_Centre/Tronc_DI/documents/NGOGpGuideOverview040205.pdf).

- That formal and informal kinship care families be provided with adequate financial and psycho-social assistance.
- That registration, preparation, support, supervision and permanency planning systems attuned to the specific characteristics of kinship care be established.

### **Permanency planning for children in temporary care: general**

- That a permanent life plan that suits the child's interests be devised, when he/she finds himself/herself separated from the family of origin. A permanent family plan entails, as a matter of priority, reintegration in the family of origin. As a second choice, adoption should be preferred. Whereas, placement with a foster family or in an institution is generally considered temporary, it can also constitute the most suitable permanent solution.
- That consideration be given to the child's personal characteristics and those of the family, in determining the most appropriate protective measures.
- That the preparation, enforcement and evaluation of a protective measure for a child be carried out, to the extent possible, with the participation of his/her father and mother and respect, as far as possible, his/her convictions and special habits.
- That the life plan be drawn up by a multidisciplinary team of professionals.
- That placement be subjected to a periodic review of the treatment provided to the child and all other circumstances relevant to his/her placement.

### **Permanency planning for children in temporary care: reintegration within the family**

- That it be recognized that, other than maintaining a child in the family of origin, reintegration constitutes the most desirable permanent solution for the child.
- That specialists prepare and support the child and the family for his/her return to the family, after assessing the situation with the different actors involved (the child, the family of origin, the institution or temporary foster family), if the reintegration of the child in the family of origin seems possible and in the best interest of the child.
- That various methods and techniques be used for this work with families to complement each other, varying throughout the process of support, like interviews in the workplace of the professional, home visits, accompanying the family to group meetings of parents and contract or agreement with the family.
- That regular contact be developed between the child and his/her family for the purpose of reintegration.
- That the value of the interdisciplinary approach be recognized in the work with families, bringing together the actions of social services, psychology and the law.

### **Introduction**

In certain special cases, long term placement in an institution or in a foster family may meet the best interests of the child. Indeed, some children, given certain of their personal characteristics (adolescence, effective links with birth parents ...) or the traumas they have lived through, are unable to reinsert themselves in their family of origin or in an adoptive family. **It is nonetheless accepted at the international level that, basically, it is in the best interest of the child to be raised in a permanent family environment that ensures him/her individualized attention.**

One of today's great challenges for many countries resides in **preventing the separation of the child from his/her parents** and in **the development of an individualized and permanent family plan for children placed in institutions (deinstitutionalisation) or in a foster family** (these two types of placement offering, for the majority of children, only temporary solutions). This entails knowing better the reality so as to identify the actions to be taken and putting in place legislation, structures, social policies, staff training and budgets that make action possible, on the one hand, to avoid the child's descent into the institutional system, and on the other hand, to help his/her exit from an institution or a foster family for a permanent family environment

These steps seem essential but, as to the best of our knowledge, few States or organisations devote their attention actively to them. Institutionalisation of their child generally continues to be the first response given to mothers and families in difficulty. Too many children spend several months or years in an institution before their family situation -social and legal - is clarified and steps are taken to promote their reinsertion into their family or their adoption. Since time plays a key role for children, this situation is extremely harmful. Too many children have as their only future an unlimited stay in an institution with no consideration of an individualized life plan for them.

## 1. Legal framework

Child protection measure for children deprived or at risk of being deprived of their parents should not be perceived for their specificity alone, but should rather be assessed globally. International law foresees, in fact, **an order of priorities among the different measures** applicable to this type of situation with a view to promoting those which most correspond to the best interests of the child.

The United Nations Convention on the Rights of the Child (CRC) and the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (THC-1993) envisage, for example, that **family solutions must be envisaged as a priority**. In their Preamble, both treaties establish as a general principle that “the child, for the full and harmonious development of his or her personality, should grow up in a family environment”.<sup>3</sup> According to the THC-1993, these solutions must ideally aim at enabling the child to remain in the care of his or her family of origin (Preamble). According to the most widespread interpretation, the latter consists largely of father and mother, and failing that, as long as it is in the child’s interest, other members of the family liable to take the child into their care.

