GUIDELINES FOR KINSHIP CARE, FOSTER CARE AND SUPPORTED INDEPENDENT LIVING IN LIBERIA

2014

Government of Liberia, Ministry of Health and Social Welfare

Guidelines for Kinship Care, Foster Care and Supported Independent Living in Liberia

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Foreword

The Guidelines for Kinship Care, Foster Care and Supported Independent Living in Liberia (the Guidelines) are intended to provide harmonized national guidance for child welfare practitioners in order to improve the quality of family-based alternative care services in Liberia, particularly for children without appropriate care (CWAC). The Guidelines have been developed as part of the wider reform efforts to improve the delivery of family-based alternative care services.

In recent years, the Government of Liberia has made significant advances in strengthening the child protection system, in particular with alternative care. The Government understands that the family is the best possible place to raise a child and that all efforts need to be made to support families to continue to care for their children, and if this is not possible to place a child in a family-based alternative care arrangement. The Government has also recognized that institutional care should only be a temporary measure of care for children and used as a last resort.

To this end, the Government of Liberia has established the Deinstitutionalization and Alternative Care Division of the Ministry of Health and Social Welfare, Department of Social Welfare (DSW). The Government of Liberia has passed Regulations for the Appropriate Use and Conditions for Alternative Care for Children, addressed to residential institutions, and the Children's Law, which both call for family support and appropriate alternative care services for vulnerable children. The Government of Liberia has also passed a Social Welfare Policy and Essential Package of Social Services, among others to guide the provision of child protection services.

The Government of Liberia has established collaborative, inter-sectorial working groups to guide the care reform efforts and build social welfare capacity, promoted family reintegration, and improved the conditions of residential care institutions via registration and accreditation. The DSW has been working to strengthen and promote prevention and family-based alternative care services, together with many partners, and the development of The Guidelines are seen as an important step in the process. The Guidelines development process has been led by the DSW, with a CWAC Advisory Committee of various stakeholders formed to provide support.

The Guidelines are meant to be read and used in coordination with the above-mentioned Liberian legislation and policy, as well as Liberia's international commitments to the UN Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and the international Guidelines for the Alternative Care of Children.

The MoHSW appreciates the support of USAID, World Learning and Save the Children in this work, and thanks additional advisory members, including the Ministry of Gender and Development and UNICEF for their input. Considerable effort has gone into the development of this document with the hope that the Guidelines will be of assistance to the many service providers, policy makers and communities, and will contribute to tangible improvements in the lives of our children and families across Liberia.

Honor Vivian J. Cherue

Deputy Minister for Social Welfare
Department of Social Welfare
Ministry of Health and Social Welfare

Note on the Guidelines development process

In 2013, the DSW called for the development of kinship care, foster care and supported independent living guidelines as part of the overarching social welfare sector reform effort. The DSW was the lead government agency during the Guidelines development process and will be the lead government authority responsible for the Guidelines' implementation and monitoring.

The Guidelines are a result of extensive consultation and collaboration across Government bodies, and non-governmental partners and alternative care providers.

The development process began in February 2014 through field visits to various districts conducted by consultants of Maestral International LLC. The consultants conducted interviews, discussions, focus groups and visits to key government ministries, alternative care providers, community-based initiatives, children and families and civil society partners with the supervision and guidance of DSW and support from World Learning and Save the Children.

The development of these Guidelines was informed by the Liberian legal framework, international instruments as well as alternative care guidelines developed in the region, wider-Africa and other countries around the globe. Additionally, it was informed by findings and lessons from continuous field implementation experiences and assessments by various child protection actors over time in Liberia.

During the drafting and review process, the CWAC Advisory Committee held conference calls and consultative workshops. Upon completion of the document and through a validation process, the CWAC Advisory Committee reviewed the Guidelines and has ensured the appropriateness to the Liberian context.

The Guidelines are the product of successful collaboration between government and non-governmental partners. The development of the Guidelines was possible due to the technical, strategic and financial support of the United States Agency for International Development, World Learning and Save the Children. Special thanks to Maestral International LLC for supporting DSW in researching and writing the Guidelines.

We are pleased to share The Guidelines for Kinship Care, Foster Care and Supported Independent Living in Liberia, and the accompanying tools and information sheets. We look forward to continuing the collaborative efforts and working with partners on the implementation for the benefit of Liberia's children.

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Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-based organization
CWAC	Children without appropriate care
CWC	Child Welfare Committee
CPC	Child Placement Committee
De-Plan	Deinstitutionalization of children program
DSW	DSW
FBO	Faith-based organization
Guidelines	Guidelines for Kinship Care, Foster Care and Supported Independent Living
HIV	Human Immunodeficiency Virus
MOHSW	Ministry of Health and Social Welfare
NGO	Non-governmental organization
SWA	Social welfare assistant
SWS	Social welfare supervisor
UNCRC	United Nations Convention on the Rights of the Child

Section 1: Introduction to the Guidelines

Why were these Guidelines written?

The Guidelines for Kinship Care, Foster Care and Supported Independent Living provide guidance and practical tools for all people working with children who are at risk of losing family care or who are at risk of harm due to where they are living.

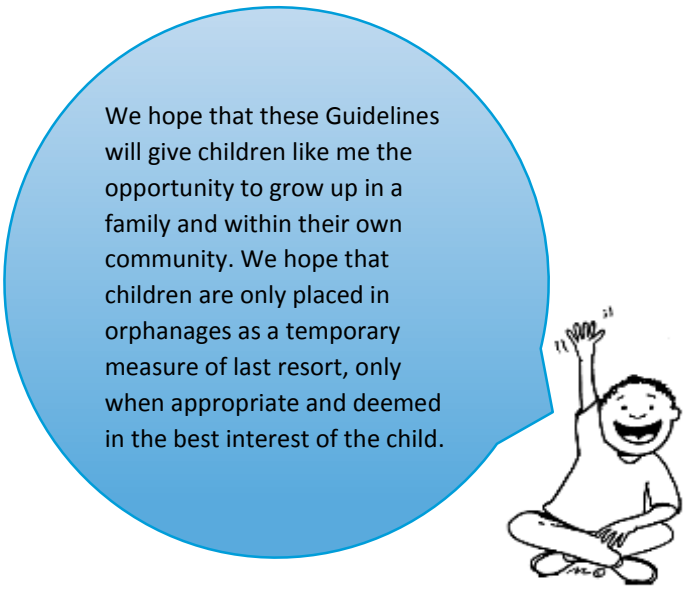
The Guidelines explain the importance of children living within family-based settings and explain the risks that children may face in such settings and what can be done when there is a concern about a child's wellbeing.

The Guidelines show how policies and standards about caring for children, national and international, should be applied in order to care and protect children who are or might be separated from their families. The Guidelines provide guidance on how to make decisions in the **best interests of the child**. The Guidelines use the UN Convention on the Rights of the Child (UNCRC) and the International Guidelines for the Alternative Care of Children (UN 2009) as a guiding framework.

> **Best interests determination** (according to the International Guidelines for the Alternative Care of Children) makes it possible to identify courses of action for children deprived of parental care, or at risk of being so, that are best suited to satisfying their needs and rights, taking into account the full and personal development of their rights in their family, social and cultural environment and their status as subjects of rights, both at the time of the determination and in the longer term. .

The Guidelines give practical information that can help:

- Make sure **children benefit from national and international laws** that protect their care;
- Explain the **available options for family- and community-based care** for children who cannot live with their biological parents;
- Suggest the **main roles and responsibilities of key actors**, from caregivers and community members to the local and national government, so that children can stay in family-based care in their communities whenever possible;
- Set out the **key steps for appropriately and safely placing children in family-based alternative care arrangements** (kinship care, foster care and supported independent living), while tracing and reintegrating with family is being done and/or when preventive and family support measures have been tried and not been succeeded;
- Highlight the **skills and capacities** needed by different people to support alternative care services, in particular the care of children in kinship and foster care and supported independent living.



Who are these Guidelines for?

The **Guidelines are primarily intended to be used** by:

- **Social Welfare Supervisors and social work managers**, who are responsible for case management of children in need of protection and care;
- **Policy makers** and other people responsible for general social welfare and other services for children, to ensure that these stakeholders are child-focused in their work and strengthen the availability and quality of care for children.

The contents of the Guidelines are to be delivered to the following groups through specially adapted training opportunities:

- **Child Welfare Committee members**, and **members of community-based groups** who are active in protecting children in their communities;
- **People who help care for and protect children**, especially courts and legal representatives, teachers, health workers, police officers and border officials;
- **Civil society and community organizations** that provide care and services to children or are working on child rights awareness; and
- Anyone who is an advocate for children and children's rights.

What is in these Guidelines and how can they be used?

The Guidelines show how family care fails for some children and their families, the possible risks and impacts on children and identifies which alternative care options may be suitable.

The Guidelines can be used for raising awareness with those who need to act to protect children and families.

The Guidelines identify key actors who can play a role in protecting children, especially community members, Child Welfare Committees and social welfare workers at district and county level. The Guidelines propose some key roles and responsibilities for actors and can be used for providing training, capacity building and ensuring coordination of alternative care.

The Guidelines explain kinship care, foster care and supported independent living. This can be used to inform the design, implementation and monitoring of family-based care programs that seek to keep families together, provide kinship care, foster care or supported independent living.

Each section:

- ✓ Helps you choose the most appropriate form of care
- ✓ Shows the roles and responsibilities of different people
- ✓ Outlines how you can manage cases of care
- ✓ Shares information on the capacity needed to provide care
- ✓ Gives some examples of promising practice

What is NOT in these Guidelines?

The Guidelines are not comprehensive alternative guidelines. Alternative care covers a wide range of arrangements, especially institutional care, for which there are already Residential Care Guidelines. The Guidelines do not cover adoption – currently an Adoption Law is being drafted. The Guidelines are not Standard Operating Procedures or regulations; these should be developed once the guidelines have been tested and adapted.

*These Guidelines apply to **all children under the age of 18 years living without appropriate care**. This is in line with the definition of child in Liberian law and the United Nations Convention on the Rights of the Child. They also apply to young people 18 years and older who need continuing care or support as they transition from childhood to independent adult living.*

How the Guidelines are organized

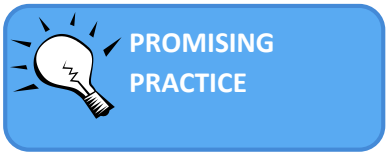
The Guidelines have been divided into Sections:

- **Sections 2 to 4** explain the basics of alternative care in general, and good practice for alternative care in Liberia, with a strong focus on family and community.
- **Section 5** looks at the key actors who support and implement alternative care in the community, who they are and their key roles and responsibilities - and helps to explain how to identify children without appropriate care who need alternative care.
- **Sections 6, 7 and 8** give more detailed information about three main types of family- and community-based care: kinship care, foster care and supported independent living. They describe the key components of the care arrangement, identifying when such an arrangement is best and suggesting the key steps in supporting children and families living in such arrangements.

These eight Sections are accompanied by Information Sheets and Tools that may assist practitioners in putting alternative care into practice.

- **Information Sheets** provide more detailed information about elements of alternative care. They can be used as planning, advocacy or training aides.
- Practical **Tools** are suggested and will require local adaption.

Each Section includes references to the Tools and Information Sheets, as well as to Key Resources and Promising Practices (which are practical examples from Africa and across the globe), as the boxes below show.



Section 2: The importance of a framework for providing family-based alternative care in Liberia

What is in this Section?

This section explains why family-based alternative care is an important option for Liberia and explains the legal and policy context.

How the information in this Section can be used

The information in this Section can be used to:

- Understand the principles of alternative care and family strengthening
- Learn about the range of options available in alternative care for children without appropriate care.

Children without appropriate care *means children whose basic needs are not being met including the need for a loving and nurturing home; children who are being abused or might be in a situation where they could be abused; and children who are practically invisible like those on the street, children with disabilities, and children who are stigmatized or marginalized for many different reasons.*

1. Importance of alternative care in Liberia

The years of civil unrest and poverty in Liberia have left many families and their children vulnerable and many children are exposed to or at risk of abuse, exploitation, neglect and living outside of family care.

These are some of the main abuse risks faced by children in Liberia:

- **Physical and psychological abuse** – 94% of children between 2-14 years of age have experienced psychological or physical punishment and almost two in five (39.2%) girls between 15-19 years of age experience physical violence. Almost three-fifths of all women between 15-49 years of age have undergone Female Genital Mutilation.
- **Hazardous child labor** - more than one in five children aged 5-14 years are involved in child labor, of which 90% is hazardous.
- Treated as adults when in conflict with the law - children in detention stay in the adult prison.
- **Early marriage** - almost half of all women aged 20-24 were married while they were still girls (under 18) themselves and the teenage pregnancy rate is 31%.

For more information on child protection risks in Liberia, see: ChildFund (2012) Situational Analysis of Orphans and Vulnerable Children in Liberia. Report for MOHSW and NAC

When children lack appropriate care – they lack basic safety and security, have no one that is providing love, nurture and guidance and no one protecting them from harm – they are far more likely to experience this harm.

Children without appropriate care include children who do not live in families – they maybe live on the street or in sub-standard institutional care, on the move due to conflict or looking for work, children whose families are not able to provide love and nurture, under the care of caregivers who are too young or too old to support and protect sufficiently, families who are separated due to death or divorce, children whose families face extreme poverty and children are placed in harm's way through hazardous labor or forced into early marriage, children whose families face violence themselves, children who are stigmatized or rejected, or cannot get the care they need from their family because they have mental or physical impairments.

Many children fall into this category in Liberia:

- Officially, almost 10,000 households are headed by children – that is, there is no adult present in the home at all. Many more essentially live without adult supervision or guidance.
- Nearly two in five women in Liberia aged 15 to 34 years, with at least one surviving child, report that one child lives away from home.
- One third of women and more than one third of men have children that are not their own biological children living with them.
- Over 3,000 children live in institutional care, of which four-fifths still have living parents or relatives. The families usually state that children are placed in institutional care there due to lack of family resources to care for their children.

Alternative care (according to the International Guidelines for the Alternative Care of Children) refers to the care of children without parental care or at risk of being without parental care. There are a variety of different informal and formal types of alternative care, including residential and family-based. Not all types of alternative care are right for all children.

2. Why family- and community-based care is important

It is important to provide alternative care options in family and community settings such as with kin, in foster families, or independent with support for older children. This is important because globally the evidence shows that institutional (or orphanage) care can be harmful to children, in particular children under the age of three.

Growing up in a family helps a child develop a sense of self-esteem and belonging, family values, and religious and cultural identity. Family-based care is more cost-effective than institutional care.

Children living in families learn to interact better with the community and to face life challenges better than those in institutions.

Why not institutional care?

- Institutional care can have serious and long-lasting negative impacts on children's social, emotional, cognitive and intellectual development.
- Residential institutions do not provide children with the personal care, life skills, connection to wider community and other services to prepare them for adulthood and life outside an institution.
- Institutional care does not provide sufficient emotional nourishment, attachment and attention to allow children to thrive and grow. The experience is particularly damaging for children less than three years of age.
- Inappropriate care in some institutions can lead to discrimination, poor nutrition, inadequate sanitation and hygiene, systematic physical and sexual abuse and poor

3. What the law in Liberia says about alternative care

Liberia is committed to making sure that its children can be cared for in a family setting.