Another principle of priority is to be found in article 21b of the CRC, which provides that **domestic measures must be given preference over those that may be available outside the country** (principle of subsidiarity). This principle must be understood in connection with article 20 paragraph 3 of the CRC, which provides that “when considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background”.<sup>4</sup> However, when a suitable family cannot be found for the child in his or her State of origin, the THC-1993 recognises that “intercountry adoption may offer the advantage of a permanent family to a child” (Preamble).

Furthermore, **children in temporary placement must benefit from the search for a permanency planning**. The notion of permanency planning, however, is subject to interpretation and has been discussed among practitioners. It is not always easy to decide when a placement measure must be considered as permanent. In any case, a permanent family plan entails, as a matter of priority, reintegration in the family of origin (the immediate family or the extended family). As a second choice, adoption should be preferred. Indeed, to really be permanent, family life must coincide with a child-parents legal link (birth or adoptive relationship). In that case, domestic adoption (or kafalah in Islamic countries) must be given preference over inter-country adoption.

Placement with a foster family or in an institution is generally considered temporary, whereas reintegration in the family of origin and adoption are final solutions. In certain situations, however, placement can constitute the most suitable permanent solution for a child. When the child cannot live with his/her father and mother, it is best to take into account the reality of the filiation ties, which the child has really lived through or experienced with regard to his parents of origin. In certain intrafamily situations, moreover, adoption by a member of the family who is too close (a grandparent or brother or

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<sup>3</sup> See also Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with special reference to Foster Placement, art. 1, 2, and 3.

<sup>4</sup> See also art. 5 of the Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with special reference to Foster Placement, which provides : “In all matters relating to the placement of a child outside the care of the child's own parents, the best interests of the child, particularly his or her need for affection and right to security and continuing care, should be the paramount consideration”.

sister, ...) can be harmful, since it cuts through the child's genealogical attachments and disrupts his/her family references, even making the child a stake in a family conflict.

The obligation to search for a permanency planning implies that **placement, unlike adoption, must be subjected to "a periodic review of the treatment provided to the child and all other circumstances relevant to his/her placement"** (art. 25 CRC).<sup>5</sup> Such review covers all aspects of the child's conditions of life, including his/her access to the outside world, discipline measures and education, as well as the evolution of the situation justifying his/her placement.

In spite of the adoption of the CRC, THC-1993 and a few other international instruments, **the international legal framework applicable to children deprived of parental care still needs further development**. International law mainly provides general principles on this matter, but it is far from sufficient in both its scope and detail. Areas where detailed standards should be developed include for example the provision of social services for maintaining children in their families under satisfactory conditions, criteria to be followed in the decision process on both temporary care and permanency planning, the maintenance of contacts between the birth family and the children in care, prevention and protection measures in foster (both formal and informal) care, as well as in residential care. The adoption of international standards as to how such problems should be dealt with would certainly contribute to the development of appropriate policy and good practice both by public institutions and private actors.

## **2. Prevention of the child's separation from his/her parents**

**Maintaining the child in the family of origin must be achieved, whenever possible, as a matter of priority**, even if the family of origin does not seem to be the "ideal" or its habits and ways of life differ from those of the majority of the population. It is in the family where the best conditions for the child's optimal upbringing are to be found, where they are best for forming ties to one or two key, reliable persons, who provide his/her security.

When risk factors are detected in a family that are potentially dangerous for the child, since we know from experience that they can give rise to cases of abandonment, ill-treatment or gross neglect, **it is important to develop psycho-social family support services that can arouse other protective factors in the child, the family and the environment, so that they manage to compensate or cancel out the risk factors**. In this regard, the social worker's attitude towards the family is a relevant factor for the success of the work regardless of the method or the technique applied. The link between the professional and the family when it is built upon a relationship of respect and confidence will boost the development of the supportive role. The family should, little by little, through its contacts with the professional, begin to feel welcome and understood in a way that contributes whenever possible to the assistance process.