Liberia has a Children's Law (2012) and a regulatory framework for institutional care. These Guidelines further outline family-based alternative care options for **(CWAC)**.

Over the last few years Liberia has enacted a number of laws to help ensure greater care and protection of children. These laws help to stipulate child and family welfare and alternative care and guide service provision. The government is primarily responsible for legislative, policy and guidance frameworks.

The **Children's Law of 2012** seeks "to facilitate the respect, protection, promotion, and provision of the realization of child rights in order to make maximum contribution to the survival, development, participation, and protection of every child in Liberia." It calls for alternative care services where biological parents are unsuitable, deceased or absent. The Law calls for a set of standards for the accreditation of institutions; and provision of family-based alternative care. The Ministry of Health and Social Welfare/Department of Social Welfare (MOHSW/DSW) is mandated to be responsible for alternative care.

The **Regulations for the Appropriate Use and Conditions for Alternative Care for Children (2010)** provide guidelines for provision of residential care services. The Guidelines on Kinship Care, Foster Care and Supported Independent Living

See Information Sheet 4 for more information on the law and alternative care in Liberia

should be seen as the supporting guidelines alongside these Regulations, which only address residential care.

4. The current alternative care situation in Liberia

The **DSW's De-Institutionalization and Alternative Care Program** sets a national framework to improve childcare services, promote de-institutionalization and support children to leave residential care.

The government is developing an **Adoption Bill** that will promote domestic adoption and ensure that if children are adopted internationally, it is done according to international law and in the children's best interests. Currently, international adoption has been suspended.

Many institutions have been registered and accredited, to ensure that the care they provide is of good quality. Those that do not adhere to the Government's Regulations on the Appropriate Use of Alternative Care for Children are closed.

The last few years a number of children under the de-institutionalization initiatives have successfully returned home. However, many children who have returned home from institutions have been brought back to institutions because the family feels they cannot cope. Other children run away from institutions. Some children cannot leave institutions because they cannot live with their biological family or in a family setting.

Institutions, NGOs and local social workers all feel that more needs to be done to assist children leaving institutions and support families, as well as others that are struggling to provide care for children. These organizations also feel that there should be more options for children who cannot live with their family or extended family, either in the short or long term.

For these reasons, provision of community and family-based alternative care services is important in Liberia.

RESOURCES

For more information on alternative care in Liberia, see: Better Care Network & UNICEF (forthcoming) Liberia Country Profile

Section 3: Alternative care for children without appropriate care in Liberia

What is in this Section?

In this section more detail is provided on what alternative care is in Liberia and how children can be protected in the different types of alternative care.

How the information in this Section can be used

This section is useful for all alternative care policy makers and practitioners to:

- Identify families in need of support and children without appropriate care;
- Identify local resources within the community and provided by government and NGOs that can help make the family home a safe, caring environment for children;
- Know when it may be important to involve social workers or other professionals to support children and their families;
- Know how children without appropriate care move in to alternative care;
- Understand the different kinds of alternative care in Liberia; and
- Learn more about how people who surround children provide protection.

The information can be used by social welfare assistants and social workers, and other staff working on child rights and child protection to:

- Assist Child Welfare Committee members, and others doing similar work, to know how to support family-based alternative care and when to refer concerns to social workers;
- Assist social workers in the key case management steps.

1. Identifying children and families that may be in need of support

See Information Sheet 9: Framework for assessing a child in of care

Before determining if a child needs alternative care, we must know if the family currently caring for the child is under stress, or if the child needs alternative care, or the family requires support to maintain care of the child. Table 1 shows some of the risks that might affect children living within families and the community. The first step to an effective family-based alternative care system is to ensure that community members become the 'eyes and ears' of the system, identifying children who are without or may not be getting appropriate care, and families that appear to be struggling to provide appropriate care. In some cases the community may help determine if a child's family (or current informal placement) can be supported to continue as the care provider and other cases when a professional needs to be involved.

Table 1 Determining Child Protection Risks that Child May Face in Biological Families or Family and Community-Based Alternative Care

Risks that children might face in their own biological families	Risks that children might face in family- or community-based alternative care	Risks that caregivers might face providing kinship or foster care in the community
▪ **Poverty, leading to lack of food, clothing, health or education** ▪ **Physical, psychological or sexual abuse** ▪ **Exploitation within and outside the home** ▪ **Lack of love and insufficient kindness** ▪ **Neglect**	▪ Poverty, leading to lack of food, clothing, health or education ▪ May be blamed for being an extra mouth that costs more money ▪ Physical, psychological or sexual abuse ▪ Discrimination compared to other children in the home ▪ Exploitation within and outside the home, including sexual exploitation and domestic servitude ▪ Lack of love and insufficient kindness, sense of being treated unfairly ▪ Neglect ▪ Psychosocial problems related to grief or trauma, in cases of family dysfunction or death ▪ Attachment problems ▪ Behavioral problems related to family care issues that are not addressed	▪ Poverty, leading to lack of food or health care, security of shelter ▪ Physical abuse from children who have behavioral problems ▪ Lack of peer support, especially for older or very young caregivers ▪ Loss of education for young caregivers ▪ Psychosocial problems related to grief or trauma, in cases of family dysfunction or death ▪ Lack of respite or support to alleviate the burden of caring for additional child(ren) ▪ Sadness or trauma when the child leaves the home to be either reintegrated back with his/her family or placed in more permanent care arrangement

In many cases, children in need of alternative care lack family-based care of any kind. They may be living on the street, have lived in institutional care for a long time or have moved from one home to the next so regularly so lack a stable home. This might include children in conflict with the law, children who are regularly moved from one family member to another, or children who live in child-

headed households. Such children may face additional risks and challenges, for example issues of trust and attachment after typically being let down by an adult(s) and losing copying mechanisms that they relied upon to survive on the streets or in detention both physically and emotionally. At times children may engage in self-destructive behaviors, which in turn increase the risk of poor health, abuse, unplanned pregnancy or illnesses and contact with the law. Potential kin or foster carers may be resistant or not well suited for caring for these children due to the stereotypes of street children or children in conflict with the law that pervade communities.

See BCN Toolkit, Supporting Children in Care, their Families, and Alternative Caregivers for more information on supporting family care. http://bettercarenetwork.org/BCN/Toolkit/Category/index.asp?TKcatID=13

2. Supporting children within their families – strengthening families to prevent separation and support reintegration

Whenever possible, it is **always best to support a family in caring for their children, and, to avoid moving a child into another care situation**. It is essential to try to keep families together, including children living with biological families and children in care arrangements with their kin or other close and trusted carers. Care and protection must start from preventing separation to placement in alternative care settings, based on each child's needs and best interest. All efforts need to be made to support families to continue to care for their child.

The **following family support services might be useful to both biological families and alternative care providers**. *Please note they may help to prevent separation and are important in providing for to alternative caregivers who are taking in children without appropriate care*:

- **Financial assistance** – referring for cash transfers where these exist;
- **Access to livelihood support**, by linking families with local economic empowerment programs;
- **Access to health services** including assisting with transport and ensuring that the health worker looks at the health situation of the family as a whole;
- **Access to education** by talking to the teacher or Parent Teacher Association to provide additional support to the child(ren) with school materials, school transport or homework clubs;
- **References for legal assistance**, for example: inheritance or maintenance;
- **Helping parents provide even better care** through parenting courses, inter-generational communication, support of social worker, etc.;
- Provide **short breaks or respite** for the kinship or foster family, by offering community-based entertainment for children, running homework clubs or occasionally other members of the community caring for the children for a day or a weekend;
- Provide opportunities, through **peer support groups**, for example, for the carer to talk about any difficulties they may be facing in helping the child overcome trauma and helping the carer deal with behavioral problems rooted in the child's past (living on the street, being abandoned, left behind, in the army, etc.).

Promising practice: Providing peer support, Tanzania

Vij*ana Simama Imara* (Youth stand firm) is a child-directed organization based in northern Tanzania, supported by the NGO *Humuliza.* VSI group members are all children who are orphans or HIV-affected. They support each other socially, economically and psychologically. VSI mentors also work with younger children in their own groups – *Rafiki Mdogo.* Girls receive self-defense training to give them physical confidence and raise self-awareness. Children and caregivers also receive economic support. Children receive English lessons to enhance communication and income generating prospects. Mobile farm schools give children sustainable agricultural knowledge and skills and also feed children and their families. Children run their own credit schemes that raise money and build money management skills for the future. Grandparents in vulnerable households receive a regular, sustainable pension, which provides for immediate needs and also offers some emotional relief from the pressure of parenting. (Source: http://www.humulizatz.org/)

3. Moving from prevention to placing children in alternative care

When it is determined that a child is in need of alternative, more formal mechanisms are then put in place. A social welfare supervisor may become involved, the child may stay where they are and receive monitoring and support or the child may need to move to a new care placement (kinship care, foster care and supported independent living are all detailed in later sections of The Guidelines).

It is important to note that there is not always a consistent sequence of preferred options that moves from family, to kinship, to informal, to formal foster care, etc. Depending on the individual child, he/she may move between different care arrangements until the right solution is found for him/her – and the solution is likely to change over time as the child develops and grows.

The flow chart of alternative care is illustrated in Section 5.4 below (Figure 5). This shows that there are a wide range of different options that suit different children at different times. Part of good assessment and best interest determination is deciding the most suitable option for each and every child.

It is essential to provide a wide range of care options, including family-based, family-like and residential care options, because not all care arrangements suit all children.

Where it is not safe or feasible for the child to stay in the family – maybe because the family is not prepared to take the child home straight away or because it is not safe for the child to go home - the preferred option should be placement in a family-based alternative care arrangement, for example kinship care and foster care. This may be short-term, while the family of origin is being supported for future reintegration. It may be longer-term, in which case other options may need to be considered.

- Foster care is a care arrangement within a family and in the community. It can be either an informal arrangement or more formalized, with foster carers who are recruited, trained and accredited by alternative care services. Foster care can be either a temporary or long-term care placement.
- Some children – especially those who are older – may prefer a family-like option but with more independence: supported independent living or, for those who could not manage to organize their daily lives without possible harm to themselves or others, supervised independent living. Young people who have aged out of institutional care or spent a significant period of time living

Promising practice: Supporting older people as kinship carers, Tanzania

In northern Tanzania, elderly kinship carers receive a monthly pension of around US$5 and child benefits of $2-3 per child. An evaluation found that grants more than doubled the average amount of cash for older carers, improving nutrition and increasing school attendance. It has had a big impact on older carers' psychosocial wellbeing and ability to care for children. Carers reported being less worried about meeting children's basic needs and having better relationships as a result. Children felt more loved when grandparents could meet their basic needs. They reported less conflict between generations. (Source: EveryChild and HelpAge International (2012) Family first: Prioritizing support to kinship carers, especially older carers.)

on the street or outside of the home environment may find the supported independent living arrangement a more appropriate care placement.

- Where institutional care is deemed appropriate for an individual child, it should be provided in a small family-like environment whenever possible. Residential care does remain an option for some children, especially those who need specialist care, such as disability support for temporary transit or where a child is not emotionally ready to live within a family unit and needs time-limited support in an institution. This is not recommended for children under the age of three.

Term	**Suggested time frame**
Temporary	1-48 hours
Short-term	48 hours to 6 months
Long-term	6 months – care provided up to child's 18th year
Permanent	Life-long relationship

Key messages about alternative care

- Alternative care should be guided by a child and family assessment and individual care plan.
- The goal is to reunify the child with his/her family, if in the child's best interest and appropriate.
- If reunification is not possible, then an alternative care placement should be selected based on the individual needs of the child.
- Reunification, family support and permanency planning should be on going while the child is in care.
- Aftercare services should be planned and provided for children leaving alternative care.

4. Care arrangements and alternative care options in Liberia

Table 2 summarizes the main forms of alternative care and the extent to which they are practiced in Liberia.

Table 2 Care Arrangement and Alternative Care Options in Liberia			
Type of Alternative Care	Definition	Length of Placement	Practice in Liberia
Kinship Care (informal)	Care within the family environment whereby the child is looked after by extended family.	Temporary, Short-term, long-term and Permanent	Widely practiced
Child-headed households	A household in which a child or children assumes the primary responsibility for the day-to-day running of the household and daily care.	Temporary, Short-term, long-term and permanent	Yes
Foster care (formal)	Placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child. In some cases, those foster parent(s) have been trained as a specialist to care for children with physical, behavioral or mental disabilities.	Temporary Short-term, long-term and Permanent	Limited practice
Foster care (informal)	Informal placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child.	Temporary, Short-term, long-term and permanent	Yes
Temporary shelter	Safe family-like environment where children are placed for a couple of hours to a maximum of six months, while arrangements for family reunification or placement in alternative care are made.	Temporary and short-term	Limited
Residential care institutions	A home or institution which has been established by a person or organization approved by DSW to manage a program for the care, protection, rehabilitation or control of children.	Temporary, short-term, long-term	Widely practiced
Supported independent living	A young person is supported in her/his own home, a group home, hostel, or other form of accommodation, to become independent. Support/social workers are available as needed and at planned intervals to offer assistance and support but not to provide supervision.	Temporary Short-term, long-term	None
Kafalah (Islamic practice)	Commitment by a person or family to voluntarily sponsor and care for an orphaned or abandoned child.	Short-term, long-term permanent	Yes
Adoption (domestic)	Adoption by adopters who are Liberians and the child they are adopting is a resident in Liberia.	Permanent	Limited
Adoption (international)	Adoption by adopters who are not Liberians and/or live outside Liberia and they want to adopt a Liberian child.	Permanent	

There is no one arrangement that is automatically best for all children. Placement decisions should always be made with children at the center of that decision.

5. Supporting children in any type of care

The following are different support services or interventions that can be used to provide support to children and their families or caregivers regardless of the type of care placement.

Assisting when new members join the household

- **Identifying practical resources for the home**. If children move into already crowded houses, making sure that there is enough sleeping and washing space is important. This includes simple practical assistance, although it is important to ensure that children are not sleeping unsupervised with adults who are not the primary caregivers.
- **Supporting the biological children in the household** by speaking to them and getting their approval prior to the child joining the family and creating joint activities for the children to do together in order to reduce possible tensions and jealousies.
- **Providing resources for food, clothing, school supplies, baby formula, medications, etc**.

Financial support

- **Providing vouchers or other forms of free education and health care services** for kinship care and foster carer families who face resource constraints.
- Recognizing that kinship care (and possibly foster care) is a category for **eligibility for a cash transfer**, where this is available. Cash transfer services offer the opportunity to monitor the child(ren)'s and family's progress.

Psychosocial support

Psychosocial support is important for children, many of whom have suffered loss or trauma, and also for caregivers.

- Psychosocial support can be offered through **peer support groups** for adults and children, for example through Children's Clubs, homework clubs or more organized self-help groups for boys and girls in alternative care.
- **Parenting programs**, to help caregivers communicate well with children and learn positive discipline techniques. Parenting programs also provide psychosocial support for caregivers. For example, IRC's Parents Make a Difference program in Lofa County consists of 10 weekly group sessions and 3 individual home visits, supporting caregivers on positive parenting, child development and malaria prevention.