**Social work with families should facilitate internal family relationships and at the same time promote the family's integration within its community. In the field of family social work, the method used is of fundamental importance**. For working with families, **various methods and techniques should be used** to complement each other, and vary throughout the entire process of support. They help in organizing the sequence of contacts according to the needs and objectives of each family and each set of circumstances. In some cases, it is important that the family be interviewed in the professional's workplace. In other cases, the home visit can be used as a means of help and support. At a given moment, it is better tactics to accompany the family to a parents' group meeting and observing their social interactions.

In particular, **the home visit** makes it possible to get to know the family in its environment, makes contact possible with members of the family who are not available for interviews elsewhere, and strengthens the professional's links with the local network of services and family social support in the area where the family lives.

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<sup>5</sup> See also Basic Principles, Council of Europe, Recommendation of the Committee of Ministers, Rec(2005)5, 16 March 2005.

**Meetings with groups of families** have also proved to be very useful. They assemble families from similar backgrounds, so that the experiences of some serve as points of reference for others. Common themes of interest to everyone can be discussed. They also combine the feelings that make each phase of support services possible. These groups have links with various families, invigorating them in the exercise of their citizenship. They promote the establishment of independent associations within the community. As work tools, they make use of group dynamics, chat groups, debates etc. Audiovisual resources should be made available if possible (videos, slides, music, etc).

**A contract or agreement with the family** must set out the aims to be pursued in the evolving family and the terms of the evaluation envisaged. This is important for the immediate family in assuming its responsibilities.

In working with families it is important that the value of the **interdisciplinary approach** be recognized, bringing together the activities of the social services, psychology and the law, which shape a fuller vision of the case and possible ways of proceeding. The team will **determine the order of business** in case study meetings, as well as how the specific techniques for improvement adapt to the strategic objectives agreed upon.

**The time for the follow-up of a family is indeterminate**, and varies according to the circumstances. The specific objectives of each case, that depend upon each family and its circumstances for development and interaction, are included for the purposes of this work under the overall objective of retaining the child in the bosom of his/her family. Starting with the recognition of the family's capacity for change and its possible sensitization to not losing its authority to provide care and attention for its members, a process of enrichment avails itself, which should result in a greater sense of responsibility, better interrelationship skills, and a routine for caring for a child.

It is a matter of paving the way for strong social support as a means of strengthening the internal capacities of the family so that it may be able to control the solution to its conflicts. This methodology is aimed at upgrading the family's independence as a social group and increasing the resources and the strengths that it has at its disposal, as well as the capacity to protect its members. **It embraces a basis for preventive action that encourages the improvement of protective measures for the family itself by using two opposite poles: its internal capacity (empowerment) and external support (social support) that combine in a balanced fashion in such a way that they meet in inverse proportion: the greater the family capacity, the less the need for external social support.**

In some cases, prevention measures are not successful and the best interests of the child require that a decision of separation be taken. Such a decision supposes that guarantees be applied. In particular, it is necessary that all possible prevention measures be tried before adopting the decision. The child's separation from his/her parents is a measure of last resort. This decision must be taken with the participation of the child and his/her parents. This objective of the measure must be defined and an alternative permanent plan must be envisaged. The possibility to challenge the decision before a tribunal must also be available.

### 3. Kinship care

**Most children who are deprived of parental care throughout the world are being looked after by members of their family.** Kinship care is indeed the most usual form of alternative care.<sup>6</sup> It may also be particularly adapted to the need and interests of the child, since it allows the child to stay in a familiar environment and thus provides some level of continuity in his/her social and affective development. It may be foreseen as a long-term solution or as a temporary measure aimed at solving specific problems, depending on the circumstances of each situation. In a wide variety of countries, children are being taken care of by members of their extended family on an informal basis, that is, without any particular

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<sup>6</sup> For an analysis of kinship care, see *Kinship Care: An Issue for International Standards*, UNICEF/ISS, August 2004, [http://www.iss-ssi.org/Resource\\_Centre/KINSHIP\\_NOTE\\_FINAL.pdf](http://www.iss-ssi.org/Resource_Centre/KINSHIP_NOTE_FINAL.pdf).

supervision by public authorities. However, kinship care may also be formal, when it is part of the foster care system. In some countries, such as Ireland, when a child is removed from his/her parents, social workers initially try to place the child within the extended family or with a family where he/she already has a relationship.