For more information on the Parents Make a Difference Program:

International Rescue Committee (March 2014) Research Brief, Child and Youth Protection and Development.

Section 4: Principles of protecting children through alternative care

What is in this Section?

This section gives simple information about how to make sure that family strengthening and alternative care programs are based on the best interests of children.

How the information in this Section can be used:

Those responsible for caring for and protecting all children can use this section to:

- Learn how to make placement decisions based on the best interest of every child.
- Know how to involve children in decision-making.

We can help to make sure that alternative care is used only when necessary by:

- Consulting with children and their families
- Providing family support and reintegration to support families to care for their children
- Working to prevent removal of children from their families
- Addressing societal factors that lead to separation

1. Core principles for supporting children without appropriate care

The following principles form the foundation for provision of quality care and protection for all children in alternative care. They are based on the International Guidelines for the Alternative Care of Children.

Principle of necessity

Principle of necessity means ensuring that care is genuinely needed and children are not unnecessarily separated from their families. Placing children in alternative care is only done when it is absolutely necessary.

Parents need to be supported to raise their own children. For families that are struggling, this means designing specific strategies and practices suitable to each individual family. These strategies help parents provide love and nurture and help the children access education, health and other vital services. These strategies should be in place even when a child is in an alternative care placement.

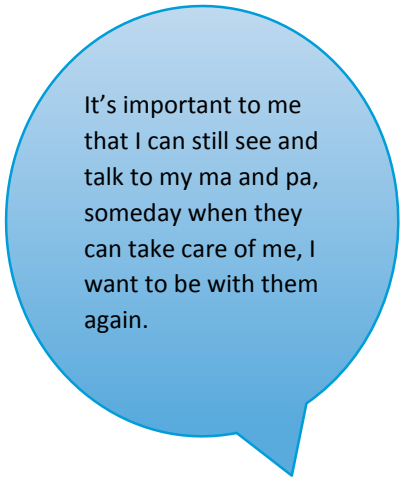
Strategies to support the principle of necessity:

- **Family support services** ensure the support of children and families and are vital to maintaining healthy family environments for all children. The services include counseling, parent education, day-care facilities, material support, etc.

- **Family tracing,** or the process of searching for family members or caregivers, and the search for children whose parents are looking for them in order to reunify the family.

- **Family reintegration** is the process of a separated child making what is anticipated to be a permanent transition back to his or her 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. Family reintegration ensures that the child and family receive care services, training and other support.

- **Gatekeeping provides** mechanisms to help ensure the prevention of the inappropriate placement of a child in both formal care and informal care arrangements. Placement in any form of alternative care should be preceded by an **assessment** of the child's physical, emotional, intellectual and social needs, and then the child matched to a placement that can meet these needs based on its functions and objectives. Frequent monitoring and follow-up visits also play a crucial role in gatekeeping.



Principle of suitability

Principle of suitability means that if placement in alternative care is deemed necessary, the care option should be appropriate for the particular child or children.

Alternative care is suitable or appropriate when it meets the minimum standards of the authorities, and when the care option can meet the child's specific needs – treating each case individually, developing good care plans and promoting long-term, permanent solutions that allow children to develop healthy relationships with adult caregivers.

Information sheet 10: Determining a Child's Best Interests in Alternative Care {lacement

Efforts to keep children in, or return them to, the care of their family are important. When this is no longer an option, another appropriate and **permanent solution** should be found. Such permanency affords the child a life-long connection to a family or caregiver.

National permanent solutions, such as return to birth family or domestic adoption, should be preferred to international solutions. Family-based solutions, such as returning to the birth family, foster care, and adoption, should be preferred to interim or short-term care placement as well as institutional care placement. Case planning should always seek to identify a permanent arrangement for the child. Contact between children in alternative care and their families need to be encouraged whenever possible. The child should be adequately prepared and supported during the transition from alternative care to permanent care placement.

Frequent transition and changing care arrangements can damage children's development, and should be avoided as much as possible.

Case management as an integral part of alternative care

Case management is the process of assisting an individual child (and their family) through direct support and referral to other needed services, and the activities that case workers, social workers or other project staff carry out in working with children and families in addressing their protection concerns.

At a national or programmed level, case management is a strategy for coordinating the provision of services to participants within that system.

Case management is important because a need is identified and there is a clear and simple system for following through on that need. This is done across different services and managed by different people.

See **Information Sheet 8 for the key elements of case management**

2. Hearing the child's voice in alternative care

See Information Sheet 12: Involving children

The UNCRC states that every child must have the opportunity to participate in his or her own development. In the context of alternative care, this means allowing each child the right and the opportunity to participate in decisions related to his or her care and living arrangements according to age, evolving capacities, language and context. Children have the right to be treated fairly and, when there are difficulties in the alternative care arrangements. Children must have the opportunity and place to raise concerns.

Gender considerations in alternative care

Acknowledging the different experiences of boys and girls is important in alternative care. The examples below show the different experiences of boys and girls, the different experiences and roles of men and women carers and supporting or providing services to children of different genders and the range of services that are needed.

Table 3 Gender considerations in alternative care

	Individual factors	Family factors	Broader economic & social factors
Children	Social norms for girls and boys (e.g. encouraging girls to be more passive than boys) Sexual and reproductive health needs of boys and girls	Family expectations about roles (e.g. assumptions about household chores for boys and girls) Family norms (e.g. coerced early marriage may encourage girls)	Views on physical punishment (e.g. acceptance of physical violence against boys making it hard for them to complain) Social norms about education attendance
Caregivers and family	Men may feel less confident about asking for parenting help if a single parent There may be a higher expectation on grandmothers than grandfathers to care for the kin children Women and girls may tend to have the main caregiving and household responsibilities	Extended family assumptions about what men and women should do affect the level of family support when a caregiver is struggling Girls may be expected to help provide care for younger siblings	Women tend to have less income and have more children to care for Social norms about divorce etc. may put pressure on single parents Social norms may accept violence in the home, encourage men to have access to alcohol
Community members	Community social, religious and cultural norms influence members' views and attitudes about children and their needs	May have influence over who provides care for children in need (e.g. expecting females in community to provide care for those children)	Similar social norms as above, influenced by the community's social, religious and cultural norms
Service providers and policy makers	Personal social and religious and cultural norms influence assumptions about children's behavior and needs	May assume that female caregivers are likely to be better; or may assume that a male head of household who is rich is the best caregiver	Gender norms about social workers themselves may reduce ability to receive support from other service providers

Age-specific considerations for alternative care

Table 4 Age-specific considerations for alternative care	
Age	Recommendations
0-3 years	Children under the age of three should be placed in a family setting (kinship or foster care, with people able to work with that age group), rather than institutional care to enable the child to have one-on-one, stable caregiving relationship – International Guidelines on Alternative Care. If eventual reintegration with birth family is not feasible, domestic adoption is recommended (after all prevention and reintegration options have been exhausted). Children of this age are particularly harmed by stress when separated from birth parents. If in the child's best interest, kinship or foster parents should seek strong attachments between infant and birth families with frequent, prolonged visits with the biological parent(s) should be arranged - more than once a week, for several hours at a time, including caregiving activities. Child should live near his or her biological parents. These actions will help facilitate family reintegration. Early childhood development specialists should be integrally involved in care planning and supporting the infant while in care.
4-6 years	Child who has been in alternative care for some years are likely to have adjusted to alternative care placement by this age; the child may be able to maintain a connection with his/her parents through less frequent visits supplemented by phone calls and letters. Continued contact and strong attachment is still highly recommended for long-term development and behavioral outcomes. Education and recreational activities should be part of care planning arrangement.
7-10 years	Care arrangements and social support as 4-6 years age group. If child has no contact with his/her birth parents, social worker should try and facilitate connection. Child may have experienced multiple placements, placement breakdown or frequent disruptions in care arrangement. Caregiver should be aware of possible impact it will have on the child's development, behavior and relationship with the caregiver. Caregiver should provide stable and nurturing care and ensure placement stability. Child may express interest in being placed outside of family environment and have a preference to group care due to his/her past experiences. Child needs education, life skills and recreational activities. If the child is placed in group care or placed in a kinship or foster care home with multiple children, sleeping arrangements should be made to separate the children by gender and supervised accordingly.
11-14 years	Care arrangements and social support as 4-6 years age. Issue of multiple placements and choice for group care as 7-10 years age group. Education and activities as 7-10 years. Issue of gender sensitive accommodation as per 7-10 years. Child needs life skills, especially sexual and reproductive health.
15-18 (and older)	Care arrangements and social support as 4-6 years. Issue of multiple placements and choice for group care as 7-10 years. Education and activities as 11-14 years. Issue of gender sensitive accommodation as per 7-10 years. Child should be provided with life skills services to prepare him/her once he/she exits care. Sexual reproductive health, healthy lifestyles, budgeting and accounting are of critical importance at this age range.

In Liberia, **here are some ways to make sure that children's voices are heard**:

- An **independent human rights institutions**, such as a children's ombudsmen or children's commissioner at the national level.
- The **Children's Parliament within the Ministry of Gender and Development** can provide trainings around issues related to alternative care and children's participation.
- **Defined mechanisms for children to communicate or report issues** and/or concerns (for example, a child help line) at the national and local levels.

Promising practice: Society of Care Leavers, Kenya

The Kenya Society of Care Leavers was formed in Kenya to provide a support network for children and youth who have aged out of out-of-home care, primarily institutional care. The Care Leavers Society provides a forum where children and youth who have undergone similar experience can meet and network with other children. The Care Leavers Society is increasingly recognized for its importance in developing and implementing national policies. Through focus group discussions and participation in validation workshops, the Care Leavers Society provided input and suggestions for the development of Institutional Care Standards as well as the national Alternative Care Guidelines.

- **All children, regardless of age, should be consulted in the choice**. When children are too young to speak, their feelings about caregivers can be seen whether they feel comfortable with their primary caregiver.
- If a care arrangement is being assessed or monitored, there **should always be separate discussions with children regarding their placement** and also regarding their views on services, which can support children and their families and carers.
- **Chiefs and other community leaders should ensure that there are ways that children can raise informal concerns**. Children's concerns should always be listened to, and acted on, referring to a social worker if needed.
- Care families, and others, should be encouraged to **maintain documents on children's background and origins so that children can research their origins**, if they choose to do so.
- DSW or other stakeholders in alternative care could **facilitate the development of a child friendly version of alternative care laws and policies**.
- **Creation of care leavers association** should be encouraged to allow a forum for a child or youth to express his/her views, participate in policy-making and to seek support from peers.

Section 5: Putting together and coordinating the actors responsible in alternative care

What is in this Section

This section explains how family strengthening is a key part of alternative care – preventing family separation and enabling children and families to stay together – and sets out some of the possible options for caring for children and families within the community. It explains how to work together in a 'team' to provide alternative care for children and their families.

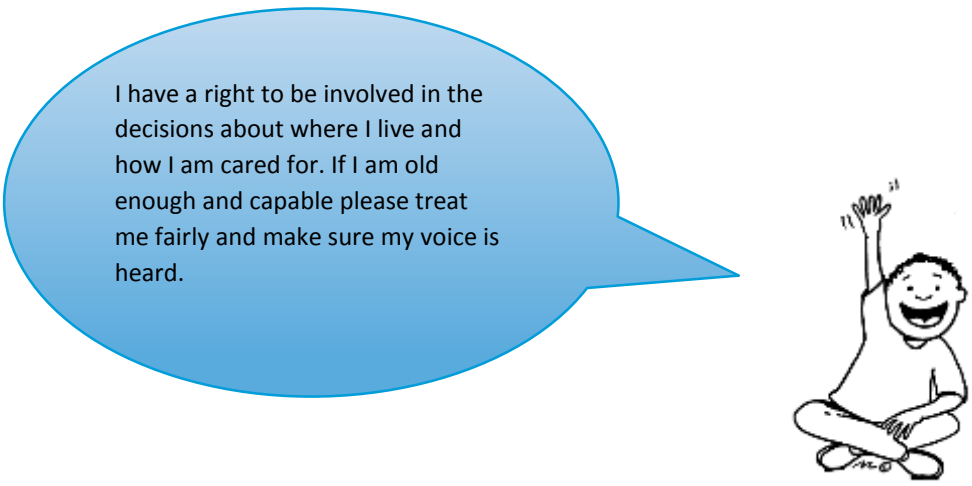
How the information in this Section can be used:

- The information can also be used by NGOs or other national policy makers to identify what individuals, skills and capacities are needed to support and protect children and their families in alternative care.

The information can be used by alternative care advocates to:

- Raise awareness on the importance of having 'eyes and ears' in the community to identify children who may be without appropriate care;
- Suggest possible family strengthening actions in the community;
- Explain the importance of sharing concerns with family members, local leaders and Child Welfare Committee members, as well as a social worker or police officer when there is a serious and urgent need for intervention;
- Mobilize community members to become involved in supporting alternative care, by being supportive neighbors to children and young people in family and community-based alternative care or volunteering to be foster carers.

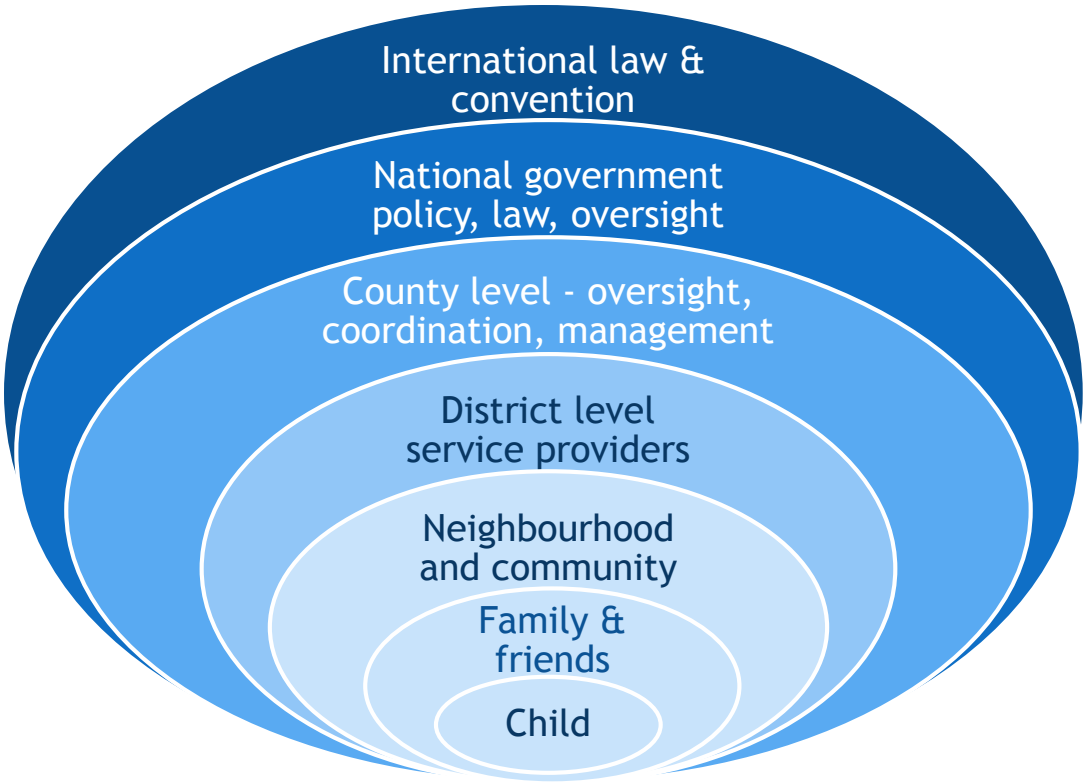
Note: The Capacity Plan for Implementation of the Guidelines on Kinshp Care, Foster Care and Supported Independent Living gives more information on the roles and responsibilities, and capacities required, for DSW staff.