A recent study on kinship care carried out by the University of Bremen<sup>7</sup> has reached to some conclusions, which are worth being highlighted in this paper. Although these conclusions are focused on the specific context of Germany, they certainly may be relevant for other countries. According to this study, **“kinship care is simply a vital part of the overall complex of ‘foster care’”** and needs to be recognized as a special form of family. Kinship care is different from non-relative care for various reasons. The most important one is that the motivation of kin caregivers is focused on specific children, that is, those with whom they have a particular bond. In addition, only part of the children who live in relative foster families actually become known to the authorities. A large number of them are organised in a non formal way. Another difference is that kin caregivers often do not meet the high standards of suitability set for non-related foster families. These examples illustrate the need for the child welfare system to be adapted to the characteristics of relative foster care. In practice, it has been demonstrated that kinship care families receive less services and support from the government than non-relative foster families. This inequality covers both financial assistance and professional counselling.

Thus, **kinship care families, whether formal or informal, just as other foster carers, should be provided with adequate financial and psycho–social assistance.** This support should be made known and accessible through comprehensive public information and public relations work. Assistance would be, of course, of particular importance for families living in difficult economic circumstances, which quite often happens in practice. These families usually also accept to take care of a child for family reasons, but do not have particular experience on foster care. Adapted counselling is therefore particularly needed in these situations. The assistance should be provided to foster carers only when the birth parents are not able to ensure their child’s upbringing.

**Kinship care also raises child protection concern.** Although the advantages of this form of care must not be underestimated, it implies a number of risk factors which can have serious impact on the children concerned. These children may be involved, for example, in conflicts between the foster carers and birth parents, which may impede contacts between the child and his/her parents as well as family reintegration. The lack of pre-placement evaluation, as well as monitoring during the placement, particularly when kinship care is informal, may also limit the prevention of abusive or neglectful treatment. It is therefore necessary for child welfare services to develop and implement preparation, support and supervision systems attuned to the specific characteristics of kinship care. In particular, children in kinship care should be registered and a permanent family plan should be established for them.

#### **4. Permanency planning for children in temporary care**

*The principles to take into account in elaborating a permanent life plan.*

Every child is a unique being. His/her history and the circumstances of his/her life are unique. To determine the most suitable protective measures one must take into consideration **his/her personal characteristics** (personal and family history, age, physical and mental state of health, family and friend links, character traits, religion, ethnicity), **and those of his/her family, as well as the specific possible means of protection.**

Responsibility for raising a child, and for ensuring his/her upbringing is initially incumbent upon his/her parents (CRC art.18.1). The preparation, enforcement and evaluation of a protective measure for a child

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<sup>7</sup> University of Bremen, Final Report of the Research Project, A Stock-Taking and Structural Analysis of Kinship Care in the Federal Republic of Germany, March 2004, Project director: Prof. Dr. Jürgen Blandow, Scientific assistant: Dipl. Sozialpädagoge (univ.) Michael Walter. For further information, see also Issues in *Foster Care - Policy, Practice and Research*, Greg Kelly and Robby Gilligan (ed.), Jessica Kingsley Publishers.

must be carried out, to the extent possible, with **the participation of his/her father and mother, and respect, as far as possible, his/her convictions and special habits.**

**The protection of a child must always be considered from a dynamic prospective** with the final objective, in principle, of permanent integration in a family capable of covering his/her needs independently. Top priority goes to his/her immediate biological family; secondly, the extended biological family; and thirdly, an alternative family. Provisional situations cannot be static, since they harden and lose their temporariness. The dynamics of provisionality impose a course of events that encourages the achievement of the desired objective (family reintegration) but, in case the return proves difficult or impossible to achieve, viable alternatives that most closely correspond to the best interests of the child should be reconsidered and pursued.