1. Who supports children and families in family-based care?

Children are surrounded by people and institutions that should protect them, and quality alternative care involves a wide range of people. Everyone has a responsibility to make sure that the individual child is protected from harm, at all of these levels. However, two key sets of actors who central – the community level, largely informal and voluntary actors, and trained social and other child care workers employed by government and civil society, who are responsible for oversight and case management in situations of children without appropriate care, are at increased family vulnerability, or where children need to be in alternative care outside of their family. This is not to say that the role of county and national bodies (e.g. Child Protection Committees, courts, policy makers, etc.) do not also play a vital role. Some of these same actors also play a key role in supporting families and preventing children from needing alternative care.

Figure 1: The layers of support for children



2. Who is responsible for alternative care – oversight, case management and services?

The people in the diagram on the following page are particularly central to a strong community-focused alternative care response. The core team may vary depending on local circumstances. There are many people who play an important role in providing care and support, including government, civil society and community representatives. This is further detailed by the tables that follow, showing county/district and community responsibilities.

Figure 2: Roles and responsibilities of key actors

Social Welfare Supervisor

- Responsible for case management of child protection concerns for children in all forms of care
- Responsible for placement of children in formal foster care, supervised independent living, residential care & permanency arrangements

Social worker / social welfare assistant

- Case management of children and families with child protection concerns
- Supervision of alternative care placements, where families need support and supervision
- Support to Child Welfare Committees

Child Welfare Committee members

- Awareness raising on child protection concerns in community
- Identification of and support to vulnerable children and families
- Mediation and support for informal care arrangements
- Coordinating community-based support to families

Health officers, teachers, GBV coordinators, etc

- Awareness raising on child protection concerns in community
- Identifying children and families in need of family strengthening support
- Identifying children at risk of child protection concerns and reporting

Chiefs, religious leaders

- Community awareness raising on child rights and child protection
- Mediation and family support to prevent family break up
- Eyes and ears of the community
- Report cases of concern to social workers

Table 5: Responsibilities at the country level			
Individuals	Main responsibility	Key roles	Reporting and referring roles
County level			
Social Welfare Supervisor	Overall responsibility for alternative care at county level	• Coordination of alternative care actions at county level e.g. Child Placement Committee • Case management of individual child protection and alternative care placement • Support and supervision of county and district social workers and social welfare assistants • Awareness raising with community groups	Reports on overall alternative care situation to national Department of Social Welfare Manages case management referrals from community and district level; reports to national level
Child Rights Officer	Responsible for establishment of, and support to, Child Welfare Committees	• Ensuring child protection and alternative care concerns identified by Child Welfare Committee go directly to Social Welfare Supervisor • Awareness raising with community groups, linking alternative care with child rights	Refers all child protection concerns from Child Welfare Committees or communities to Social Welfare Supervisor
Child Placement Committee	Responsible for decisions on permanency and residential care	• Awareness raising with community groups, linking alternative care with child rights • Advising on individual placements	Reports to Social Welfare Supervisor and through to DSW regarding permanency placements
County Health Officer; County Education officer; Magistrate; Police; etc.	Responsible for identifying and reporting children at risk of protection concerns	• Liaison with other county-level child protection actors • Awareness raising with district and local level staff on alternative care	Reports child protection concerns to Social Welfare Supervisor Records referrals for vulnerable children and families

Table 6: Responsibilities at the community level			
Community or town level			
Child Welfare Committee	Responsible for advancing the realization of the rights of the child at community or town level.	• Promotion of awareness on child rights and their realization. • Guidance to children representative forum, including issues of alternative care.	Reporting child protection concerns to the Social Worker or Social Welfare Supervisor Recording informal interventions made with

		• Reporting child protection concerns to the nearest social worker. • Assisting in family and community mediation in cases of concern about a child's care arrangements. • Coordinating informal family-strengthening support.	children and families regarding placements.
Chiefs	Community stability and representation of community's interests	• Supporting the role of the Child Welfare Committee in alternative care • Awareness raising in the community	Reporting child protection concerns to the Child Welfare Committee and to the Social Welfare Supervisor in emergency cases
Community groups and individuals e.g. women's groups, men's groups, youth groups		• Participating in Child Welfare Committees • Awareness raising in the community	Reporting child protection concerns to the Child Welfare Committee and to the Social Welfare Supervisor in emergency cases

Special considerations

There will be differences between different areas and the responses will need to be different. Although it is important to develop a local response, these are some of the issues that may particularly need to be taken into account:

Remember that different children will need different types of care arrangements, depending on their age and circumstances. Although ideally family is best, it is not always right for children immediately and it may require some time in different forms of care before a child can be with his or her family.

Urban areas

In urban areas, where sometimes family and community networks have been disrupted and where there is a lot of movement of people, it may be harder to know how to reach vulnerable children. It will be particularly important to involve groups that have developed in the urban areas, such as faith-based groups or communities, youth-led groups or local political groupings. It is also especially important to involve local community-based volunteers working with the police, such as vigilante groups, or general community health volunteers.

Working with children who are separated from their family

Where there are no obvious community-based actors who can support children who have been separated from their family, it is particularly important to be able to provide immediate emergency support for children

who want shelter, such as emergency foster care or group homes. Liberia has some examples of how this has worked within refugee population centers.

For girls and young women (and young men) who have children themselves, the priority is to support both generations of children to stay together. And this may involve actors coming together to find creative solutions to alternative care.

3. How to set up and coordinate action on alternative care

At the county level, the Social Work Supervisor is likely to be the lead person setting up the local group of responsible actors. He or she may already be working with other officials at the county or district level, through the Child Placement Committee, for example. He or she also may already have relationships with people in the towns and communities. Much of setting up the "team" happens informally or is already in place. The following are suggestions for how you might bring your people together or increase awareness on stakeholder responsibility.

Step 1: Finding the people in the county and district who *already* have some role in alternative care (even if they call it something different!).

Step 2: Mapping local services and resources (especially human resources, including volunteer groups or local chiefs or religious leaders who will be strong allies) is a good way to bring people together.

Everyone must know their roles and responsibilities, share information and meet regularly.

Coordination must be arranged locally so that the arrangements are appropriate for everyone involved in working together!

Step 3: Actors need basic training on what is expected for local family-based alternative care. Participants must include actors from different sectors – especially health, education, justice and gender.

At the district level, where social workers and social welfare assistants are in place, a similar process as that to the county level (or combined) is a way of building the team. Where this is not available, it is important to keep others involved, such as local police officers, etc. who will be the eyes and ears at the district level.

At the community level, the main entry point for keeping children safe in their homes whilst ensuring that children are protected from harm is the **Child Welfare Committee** (see below *Coordinating support through the CWC)*. In many communities these exist and have a broad role but do not yet a clear mandate for alternative care. In other communities the Child Welfare Committee may need to be established, or other groups identified (e.g. women's or men's groups). The Child Welfare Committee can coordinate at the community and neighborhood level by:

- Encouraging local service providers to participate in regular child rights coordination meetings, where people can discuss how to best coordinate the services;
- Keeping a record of the support provided to the family and making notes of which types of support are working well and, where necessary, raising coordination concerns with service providers at the county level;
- Conducting public awareness about children's rights and vulnerable adults' rights, as highlighted through the Essential Package of Social Services.

Step 4: Establishing and training Child Welfare Committees or, where not established, other community groups with a focus on children. This needs to cover the basic principles of identifying children at harm and understanding the basic referral processes (see sections 6, 7 and 8). See Information Sheets 9 and 10.

Step 5: Regular meetings are a way of sharing information and supporting each other with difficult cases.

4. Coordinating support through the informal community mechanisms and through the Child Welfare Committee

Child Welfare Committees have a role in coordinating support to children and families that need additional support. If a community member has a concern about a child who may be experiencing issues related to their care and protection, the community member should talk to a member of the Child Welfare Committee or equivalent. If there is a concern, the Child Welfare Committee has a role in promoting and protecting children's rights. The Child Welfare Committees are the first point of contact for supporting children.

The **Child Welfare Committee member should**:

- First decide whether the situation requires immediate attention. In this case, the concern should be reported immediately to a social worker or social welfare assistant at the district level (where available) or Social Welfare Supervisor at the county level;
- Where there is not an immediate child protection concern, the Child Welfare Committee can identify ways of providing community based care, calling on local resources – such as those in the diagram that follows.

Informal support at community level

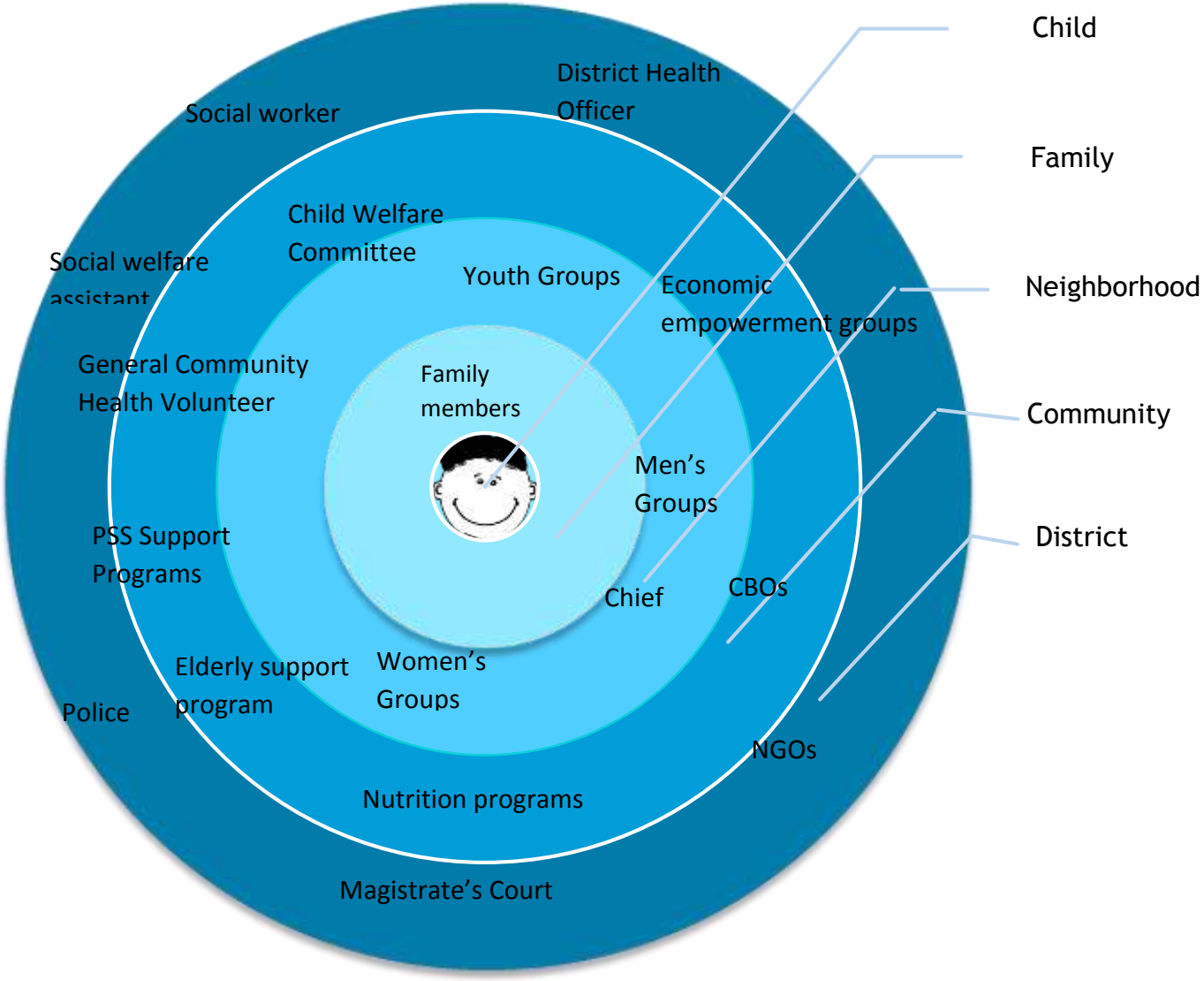
Sometimes it appears that a child or a family needs some additional help – the child appears distressed, hungry or is not going to school, or the caregiver appears to be not coping with his or her family responsibilities. Support is usually first provided within the community, with support from chiefs, religious leaders, teachers, health care providers, community members or the extended family itself. The community can do much to mobilize and support children with limited to no resources or technical inputs. For example, all the groups that exist in the community (women's groups, church groups, savings societies, local football club, etc.) can be identified. These groups can look at the support they already provide or could provide to children or families.

Practical support might include:

- Helping with household chores to make the childcare burden lower;
- Helping talk to family members to reduce some of the stress within the household, for example by assisting with parenting or child behavior;
- Arranging community recreational activities and outings for all children in the household;
- Providing material support through religious or community groups that provide support;
- Providing mentorship and child care support, in particular for young mothers;
- Providing short breaks or respite care for caregivers, in particular elderly.

Figure 3: Key Groups in Alternative Care

All the following groups have a significant role:



Promising practice: Children supporting each other, Tanzania

Vij*ana Simama Imara* (Youth stand firm) is a child-directed organization based in northern Tanzania, supported by the NGO *Humuliza.* VSI group members are all children who are orphans or HIV-affected. They support each other socially, economically and psychologically. VSI mentors also work with younger children in their own groups – *Rafiki Mdogo.* Girls receive self-defence training, to give girls physical confidence and self-awareness. Children and caregivers also receive economic support. Children receive English lessons to enhance communication and income generating prospects, mobile farm schools give children sustainable agricultural knowledge and skills and also feeds children and their families, children run their own credit schemes which raise money and build money management skills for the future and grandparents in vulnerable households receive a regular, sustainable pension which provides for immediate needs and also offers some emotional relief from the pressure of parenting. Source: http://www.humulizatz.org/

The diagram on the following page (figure 4) shows how children in Liberia may enter a pathway to alternative care, how their own family can be supported to prevent separation, and presents the **framework for responding to children without appropriate care and in need of alternative care, as addressed in these guidelines**.

The diagram shows how complex the different pathways are: some children require alternative care in response to a family crisis that does not last long. In many such cases, the child may return back to his or her family once the crisis is over without formally needing state alternative care support. Many children move between different forms of care. For example, children may be moved to foster care and thereafter return to institutional care, or they may move between a number of different informal foster and kinship care options. There are different ways in which children enter and move between formal and informal care.

The diagram illustrates the equal importance of prevention, family support, family tracing and case management services.

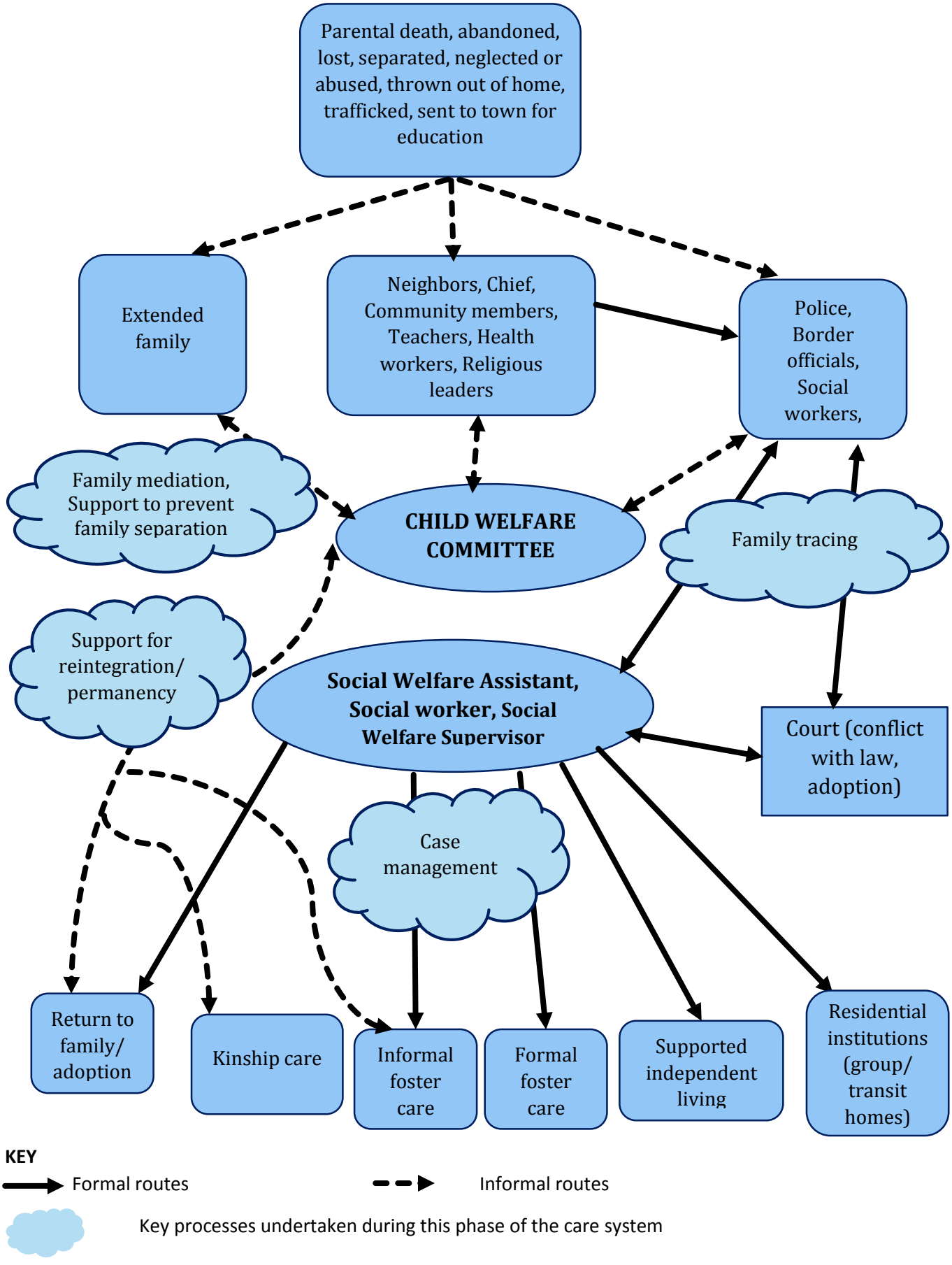
If there are still concerns about the wellbeing of children or adults in the home, then a more coordinated response, with formal protection mechanisms, may be necessary, and the situation is brought to the attention of the social welfare office.

Sections 6, 7 and 8 provide information about what to do after an initial concern has been raised about the child or his or her caregivers.

Promising practice: Shiata Women of Faith Project, Careysburg, Liberia

Careysburg, similar to many communities in Liberia, is facing a high rate of teenage pregnancy and child marriage. Due to socio-economic pressures or even due to the circumstances leading to pregnancy, teenage mothers often abandon their children or place them in institutional care. The Shiata Women of Faith Project, which is supported by the Inter Religious Council of Liberia and UNICEF, provides community mentors to teenage mothers to allow them to go to school and establish a home for her child. The mentors, older women from the community, care for the children during the day allowing the young mothers to go to school. The project also provides vocational and business development training to further empower these young women. The community mentors also counsel the girls in life skills and connect them to health clinics to prevent future pregnancies.

Figure 4: Children's possible pathways of progress through alternative care in Liberia



5. Sensitizing and raising awareness with children, families and communities

The key responsible actors and the DSW at the national level must help identify and encourage **"Child Protection Champions"** to spread the message of family care for all children and improved protection for children without appropriate care. Here are some suggestions on how that can be done:

- Work with chiefs, to take a leadership role in identifying children who may be vulnerable and referring the vulnerable children to Child Welfare Committees.
- Encourage chiefs and community leaders to speak out about the need to ensure that children are safe, whether living with families, kinship carers, foster care, institutional care or on their own with support.
- Encourage chiefs and religious leaders to recruit foster carers or be neighborhood sources of support for children and families that need additional support.
- Encourage local celebrities, such as football stars, musicians or actors to serve as ambassadors and spread the message about the importance of children remaining with their own families or in family-based care.
- Encourage kinship care or foster parents to spread the message and share their positive personal experiences of caring for a child.
- Hold community gatherings, town hall meetings, etc. to spread these messages.
- Use national and local radio and TV programs to spread these messages.
- Be creative – involve children and families.

Table 7: Key sensitization messages for children without appropriate care

Key message	Importance of message
Listen to children!	Make sure that children – of all ages – have an opportunity to safely talk about what concerns them about where they live, where they are or could be happy living and how they – and their siblings and parents where present – can be helped.
Support children to stay in families, where possible and safe!	For most children, living with their biological parents is the best option, where children are safe in their homes. Poverty alone is not a reason for a child to move away from their family.
Support families to raise healthy and safe children!	It is important to prevent families from disintegration.
Kinship care is important and widely practiced! **Kinship care does not need to be formalized; but children in kinship care have a right to be safe and we should monitor their wellbeing!**	There is no need to formalize kinship care (see Section 6) but it is important that kinship carers know that they have a duty to protect children as their own.
Institutional care can harm children and should be a last resort, or a temporary arrangement!	Institutional care, in particular large-scale and unmonitored facilities, can cause risk and harm to children. Institutions are especially harmful for children under the age of three, who should be placed in family-like settings as a priority.
Be aware of the risks of possible trafficking of children!	Communities need to be aware of the risks of possible trafficking of children under the guise of international adoption and other forms of recruitment. International adoption has been seen in Liberia, by some families, as a way of securing their child's future. However, it can be harmful if not carefully

Be aware of the risks of child trafficking when children move away from home!	regulated. Trafficking is also a risk by extended family members or others where families and children are making private arrangements. This is a risk in some communities. Consider how families can ensure that their child is accompanied safely and who can assist in monitoring that a child on the move has arrived safely.
A range of different alternative care options should be available – not all care options are right for all children!	Different children will have different care needs at different times. Whilst family and kinship care is often the best for many children, it is not always suitable. Always consider the individual child's immediate and long-term needs, avoid multiple changes or placement in a 'family setting', which is not wished for by the child.
Wherever children live, they have a right to go to school!	In some communities, it may be important to emphasize the importance of family members monitoring a child's wellbeing if he or she moves to town for school.
Wherever children live, they have a right to be treated equitably!	There are many reported cases of children being made to work and being denied education and treated harshly.

Promising practice: Role of community in promoting foster care in Ethiopia

In 2009, Bethany Christian Services started a foster program in rural Ethiopia by working with community-level mechanisms and by "building it from the ground up." The program was able to take root due to the "heavy duty" community-based mobilization and advocacy from the community-level to the government/national level. Bethany organized government officials to visit foster families and visit with community leaders to learn from the benefits of foster care. As the International Program Director of Bethany notes, "Government went down to the community to see the foster care program… always read about it in books but they checked it at the community level, now fully able to understand and able to see it with their own eyes… understand that it works in the ground… the community needs to demonstrate to the government what it is and how it works."

Sometimes, even with all the informal support and strong communities, all the mobilization and sensitization, and even with all the responsible actors in place and trained, children still require formal protections.

For examples of child-friendly materials on alternative care, see an album of children's stories and photos about their experience of informal care: Save the Children (2013) Yaro Na Kowa Ne (www.crin.org/docs/kinship_care_report_final.pdf) and a child-friendly version of the Alternative Care Guidelines – RELAF (2011) Your right to live in a family and to be cared for in all the situations in your life. www.crin.org/docs/kinship_care_report_f

When it has been determined (through identification, referral to social welfare, and assessment by the Social Welfare Supervisor) that a child needs more formal mechanisms to ensure appropriate care (see section 4 on determining the need for alternative care), either by supporting the existing care placement or by moving the child to a more safe and protective placement the social welfare department, police, court and others need to be involved. The assessment, support and monitoring mechanisms set in place may be time limited, or they may be more long-term as in the case of a long-term formal foster placement. The sections of The Guidelines outline the steps and processes for three types of family-based alternative care: kinship care, foster care and supported independent living.

Section 6: Kinship care

What is in this Section

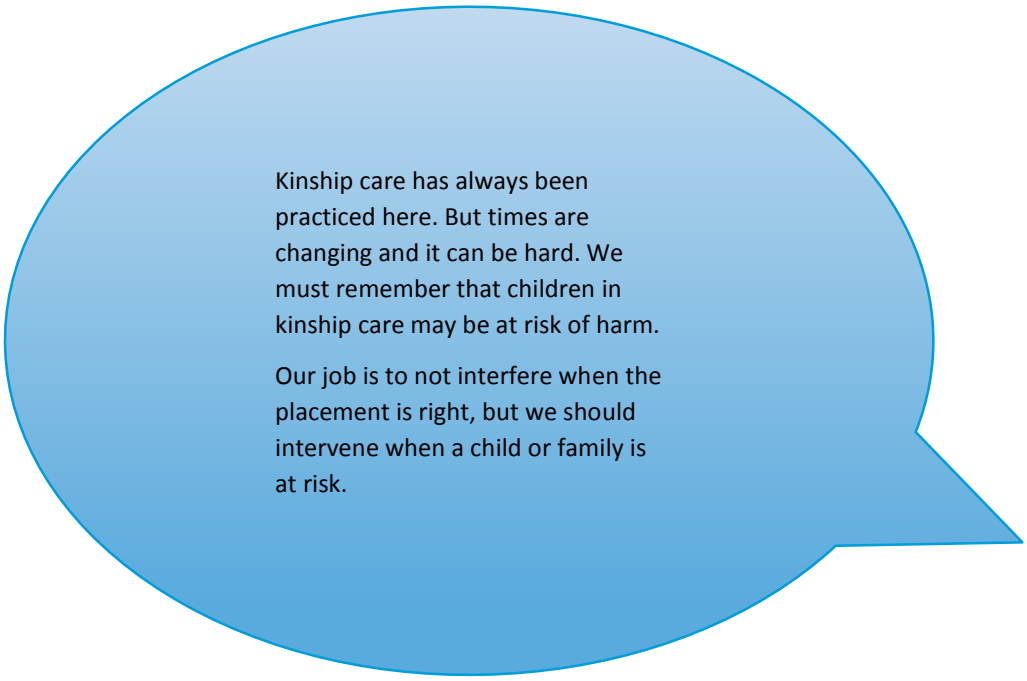
This Section provides information on supporting kinship care in situations where a concern has been raised about the safety of children or about the ability of families to provide quality care, a case file is opened by a social worker, and support is put in place to either support the child in his/her existing kinship placement or move a child to a more protective placement. It includes:

- A definition of kinship care suitable for the Liberian context and when it may be a suitable care arrangement for children;
- Information for Child Welfare Committee and community members about identifying when kinship care arrangements may be putting the child at harm or making families more vulnerable;
- Key steps in intervening when a child faces a child protection risk who is already in kinship care, or when a child at risk is to be placed in kinship care.

How the information in this Section can be used:

The information can be used for:

- Awareness-raising activities with children, families, communities and service providers about what kinship care is and how it can be supported;
- Assisting people to recognize when there might be a concern and knowing who to raise the concern with;
- Assisting Child Welfare Committee members, and others doing similar work, to know how to support kinship care and when to refer concerns to social workers;
- Assisting social workers in the key case management steps.



1. Kinship care and its place in alternative care

Kinship care is when children are looked after by relatives or family members who are not their biological parents. This can be either short-term or long-term.

In Liberia, kinship care also applies to someone who is close to the child, is not a blood relative but is considered to have the same family-like ties and obligations toward the child and where the child remains within the same community that he or she would if staying with a member of the biological family.

Such arrangements may be necessary when a biological mother and/or father die or when it is felt to be in the best interests of the child or family. Examples include when the family feel that the biological parent(s) are not protecting the child or when it is necessary for parents to travel for work or the child to live with a family member in town for education.

The Children's Bill Act states that 'the Ministry of Health and Social Welfare shall, subject to the child's best interests, pay due regard to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background'. (Children's Act, Article X, Sub-Article X(I), 55.5).

2. When kinship care is a suitable option.

Kinship care should be considered only when a child's biological mother or father cannot care for the child, temporarily or permanently. Reasons for this include:

- The death of parents;
- Abandonment of the child by their parents, or giving up parental responsibility, for example due to remarriage;
- Incapacity of parents, due to physical or mental illness or because they are harming the child, physically, sexually or emotionally;
- Parents in prison;
- Separation during an emergency situation.

Sometimes a child goes to live with another family member, even when the parent is available to care for the child, because, for example:

- The parent/s migrates for work;
- The parent (usually the mother) has a child when s/he is considered to be too young to care for the child responsibly;
- Parents have separated and one has remarried to a step parent who does not want the child to live with them;
- There are too many mouths to feed in the home;
- The child needs to go somewhere else to be able to go to school or to have access to other basic services.

In Liberia, lots of children like me live with our grandparents, aunties or cousins. The social worker does not need to be involved as long as we are happy. But you do need to check that I want to stay here and that I am not at risk of harm. Please also try to provide support to my family if they are struggling to look after

In these cases, it is important to see if there are ways to provide financial and non-material support to the family and the child/ren so they can remain together.

Sometimes parents need a bit of support before a child can move back with them. In these situations, living with a kinship carer can be a good temporary option until the family is ready.

See section 5 for ideas on supporting the family.

The child may choose not to live with his or her parents or family members because they have been abused by them or separated for a long time and lost any sense of contact. In such cases, other options such as foster care, a group home or supported independent living may be more suitable options. See Sections 7 and 8 for more information on these options.