The best interests of the child also presuppose that he/she has been **informed** of the plans drawn up for him/her; that he/she has been **heard and consulted** to the extent of his/her capabilities; that he/she is **prepared** for whatever change in his/her life, and that such change is subject to a **follow-up**, at least until it becomes definitive.

The professionals who participate in the protection of the child and in the decisions that concern him must see to it that the work is done in a coordinated fashion so as **to guarantee continuity in the course of the child's life** (and that of the family of origin), avoiding disruption and contradictory decisions that can be very destabilizing for the child and his/her family.

In all cases, the permanent life plan of the child should not be elaborated too soon after the child has been separated from his/her parents. One must indeed take the time beforehand to evaluate in depth the situation and to put into place all the adequate family reintegration measures. Equally, this period of time should not be too long to avoid that the child concerned stays in an uncertain situation that could affect his/ her development.

In practice, such an evaluation geared towards a permanent family life plan, that is both immediate from the moment children are taken into care, and regular for the duration of temporary placements, does not seem to be operational in very many countries. **The specific difficulty, for professionals, seems to reside in the evolution of the plans for a child and of the psychosocial work with the family and the child.** The beginning of taking a child into care, presupposes in principle an investment in the family of origin, as to the value of its resources and its limitations. After a set period of time for each case, if the family of origin cannot offer a sufficient development framework for the child, the specialists, in the interests of the child, must change tactics and envisage resorting to a substitute plan. As the different protective solutions (with the family of origin, adoption, possibly foster or residential care) are not necessarily implemented by the same professionals, agencies and authorities, this process must go hand in hand with well adapted and disciplined coordination.

However, there will always be **children and adolescents for whom family reintegration is not the most appropriate solution, or for whom the professionals, despite their best efforts, do not find a substitute family.** Respect for their best interests and their rights implies, at the very least, a permanent life plan in a (preferably family-like) institution or a foster family well suited to their needs, as well as maintaining ties, if they are constructive, with their family of origin or any other reference person. The need for continuity in young people's lives (article 20.3 of the Convention on the Rights of the Child) implies no doubt, when the choice of a type of permanent placement has been made, calling into question the regulatory provisions that impose a regular review of the decision, something which is capable of destabilizing minors. The periodic review of the placement envisaged in article 25 of the Convention on the Rights of the Child could thus have a bearing on the evolution and modalities of the placement and no longer, unless circumstances change, on the principle. The same would be true for foster care, when considered permanent.

*The psycho- medico-social study.*

Time should not be wasted in the collection of data. As soon as a professional gets in touch with a child in need of protection (police, judge, etc), as soon as the child is admitted to an institution (hospital, maternity clinic, institution for temporary or permanent child placement), all possible information about the child should be gathered, about his/her mother, the family environment. **The personal and family situation of the child should be analysed very rapidly.** This will avoid the harm done by retaining a child thoughtlessly in an institution. There is no time to waste because retaining the child in a transitory or dubious state prejudices his/her upbringing.

**The study must, if possible, be carried out by professionals in the field of infancy and the family (in general, social workers, psychologists, social instructors etc) and the decision taken, as far as possible, by a multi-disciplinary team.**