Kinship care as a preferred alternative care option

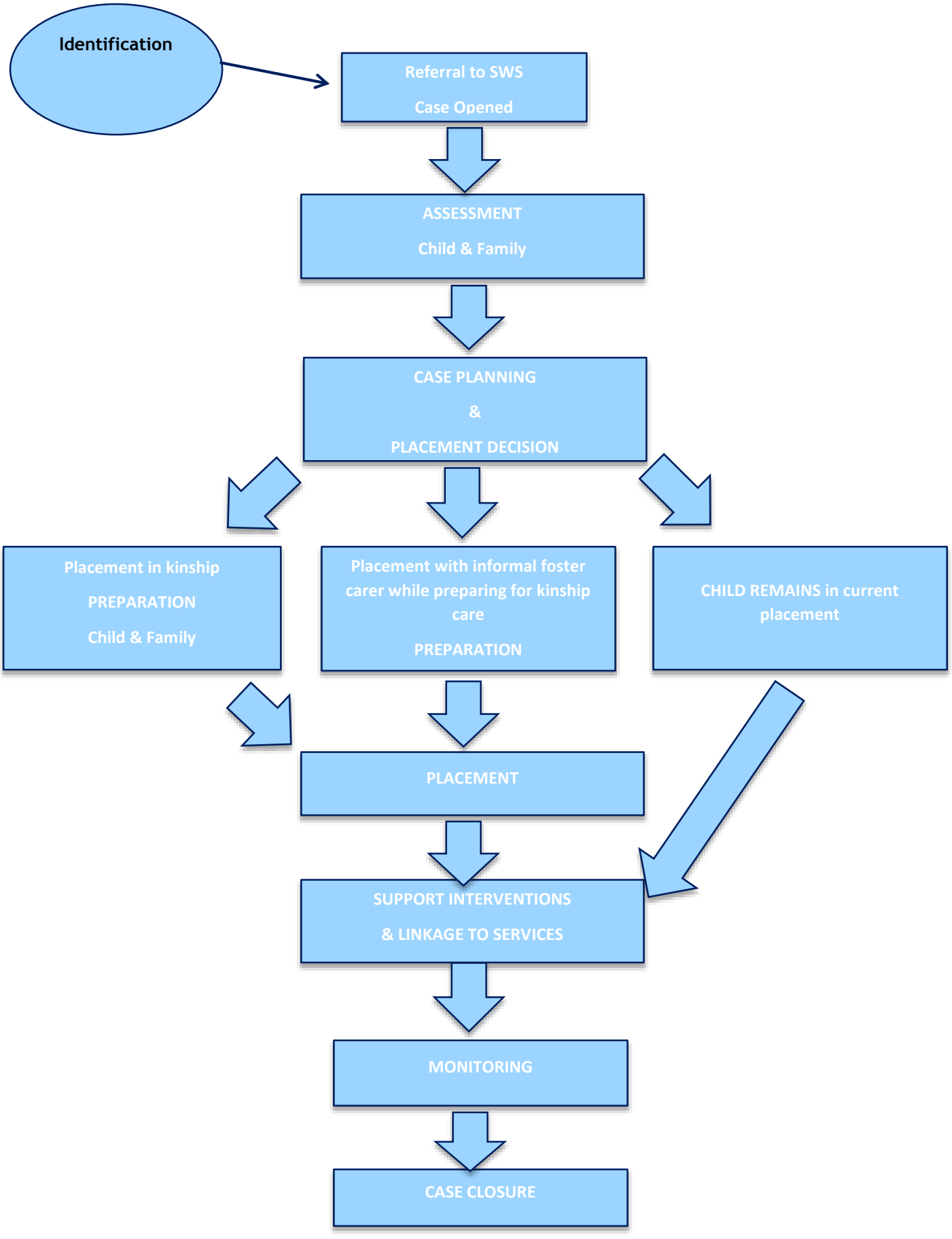
Where children cannot live with their biological parents, living with another family member should always be the first option when it is in the child's best interests and suits his or her his/her individual needs.

Kinship care…	
is the preferred alternative care option for children when…	can potentially harm children if…
✓ **the child already has a strong and loving tie with the kinship caregiver;** ✓ **the arrangement offers continuity of school and friends and community, language, culture, etc.;** ✓ **the kinship care arrangement encourages the child's ongoing contact with his or her biological parents (when alive);** ✓ **the child stays with siblings and family members who support each other for example, in shared grief and support when a parent has died.**	× the carer cannot provide enough financial or emotional support; × a temporary kinship arrangement becomes long-term even if the child could return to living with his or her parents; × the child or children are abused, exploited and discriminated against in the family; × the child's psychosocial support or other special care needs, such as disability support needs, cannot be fully provided by the family; × the child is placed with a family member far from others in the family and there are no family mechanisms to look after the child.

3. Process of supporting kinship care

The flow chart below outlines the process of supporting kinship care from identification to case closure. Each step in the flow chart is discussed in following sections.

Figure 5: Key steps in case management for kinship care



In most cases, kinship care arrangements work well for both children and families. Where there is no concern about the welfare of the child, no intervention is needed. The following steps are for cases where there is a concern about the child's wellbeing.

Step 1: Identify children in kinship care or their caregivers that may need support

Who should take this action?

- **All adults** living in communities have a responsibility to notice when vulnerable children and adults might need additional assistance.
- **Children** can report to someone they trust if they notice when vulnerable children and adults might need assistance.
- When there is a concern about a child's rights being violated, or a child or vulnerable adult being at risk of harm, anyone can report these concerns to members of the **Child Welfare Committee**.

What should be done?

- Chiefs, Child welfare committees, NGOs and social workers can **raise awareness** in the community about the possible needs of children in kinship care.
- When a Child Welfare Committee has received a concern from the community, the committee should first make an **informal assessment of the situation**, by talking to the family members and caregivers. It is also important to talk to the child – where possible, the consent of the parents should be sought, especially if the child is under ten years old.
- The **first priority is to resolve any concerns informally**. This can be done by talking to family members, involving other local people where needed, especially chiefs, religious leaders or members trusted by the family and child.
- The **second priority is to find another extended family member or household who can take over the kinship caring responsibility**. This might be temporary or short-term, while the preferred primary caregiver and family resolve the problem that has led to a concern. It may be long-term or permanent, if the child(ren) and family feel that another family member is better able to provide long-term care.

When a concern is resolved informally, or another family member can take over the kinship caring arrangement, the Child Welfare Committee should note the arrangement but take no further action. Child Welfare Committee members and other community members should informally monitor the progress of the child.

Record keeping: Child Welfare Committees should note the action taken. No formal record is made of the placement.

See Information Sheet 9: Framework for assessing a child in need of care

Criteria for providing quality kinship care to children
Kinship caregivers and families should:
▪ **Promote the well-being of a child who cannot be with his or her parents;** ▪ **Be healthy enough to care for the child;** ▪ **Have the ability to provide children with the love and security they need;** ▪ **Accept the child(ren) as a part of the family, making sure that the child is treated no differently than any other children that already live in the home;** ▪ **Have no current or past history of child abuse;** ▪ **Have close ties with either maternal or paternal relatives and offer the same social and cultural practices to the child;** ▪ **Demonstrate that all adults, both male and female, in the home actively participate in the decision to care for the child, share the responsibility to care and that the primary caregiver is not being 'forced' to care for the child;** ▪ **Support and encourage reunification with the child(ren)'s biological parents, if and when child and parents are ready to be reunified.**
Child Welfare Committees, chiefs and other responsible adults should:
▪ **Make sure that kinship placements are not made only because of poverty;** ▪ **Provide ongoing support to make sure that children are welcome into the new family and that the family is supported in accepting the new child(ren);** ▪ **Encourage ongoing contact with the biological parents, where possible;** ▪ **Support the family in agreeing on a permanent care solution for the child(ren), wherever possible;** ▪ **Take particular care when the child is placed with a family member far from other family members (for example, when the child moves to a town for school and leaves family at home) or when the kinship carer is a close family friend, rather than blood family, to ensure that the child is treated as kin and retains contact and rights within his or her blood family.**

Step 2: Referral to a social worker and assessment

Who should take this action?

- Any member of the public and all social welfare or related workers such as health workers, teachers or police, should contact the social worker or social work assistant at the district level (where available), or the Social Welfare Supervisor at the county level, whenever there is serious concern about a child's immediate harm. They may also notify the local Child Welfare Committee for information purposes.
- If a Child Welfare Committee has completed Step 1 (above) or if the committee notes tension or conflict with the family and local mediation has not been successful, an immediate referral should be made to the nearest social worker.

See Tool 7: Referral form from Child Welfare Committee to social worker; Tools 1, 3, 4: Child and family assessment forms; Tool 6: Care plan for family-based care

What should be done?

- The social worker or social welfare assistant should do a child and family assessment.
- A **care plan should be developed with the child and all the significant persons in a child's life**. Where possible, the biological parents should be in attendance, especially if their intention is to leave the child(ren) with kinship carers. This is an opportunity to clarify the child(ren's) and

family's expectations, determine how the biological parents can stay in touch with both the children and the family, and identify the long-term care goal for the child (for example, returning to the parents or staying in kinship care or independent living).

- The **care plan must**:
    - include initial **family assessment** and notes of discussions with children, parents and other relevant stakeholders;
    - **outline the support needed by the child and family**, who will meet those needs, what the follow up should be and the appropriate time frame for each action, including the proposal for permanent care for the child;
    - **outline if and how the case will be managed and by whom** (for example, in situations of risk or vulnerability, a social worker or child protection committee member should monitor the situation);
    - **Care planning meetings should be held regularly** (ideally every six months) and reviewed by all involved in the plan.

Record keeping: Child Welfare Committees should record the referral to the social worker in their usual reports to the Child Welfare Officer. A referral form should be kept.

Step 3: Case planning and placement decision

Who should take this action?

- The Social Worker or Social Welfare Assistant (where present) supports the child(ren) and family to agree on the placement, using a Best Interests Determination.
- The Child Welfare Committee can be informed of this arrangement, especially where the case has been reported through the CWC, in order to provide ongoing monitoring and support.

See Tool 8: Placement form

Placement options for kinship care

- **Remain in current kinship care, temporarily or for the longer-term**: This is suitable when the social worker assesses that the child(ren) will best thrive, as long as the support and supervision is provided
- **Move to another family member in the same community**: This could be for a temporary or short time, for example while the current caregiver's health improves. It may be longer-term or permanent, if the current caregiver is deemed not suitable as a kinship caregiver.
- **Move to 'non-family kinship care':** Placement can be with someone who is close to the child, not a blood relative but considered to have the same family-like ties and obligations toward the child. In these cases, it is best if the child remains within the same community that he or she would if staying with a biological family member.
- **Temporary placement with a foster parent or in another care arrangement**: In situations where the child cannot remain in the current care arrangement and a kinship carer has been identified but needs a short period before care can be provided, a short-term option is to find a non-kinship caregiver within the same community, known to the child and family and willing to provide family care to the child until the kinship caregiver can take up his or her role. See Section 7 for more information.

Kinship care may not always be the right option for every child. Each alternative care placement depends on the child's own needs and wishes. See Section 3 on principles for decision making.

What should be done?

- Once a decision has been made with the child(ren), kinship carers and biological parents (where present), the social worker or social welfare assistant agree on the placement.
- The social work assistant, community leader or volunteer should agree how often the child and family will be visited, where the family has been identified as needing support. The individual working on the case should keep a note of visits and send the notes to the social work supervisor.
- Clear agreements should be made about the need for supervision (rather than support) and how and by whom this is done.
- The social worker responsible for the case should share the information about placement with the Child Welfare Committee (or equivalent) who reported the case, so that ongoing support can be provided.
- The social worker responsible for the case completes a placement form.

Record keeping: The social worker or social welfare assistant completes a placement form.

For more information on the benefits and risks of informal care, see Save the Children (2013). "Yaro na kowa ne" Children belong to everyone. Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on kinship care in West Central Africa. www.crin.org/docs/kinship_care_report_final.pdf

Promising practice: Keeping kinship care registration simple

In Namibia, 42% of rural and 16% of urban households are providing foster care, most of it informal. A new, not yet enacted, Child Care and Protection Bill distinguishes between foster care and kinship care, in order to retain the formal, traditional approach to extended family care and also to streamline material support to children and their kinship caregivers. The proposed mechanism is a family agreement – a 'kinship care contract' – signed by parents and proposed extended family caregivers and registered with the court. The contract must be endorsed by the local chief, making the arrangement legally recognized. In cases of dispute about the appointed kinship caregiver, the local social worker supports the family to reach an agreement with Family Group Conferencing. Where the family cannot reach an agreement, even with support and mediation, a court order application can be made through the regional (equivalent to County) social worker. Once finalized, the proposal is to provide financial support to kinship carers as soon as the parental responsibility is transferred to them, most notably through the current national Child Welfare Grant.

Step 4: Support and monitoring after placement

Who should take this action?

- The social worker responsible for the case is responsible for regularly visiting the child and family before and after placement, until the case is closed.
- Child Welfare Committee members can provide more informal support and keep their eyes and ears open to ensure that the child and family are happy with the arrangement.
- The social worker is responsible for deciding when the case is closed. Once the child protection case has been closed, there is no further documentation on the placement.

What should be done?

- The social worker or social welfare assistant should do a **child and family assessment** and identify ongoing support needs.
- **Ongoing support should be provided**, as with all forms of family-based support, see Section 5.
- Children in kinship care may have difficulties accessing birth certificates or face risks to inheritance of their parents' assets later, especially orphans or permanently abandoned children who are in long-term kinship care. Social workers can work with chiefs and local government officials to **support access to birth certificates, death certificates (where necessary) and other legal documents**. The Decedent Estates Law of Liberia should be the legal document framing inheritance support services.
- Children in kinship care (and other forms of alternative care) may need a responsible adult to make a decision on their behalf, for example for medical treatment or school attendance. Currently the law does not clearly identify who is responsible for providing what. In such cases, the social worker, Child Welfare Committee members and local chiefs will need to **facilitate family mediation meetings and provide documents authorized by local authorities to clearly set out roles and responsibilities**.

Record keeping: The social worker or social welfare assistant completes regular case notes (at least every six months) to update the situation. Once a child has been placed in a kinship care arrangement for the long-term, the child and family agree that the situation is permanent and that no additional support is needed, the case record should be closed.

Promising practice: Supporting older people as kinship carers, Tanzania

In northern Tanzania, elderly kinship carers receive a monthly pension of around $5 and child benefits of $2-3 per child. An impact evaluation of these grants found that they more than doubled the average amount of cash that older carers have available to spend. This reduces malnutrition, increases school attendance, and has a major impact on the psychosocial wellbeing of older carers and their ability to care for children. Carers reported being less worried about meeting children's basic needs, and of having better relationships as a result. Children also felt more loved when grandparents were able to meet their basic needs, and reported less conflict between generations.

Source: EveryChild/HelpAge International (2012) Family first: Prioritising support to kinship carers, especially older carers.

Section 7: Foster care

What is in this Section?

This Section provides information on providing foster care in situations where a child needs to be cared for outside of his or her biological family or kin network, temporarily or longer. It includes:

- Definitions of informal and formal foster care suitable for the Liberian context;
- Information on when it may be a suitable care arrangement for children;
- Information for Social Welfare Supervisors and others about identifying and preparing foster carers, matching children with carers, ensuring children's best interests in placement and supporting the foster placement;
- Key steps in the foster care placement process.

How the information in this Section can be used

The information can be used for:

- Awareness-raising activities with children, families, communities and service providers about what foster care is and how it can help children who need family care;
- Assisting people to provide foster care services and support foster placements within the guidelines;
- Providing additional resources for recruiting, training and monitoring foster carers;
- Supporting social workers in the key case management steps during foster care.

Did you know? Research has shown that foster care can provide positive care for children in need, enables children to stay in a family environment, reduces unnecessary placement in institutions and that children have better development, health and psychosocial outcomes than children in orphanages.

1. Foster care in the continuum of alternative care

Foster care is a family-based care placement option for children with no biological, extended or kin network family identified, for example a child living on the street placed in care while his or her family is traced or a child leaving an orphanage for family care who has no kin. It can be a temporary, short or long-term care option and is legally recognized in the Liberian Children's Law and outlined in the International Guidelines for Alternative Care of Children.

There are many different types of foster care provided by informal carers and through a network of formal foster carers.

2. When foster care is a suitable option

Foster care should be considered only when a child's biological mother or father, extended family **and/or** kin network cannot care for the child, temporarily or permanently, or if its not in the best of interest of the child to be cared for in his/her own family environment. It is important to see if there are ways to provide financial and non-material support to the family and to keep the child(ren) together. See section 5 for ideas on supporting the family.

Reasons for a child needing foster care might include any of the following: See section 6 for more on kinship care:

- The death of parents;
- Abandonment of the child by his/her parents or giving up parental responsibility, for example, due to remarriage;
- Incapacity of parents, due to physical or mental illness or because they are harming the child physically, sexually or emotionally;
- Lack of kin network to provide care;
- Parents in prison;
- Separation during an emergency situation;
- Risk of the child's placement in institutional care.

Sometimes a child goes to live with a foster carer, even when the parent is available to care for the child, because, for example:

- The parent(s) migrates for work;
- The parent (usually the mother) has a child when s/he is considered to be too young to care for the child responsibly;
- There are too many mouths to feed in the home;
- To be able to go to school or to have access to other basic services.

Remember that every child is different and foster care will be different for each of us. Some children might leave an orphanage or group home care to live in foster care; others might be in emergency foster care before moving back with their family, kin, or in to a group home.

Foster care can be:

A temporary option for care if there is no kin network immediately identified:

- While biological family receives support so the child can return home and no kin is available, able or appropriate and suitable to help;
- While family is being traced and with reintegration with parents or kin as the goal;
- While an adoptive family is being identified for a child with no immediate or kin family;
- The child is under the age of three and residential care is not appropriate.

It can be the long-term option for a child:

- Without family or kin until they can live independently;

- When an adoptive family cannot be found;
- Who chooses not to live with parents or kin due to abuse or long-term separation;
- That requires specialized services or a high degree of support that can be provided in speclaized foster family.

Foster care may not be necessary or suitable when:

- The placement is against the wishes of the child or the child may be separated from siblings when placed foster care;
- The child can be supported so s/he can remain with the biological family or within kin placement;
- The foster carer does not have the skills, ability or supervision to be able to care for and protect the child;
- The child requires specialized services or a high degree of support that cannot be provided in a foster family but can be provided in a specialized or therapeutic residential care facility;
- The child is old enough and capable of living independently with some support or the young person prefers to live independently. See Section 8 on Supported Independent Living.

There are two forms of foster care appropriate to Liberia: formal and informal. The practice of informal foster care is very common and is practiced in emergency and non-emergency situations. Communities have traditionally taken in children without undergoing any formal processes with the DSW or Children's Court.

Here are some of the differences and similarities between formal and informal foster care:

	Formal Foster Care	Informal Foster Care
Is it common in Liberia?	Not common, only a few examples of formal foster programs	Yes, very common community mechanism for care of orphaned children or children whose parents cannot provide care.
Who is responsible for the care arrangement?	A responsible authority like the Social Welfare Supervisor, DSW official or court	A private person like the child's parents, kin or community members or the Child Welfare Committee
Who makes the decision for placement?	The Child Placement Committee with the Social Welfare Supervisor and the court	The family, community, Child Welfare Committee together with the Social Welfare Supervisor
Who is the foster carer?	The carer is selected and approved by the responsible authority. Formal foster care should be developed where the resources exist to support it	The carer is identified by the family or community
Is the foster placement managed, supervised and supported?	Yes, by the Social Welfare Supervisor	Yes, by the Social Welfare Supervisor
How long is the child in care?	Temporary, short or long-term	Temporary, short or long-term
Is the carer trained?	Yes, formal providers receive training	No training is required
Does the child stay close to their community?	Typically the child would go to the community where the carer resides	The child will always stay in or near to their own community
Does the child maintain contact with their parents and/or kin?	Yes, if identified the child should remain in contact with their family and community with the goal of being reunified	Yes, if identified the child should remain in contact with their family and community with the goal of being reunified

Currently, many children in Liberia live with people who are not a part of the same family but have been living as a part of the family for a long time. When the carer is acting as kin and the child feels the ongoing kin connection with his or her family, this is understood to be kinship care.

Informal foster care is done when there is a clear temporary arrangement with someone who is caring for the child as a non-family caregiver, during an investigation of and support to the child and his or her family.

3. What are different types of foster care?

Globally, foster care can be divided into many types. In practice, it is likely that formal foster care in Liberia will cover most of these types of care through the same individuals and similar processes.

Type of foster care	
Interim	In the aftermath of an emergency, displacement or during conflicts, foster care placements can provide care and protection for separated children, pending tracing and care planning.
Emergency	Foster care for the unplanned placement of a child for a limited time period (a few days up to several weeks), when it is deemed essential to remove a child from a particular situation.
Short or medium-term	Short or medium-term care is the planned placement of a child for a few weeks or months. It provides a safe place for a child to live until it is possible to reunite the child and the parents, place a child with kin or arrange an alternative longer-term option in accordance with the child's care plan.
Long-term	Long-term care is the placement of a child for an extended period, often until the child reaches adulthood, and after adoption and kinship placement options are found not feasible.
Treatment/specialized	This is an alternative to residential care for children who might otherwise have difficulty in regular foster care (e.g. children in contact with the law or children with serious health, behavioral or mental health problems).
Respite / short break	Respite care supports the parent to care for their child by providing day, evening, weekend or short-term care of a child on a regular basis. It is planned and children and their families often have a relationship with the carer. This is also used to provide long-term foster carers a break from their responsibilities.
Pre-adoption	Fostering as a pre-adoption measure may be used to ensure that the prospected family is able to meet the need of the child or to allow parents time to consider their decision.
Parent and baby	The child is placed with his or primary carer (typically the mother) together in placement so that the primary carer can benefit from parenting guidance and support. This is particularly beneficial for school-age parents, parents with learning disabilities or care leavers.
Cluster	A network of foster families who support each other and are typically located within close distance of each other.

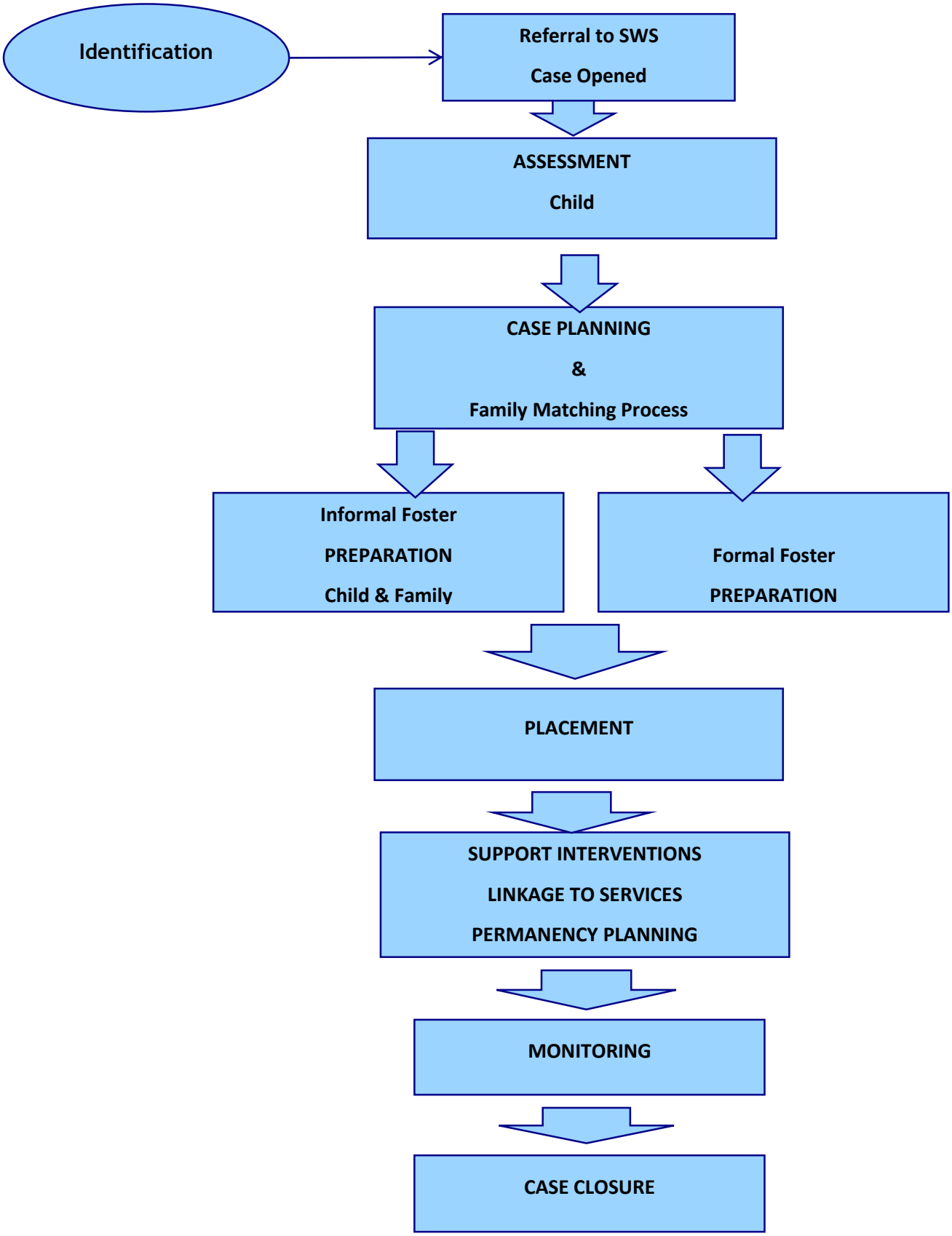
4. Process of foster care placement

For foster care to provide children with protection, a good standard of care is needed including social work services, selected and trained foster carers, good care planning and placement supervision. In the case of formal foster care, carers are approved and trained to provide foster care. Some of the important considerations for quality foster care programming are:

- Linkage with family support services, family tracing, reintegration and permanency planning
- Effective recruitment and assessment of foster carers
- Appropriate matching of foster parents and children
- Training, support, supervision and mentorship for carers and social workers
- Holistic support services for foster children and their carers
- On-going monitoring and evaluation of care placements
- Supporting children and young adults leaving foster care ("care leavers")

The process of identifying children and carers, making a placement, and monitoring care follows these case management steps:

Figure 6: Key steps in case management for foster care



Step 1: Identify children in need of foster care

Who should take this action, and when?

See Information Sheet 9: Framework for assessing a child in need of care

- **All adults** living in communities have a responsibility to notice when vulnerable children and adults might need assistance.
- **Children** can report to someone they trust if they notice when vulnerable children and adults might need assistance.
- When there is a concern about a child's rights being violated, or a child or vulnerable adult being at risk of harm, anyone can report these concerns to members of the **Child Welfare Committee**.
- When there is a child without care in a community, for example a child on the street, the **authorities** (Social Work Supervisor, other DSW representative, court or police) need to be alerted immediately.
- When working to deinstitutionalize children in residential care, **DSW De-Plan Division** can use foster care as a family-based option for children without immediate or long-term reintegration, kin or independent living options and for those whom group care is not appropriate.

What should be done?

- Chiefs, Child Welfare Committees, NGOs and social workers can **raise awareness** in the community about protecting children through family-based alternative care, such as foster care.
- When a Child Welfare Committee or Social Welfare Supervisor has received a concern from the community, the committee should first make an **informal assessment** of the situation, by talking to the child and, where acceptable, visit the family.
- The **first priority is to resolve any concerns or conflicts informally**. This can be done by talking to family members and involving other local people where needed, especially chiefs, religious leaders or members trusted by the family and child.
- The **second priority is to find another extended family member or known household who can take over the kinship caring responsibility**. This might be temporary or short-term, while the preferred primary caregiver and family resolve the problem that has led to a concern. It may be long-term, if the child(ren) and family feel that another family member is better able to provide long-term care.
- If it appears likely that the child will be able to shortly move to family or kinship carer (in no more than three months, for example), the preferred option would be to find a non-related family within the child's community (informal foster care) who is willing and able to provide care to the child. The care may be short-term, while family issues are resolved, parents or kin are traced, adoptive family is identified or another more appropriate placement is secured. It may be long-term, if this is part of the child's care plan. At this point the formal referral to social worker is made. See Step 2.
- When no informal foster placement is possible or when a child is not able to stay or return to his/her community, formal foster care may be the next priority. Again, the care may be short-term or long-term. The family is a recruited, selected, trained and supervised foster family.
- **Record keeping:** Child Welfare Committees and Social Work Supervisor should note action taken in the ongoing records.

Step 2: Referral to a social worker and child assessment

Who should take this action?

- Any member of the public and all social welfare or related workers such as health workers, teachers or police should contact the social worker or social work assistant at the district level (where available), or the Social Welfare Supervisor at the county level, whenever there is serious concern about a child's immediate harm. The individual working on the case may also notify the local Child Welfare Committee for information purposes.
- If a Child Welfare Committee, authority or DSW has completed Step 1 (above) or if tension or conflict is noted with the family and local mediation has not been successful or if it is determined that a child needs to move from one care placement to another, a referral should immediately be made to the nearest social worker.
- Once a referral has been made the social worker, social work supervisor or social work assistant becomes responsible for completing the next steps of case management, beginning with a child assessment.

See **Tool 7: Referral form from Child Welfare Committee to social worker;**

Tool 1: Child assessment forms;

Tool 6: Care plan for family-based care

What should be done?

- The social worker or social welfare assistant should do a **child (and biological or kin family) assessment to determine the situation,** the best interest placement of the child (which may include remaining in the current care situation or moving to a new alternative care placement) as well as the long-term plan (such as family reintegration).
- The **child assessment** will document the child's physical and mental/emotional health, nutritional status, education and family history and extended family connections, placement history, and the child's needs including emotional, educational, medical, social, cultural and religious (in-depth information is needed to ensure appropriate matching with a foster carer).
- The assessment will determine if temporary placement with an informal foster carer is an option or whether the child will benefit from placement in a formal foster placement.