**The study, of a confidential nature, should describe to the extent possible:**

1. **The child's identity, that of his/her parents and extended family:** if the child's parents are unknown, an investigation should be launched to identify them and discuss with them the child's future.
2. **The child's past and personality:** the stages of the child's personal and family history, his/her physical, emotional, relational and intellectual development; the various successive living environments (family, institution, etc) ; the way of life that he/she has known, as well as the relationships that he/she has been able to build; his/her state of health; medical history (including available information about the mother's pregnancy, the delivery, vaccinations, etc), and that of the family of origin; physical and general appearance, personality, behaviour; the child's present life, giving all possible information about the way of life, habits, capacity to act independently, relations with other children and with the adults around him/her, the way he/she handles himself/herself etc.
3. **The child's family:** the composition of the immediate family (mother, father, brothers and sisters), as well as the extended family (grandparents, aunts and uncles); the parents' current location (permanent residence) and of the principal members of the family; their socio-economic situation, family relations, relations with the social environment, professional and/or school training and current employment; ethnicity and religion; state of health; etc
4. **The child's relations with his/her family and other reference persons:** the background to these relationships, with special emphasis on the episodes of separations and disruptions; the nature of current relationships; the motives behind the child's need for protection, his/her abandonment or neglect, of his/her possible placement; the child's and family's plans for the child. The study should make it possible to determine whether the basic needs of the child in the family environment are generally being satisfied or not, and in particular it should cover the quality of the attachment between the child and parents.

**The objective of the study** is to provide as clear a picture as possible of the child and the family of origin, with its strengths and weaknesses, its personal or group resources and its limitations, in order to evaluate the capacity of the family environment and to detect the child's needs. To achieve this objective, the study should be undertaken with great rigour and profound intellectual honesty. It should also be as full, as intense and as descriptive as possible. Those who undertake it should ensure that it explicitly distinguishes between what the actual facts tell us and their personal interpretation of these facts. Finally, it should in any case avoid passing final judgments that overshadow the child's chances of growing up right.

**As a result of the study, a report should be prepared that collects the most significant data received.** It is useful to accompany it with photographs, wherever possible. It will be compiled at each stage, or as the need arises. It will be incorporated in the child's file to improve information about the case for the different social workers involved without having to repeat it all again. It will be an essential tool for taking decisions from that moment onwards.

## 5. Reintegration of the child in the family

**Besides maintaining the child in the family of origin and the prevention of his/her institutionalization, family reintegration constitutes, in principle, the most desirable permanent solution for the child.**

After adopting temporary protective measures for a child (admission to an institution or placement in the family) the specialists should:

1. Locate the members of the child's family of origin, including the members of the extended family, if necessary on the basis of police information.
2. Learn how to get to know the child's family, especially by means of home visits, and with the collaboration of the local authorities (health staff and social workers, etc); learn how to get to know the community that is around them.
3. Determine the real reasons for the child's separation from his/her family (medical, economic, social, psychological), identifying the key factors in determining the relevance or contraindications of reintegration (including the length of the placement and the current contacts with family members or other reference persons).
4. Identify and assess the protective factors and the existing potentials in the family or in its environment that can imply opportunities for improvement in the family and support the child's reintegration.
5. Verify the psycho-socio- legal aspects that can stand in the way of reintegration.
6. Elaborate, with the child's participation (depending upon his/her age and maturity) and that of his/her family, a plan for the future that envisages, on a more or less long-term basis, a permanent family reintegration.

If, after evaluating the situation with the different actors involved (the child, the family of origin, the institution or provisional foster family) the reintegration of the child in the family of origin seems possible and in the best interest of the child, **the professionals should prepare the child and the family for the return**. With this end in view, a plan is devised with the family and child, because, in certain cases, the reintegration should be progressive (for example, in the beginning, the parents will have the child in their home at the weekends or during vacations). In drawing up the plan for the child's reintegration in the family professionals have to count on the elaboration of a **contract or a document** that lists the aims of the reintegration and the various priority tasks of the family in order to ensure that its conditions are changing and the process of reintegration can be concluded.

Mention should also be made of **the agreements that the social services or other bodies involved will provide support to contribute to the successful conclusion of the reintegration**, as well as tools to ensure the well-being of the child.

The **operative techniques** for work on reintegration of the child or on alternative permanent measures are similar to the methodology already described for the upkeep and reformulation of family ties (see chapter 2).

The reintegration of the child in his/her family should be arrayed with follow-up measures for a certain period of time.

### **Annex: An example of good practice: The experience of *Terre des Hommes* – Brazil**

*From inter-country adoption to the prevention of abandonment : the ISS/IRC has invited Terre des hommes-Brazil to give an account of its experience of the full circle it has experienced in the field of the defence of the child's right to live in a family..*

The work of Terre des hommes-Brazil began in 1982, in Rio de Janeiro, with a programme of inter-country adoption of children and adolescents living in institutions. At that time, the Code for Minors was still in force and one could count in fact more than 15,000 children housed in institutions in just Rio de Janeiro alone. During the initial period, our work consisted of encouraging and making possible **inter-country adoptions of children with special needs**, who for a variety of reasons were not adopted by

Brazilians, and interracial adoptions. Thus, in 10 years, we enabled the inter-country adoption of 110 children and adolescents.

In 1987, we realised that inter-country adoption was not an adequate solution compared with the number of children in institutions. So, by encouraging, particularly, **older age and interracial adoptions at the national level**, we would make possible a major cultural and social evolution, where the child would be the main beneficiary. In fact, a child needs to live in a family and not in an institution. This work, begun in 1987, was consolidated during the 90s by the founding of the National Movement of Support Groups for adoption, which today mobilises more than 90 groups developing, from north to south of Brazil, domestic adoption projects and activities for the defence of the right to live in a family. From 1997 to 2002, about 5,000 children and adolescents were placed in Brazilian families (at least one child per month, per group).

The follow-up to our reflections led us in 1992 to collaboration with the families of origin, **through the reintegration of institutionalised children and adolescents within their own family**. Our great challenge is, therefore, to believe that families only place their children in institutions because they do not have the means to assume responsibility for them, and that we can work with them to relieve their hardship. We defend, in fact, the idea that institutionalisation of children should only be recommended when all other efforts to keep them in their own family or the extended family have failed. The staff of *Terre des hommes*-Brazil, from outside the family, have thus developed a means of intervention by using techniques based on bringing out the value of the family's competence. In cases where keeping the child in the family of origin is impossible, the process of withdrawal from the family's authority must be broached in such a way that the child can, as quickly as possible, integrate with a substitute family. At present we have an average of 750 children per year in our care, with the aim of allowing them, in time, to return to their family of origin.

With the same end in view, we have more recently been drawn to activities for the **prevention of abandonment** by supporting the work of grass roots organisations, still maintaining the goal of promoting the culture of family reinforcement and rapprochement. Since December 2001 a family support centre exists with a view to contributing to prevention and assisting the situation of low-income family social risks, betting on citizenship, the generation of income and the reinforcement of self-esteem. Between 2001 and 2002, a total of 5,172 children and adolescents and 2,234 families benefited from this support.

Moreover, since January 1997, a **project on foster families** has been run, aimed at interrupting the cycle of family violence by action for the protection of children and adolescents from 0 to 14 years of age. A psychosocial follow-up report on the family and the child, within his/her family or their reception in a substitute family, was prepared. From 1997 to 2002, some 1,343 children and adolescents and 519 families have benefited from this activity.

**From inter-country adoption right through to primary prevention**, such has been the circuit covered by *Terre des hommes*-Brazil, which began with the last of options (inter-country adoption) and continued right up to the first of them (prevention of the break-up of the family). **The number of children in need of inter-country adoption has been radically reduced if one compares it with the number of children institutionalised who retain links with their family of origin.** We believe that the social worker must begin with prevention and work through the process to adoption, going through the various possibilities: from the return to the family of origin to the search for alternatives in the extended family, to the placement in a foster family, or in domestic adoption and, finally, as a last resort, in inter-country adoption once all the other solutions have been exhausted. One must always make the effort to provide a response that is adapted to the development of the situation of each child that is brought to our organisation. That response must be adjusted to the situation, rapidly and effectively.

Claudia Cabral, [claudiacabral@terradoshomens.org.br](mailto:claudiacabral@terradoshomens.org.br), March 2004