Record keeping: Child Welfare Committees should record the referral to the social worker in the usual reports to the Child Welfare Officer. The social worker responsible for case management will open a case file at referral which will include the full child assessment once completed.

Step 3: Case Planning and Placement Preparation

Who should take this action?

- Where a temporary arrangement with a nearby community member is arranged for a temporary period, the Social Welfare Supervisor or Social Welfare Assistant (where present) supports the child(ren), family when involved and community to agree on the placement with an informal foster carer and is responsible for case planning.

- Note: the process is a formal social work process, but the placement is with an informal carer – someone who is not recruited and accredited to be a foster parent. The informal foster carer is specific to the particular child family situation.
- The Child Welfare Committee can be informed of the placement, especially where the case has been reported through the Child Welfare Committee, in order to provide on-going monitoring and support.

See Tool 5: Assessing foster carers

- If the assessment suggests that a child needs a more formal placement with a foster carer, the Social Welfare Supervisor or Social Welfare Assistant (where present) presents the placement case to the gatekeeping body (Child Placement Committee) who reviews the assessment and foster carer preparedness of the child(ren), and family when involved, and community to agree on the placement.
  - The Social Work Supervisor or Social Welfare Assistant is responsible for case planning, family recruitment, training, approval and case monitoring.
  - The Child Welfare Committee can be informed of the placement, especially where the case has been reported through the Child Welfare Committee, in order to provide on-going monitoring and support.

What should be done?

- A **care plan** should be developed with the child and all the significant people in a child's life. Where possible, the biological parents and/or kin should be involved, especially if family reintegration is the permanency plan. This is an opportunity to clarify the child(ren)'s and family's expectations, determine how the family-child relationship can be best maintained and identify the long-term care goal for the child (for example returning to parents or kin, staying in foster care or independent living).
- The care plan should: include initial family assessment; outline the support needed by the child (and family), who will meet those needs, what the follow up should be and the appropriate time frame for each action, including the proposal for permanent care for the child; outline how the case will be managed and supervised and by whom .
- Care planning meetings should be held regularly (ideally every six months) and reviewed by all those involved in the plan.

Recruitment, assessment and training of foster carers for formal foster care

- **Recruitment of foster carers is critical component of providing quality services and should include mechanisms for: recruiting, assessing, approving, training and monitoring**. According to the Liberian Children's Law a single person who is 24 years of age or older, single, cohabiting or married can be a foster carer.
- The **foster carer assessment process is a way to determine the motivation and capacity of the potential carer**. Selection and assessment is based on competencies and openness to care for and nurture the children and take on new ideas. Assessment and family files include:
  - Notes and records of multiple interviews and home visits with potential foster carers and their neighbors;
  - Notes and records of interviews and visits with the entire foster family household, including children;
  - Police good conduct certificates;

- Letter of good conduct from the local chief or appropriate authority to establish good standing in the community;
- Medical assessment by certified medical practitioner.

- If selected by the county social welfare office, the foster carer, must participate in a **pre-placement training**. The training serves as a way to assess and screen the foster parents further for their motivation.
- **Training to ensure the carer has the right skills and knowledge is done by the DSW, in collaboration with county social welfare supervisors**. All first time carers must participate in training before placement and additional training during the placement period may also be provided. **Other capacity building initiatives might include: one-on-one consultations with foster families, mentorship, supervision and networking with other care providers**.
  - **Recommended training topics**: parenting; attachment theory, effects of abuse and neglect in child's development, communication and conflict resolution skills, the importance of permanence, children aging out of placement, and other specialized topics such as disabilities, behavioral issues, children in contact with the law, etc.
- All approved and trained formal foster parents are put on a **foster carer database** at the DSW and then can be used by the local child protection actors when care is needed.

Record keeping: The social worker or social welfare assistant completes a placement form and maintains a complete case file on the placement, including a separate file on the foster family (in the case of formal foster care) in the Social Welfare Supervisor office.

Promising Practice: Foster care for street children, Uganda

Retrak, an international NGO, enables children living on the streets to have a permanent alternative to life on the street. In Uganda, Retrak has run a foster care program for children living on the streets since 2004. The program is registered with the Government of Uganda and works in partnership with government authorities. Retrak recruits foster families through individual recommendations, community groups, churches, existing foster carers, NGOS, Retrak staff and media. Each foster family undergoes an extensive family study and assessment to determine their suitability. Once foster parents have passed the selection process, they are carefully matched with a foster child (former street child). The preparation for placement is a crucial stage in the foster placement process. During this stage both the foster family and child are prepared. Retrak offers on-going trainings to foster parents to enable them to provide quality care to fostered children. Training and guidance in life skills is also offered to fostered children periodically. To support the families, Retrak provides health, transportation and foster family support services. The program has successfully placed 88 children with 48 foster families.

Promising Practice: Foster care in South Africa

Give a Child a Family (GCF), a registered South African NGO, provides foster care services for children in the GCF Interim Shelter and other children's institutions in the Kwazulu Natal region in South Africa. GCF recruits, screens, trains and supports foster families. Approximately 75 new families enter the program each year as prospective foster parents. Foster families are recruited from community churches and women's groups and a stringent assessment and screening process ensure that only secure families are approved. This process involves at least seven visits to the family home, interviews with neighbors and other community members and a police clearance. Successful families who have passed the criteria undergo a five-day Foster Care Training Programme. A database with the details of available Foster Parents is maintained at GCF. A panel matches a child with a foster family based on the information regarding the child and his/her best interest. GCF is responsible for the legal matters regarding the placement of the child and submits reports to the Department of Welfare every second year. Foster families are provided with supportive services following placement and undergo regular monitoring visits by GCF social workers. As a prevention and early intervention strategy, foster families are strengthened through parenting skills, building their socio-economic resilience and support groups and an informal child protection system is provided through child support groups.

Step 4: Placement and Support Services

Who should take this action?

- The Social Welfare Supervisor or Social Welfare Assistant (where present) is responsible for placement and support services. Community stakeholders can support the Social Welfare Supervisor and Assistant in providing these support services.

What should be done?

The matching process

The child's needs and best interest, not those of the prospective foster carer, should guide the matching and selection process. The **following are recommended guidelines to support the matching process**:

a) Matching criteria defined by the DSW;
b) The child and foster family **matched according to the individual needs of the child** as outlined in the assessment and individual care plan;
c) Before placing the child and during the matching process, the **foster carer should be given detailed information about the child's background and his/her current needs**, including reasons for placement, family and medical history and care and placement history. The family should be well aware of the circumstances of the child and if the family has the skills and capacity to care for the child. This information will also help facilitate forging the relationship between the foster carer and child;
d) **Prior to placement, designated authorities should visit the foster home to assess the home conditions**, the suitability of other household members and to check that members of the family has consented to the decision;
e) Cultural, religious and ethnic background of foster carers and child, age and income of foster carers, marital status of foster parents, geographic proximity to biological family and siblings (when applicable), number, age and gender of other children and adults already living in foster home, safety and caring environment of foster home, educational needs of the child need to be considered during the matching process;

f) Every attempt should be made to place the child with families of child's own linguistic, culture, ethnicity and/or religious heritage;
g) **Siblings should not be separated by foster care placement**, unless there is clear risk of abuse or other justification;
h) **Community leaders should be consulted throughout the matching and selection process**.

Preparation for Placement of Child

The child's introduction into foster care should proceed slowly and cautiously. The following steps should be taken:

a) To facilitate the adjustment process for the foster child and carer(s), the DSW should arrange **pre-placement meetings between the prospective foster children and foster carer(s)**.
b) Both the foster carer(s) and the child shall be prepared beforehand and provided with information. The foster child should be provided information regarding the foster family. The foster parents should be provided information about the reasons the child has been placed in alternative care or separated from his/her family, history of previous care arrangements, medical and psychological information and other information that is pertinent in providing appropriate care and protection;
c) In consultation with the foster carers and child, the DSW (or designated authority) shall decide upon the length of an **introductory placement period**, which can last from a few days to a few weeks depending on the situation of the child and family;
d) Prospective foster child and foster parent(s) shall be provided with **counseling services** to facilitate psychological preparedness and avoid disruptions after placement;
e) Before the placement of the child in the foster family, a **written agreement** outlining the roles and responsibilities and provisions of safeguards to the children shall be developed and agreed upon between parties;
f) The DSW and foster carers shall protect the child's emotional health by providing the child with a **"life book" or "memory box"** soon after being placed in care.

Promising practice: Developing memory or life book

REPSSI had developed a facilitator's guide for memory work workshops. The manual highlights memory work techniques that are designed to help families cope with death and grief, and to plan for the children's future adjustment and well-being. The techniques described in the manual include memory books and memory boxes. These help children build their identity and strengthen emotional capacity, to understand the past and be less afraid of the future. The books or boxes can include family pictures, writing or painintings. For more information visit: www.repssi.org/memory-work-manual-facilitators-guide/

Support Services

- **Throughout the duration of the placement the foster family should be provided with a package of holistic support services**, including: trainings, counseling and referral to other services such as health, education and legal services for the child. There are other forms of support such as, the social worker, biological family or kin, foster associations and support groups, access to specialists for help and advice;,recreational activities and informal and formal complaint mechanisms.
- **Children in care must be provided contact with their parents, wider family, friends and community; access counseling and other support services; mechanisms and procedures to protect the property of children under foster care**.
- **Every foster child must be allocated a supervising social worker (or care worker).** The social worker is responsible for overseeing the support the foster child receives and assesses the child's

well-being. The supervising social worker must make frequent contact through regular visits, consultations and child-friendly methods to ensure the child is able to express himself/herself.

- **Social workers should provide the link to other support mechanisms for the child**. Additional support might include: short-term breaks or respite care, newsletters or print materials for foster carers, simple and user-friendly documents for foster parents and children, adequate supplies/goods and/or allowances to cover expenses and written foster care agreement and handbooks that clearly stipulates the shared responsibilities and expectations.
- **Every foster carer must be allocated a supervising social worker (or care worker).** The social worker is responsible for overseeing the support the carer receives, assessing the carers' performance and ensuring they develop skills. The supervising social worker must make frequent contact through regular visits.
- **Foster children should be provided with effective follow-up and counselling as they transition out of foster care**. There should be careful preparation of the transition from foster care to independent living. (See Section 8: Supported Independent Living).
- **The priority for all foster children is to ensure permanent care arrangement**. While a child is placed in foster care, social workers should work towards tracing and ultimately reintegrating the child back to their family. Family support services should be provided to help the family care for the child. This is an on-going step throughout the stages of foster care.

Record Keeping: The DSW shall record the number of foster care placements in each sub-county and keep track of all children in foster care in the national database. The social welfare supervisor and social welfare assistant is responsible for maintaining up-to-date records of foster cases, children and carers.

Promising Practice: Respite care for families with children with disabilities, Russia

EveryChild and Partnerships for Every Child Russia have been supporting foster care in Russia for over a decade. They view foster care as a "short-term instrument that can help a child and family and come out the other end." To this end, they provide respite care (or short breaks) to families of origin to help reduce the daily stress and improve quality of life for the child and family and ensure that the child is not placed outside of the family. Short breaks allow personal time for the parents and the other children in the family as well as opportunities for specific recreational or training experiences for the child with disabilities. The short breaks are between 1-2 hours each visit and up to a maximum of 15 days (the annual limit for each family). These breaks are provided by "respite families" who are assessed, trained and matched to support one or more families with children with disabilities. This service is not only for the biological parents but also wider extended family for example, grandparents who are caring for grandchildren with disabilities.

Source: EveryChild. Short Breaks Service, An Evaluation of the Innovative Service for Families Caring for Children with Disabilities

Step 5: Support and monitoring after placement

Who should take this action?

- The social worker responsible for the case is responsible for regularly visiting the child and family before and after placement, and regularly until the case is closed.
- Child Welfare Committee members can provide more informal support and keep their eyes and ears open to ensure that the child and family are happy with the arrangement, particularly in informal foster placements.
- The social worker is responsible for deciding when the case is closed, typically this only happens once the child is no longer in foster care, has returned to his/her biological parents, kin network or has aged out of placement and into independent living.

What should be done?

- To properly monitor foster care placements, the social worker will collect information on the development of the child and prepare regular reports. These reports, along with each foster child's case file, are maintained with the social welfare supervisor in the county.
- Children in care must have and participate in developing, an aftercare plan, that includes the transition to independent living. This should be devised the day they arrive in care and updated periodically.
- Throughout the child's time in care, children should be are prepared with the necessary basic living skills and social connections to allow for a smooth connection. The aftercare plan should include well thought out goals and define the people and services that will be part of the transition to independent living.

Reporting and Responding to Cases of Abuse, Neglect and Death

Reports of neglect, exploitation and abuse of the foster child by the foster parents or others shall be immediately investigated by the DSW and police. The child should receive immediate emotional and physical health care and placed in alternative placement, as deemed appropriate by the social worker.

In the case that the child runs away from home, is injured or dies while in foster care, foster parents shall immediately inform the DSW. The DSW should report the situation to the police, Chief and biological parents or extended kin. A review shall be immediately carried out to determine appropriate action. The DSW social worker will respond to the needs of the foster family.

In the case of death or incapacitation of foster parents, the DSW shall take immediate action to report the death to appropriate authorities. The child shall receive immediate emotional and psychological counselling and be placed in alternative placement, as deemed appropriate by the DSW social worker.

The DSW should take appropriate action, including revoking foster care placement and removal of the child if deemed to be in the best interest of the child, when concerns are raised regarding the care and rights of fostered children.

The DSW should maintain a record of all abuse and deaths of children in foster care in each sub-county and share with the appropriate duty-bearers.

Record keeping: The social worker or social welfare assistant completes regular case notes (at least every six months) to update the situation. They are responsible for keeping all placement files up to date for both children and care providers.

These are my rights and responsibilities in foster care:

Respect the foster family, community & authorities

Participate in my foster placement

Stay in touch with and help improve my relations with my family if I can

Follow the rules, values & responsibilities in my foster family

Tell the authorities about any problems or worries I have.

Section 8: Supported Independent Living

What is in this Section?

This Section provides information on supported independent living as an alternative care option for children able to live on their own with minimal support. It includes:

- Definition of supported independent living in the Liberian context;
- Information on when it may be a suitable care arrangement for children;
- Information for Social Welfare Supervisors and others about identifying children and preparing for placement, support services during placement, supporting young people leaving care, ensuring children's best interests;
- Key steps in the supported independent living process.

How the information in this Section can be used:

The information can be used for:

- Awareness-raising activities with children, families, communities and service providers about what supported independent living is and how it can help children;
- Assisting people to provide supported independent living services within the guidelines;
- Developing new services of supported independent living in Liberia through additional resources and promising practices;
- Supporting social workers in the key case management steps during supported independent living.

Did you know? The United Nations defines youth or older children as those between 15-24 years of age. Support to independent living and adulthood requires a flexible consideration of age, often beyond 18 years.

1. Supported independent living and the continuum of alternative care

Supported independent living supports young people, children up to 18 years and sometimes young people who are older than 18 but need support, to transition to independence and adulthood through aftercare services and supported independent living interventions. The service is outlined in the International Guidelines for Alternative Care of Children and supported by global literature and best practice. It is a new care option for children in Liberia.

2. What is supported independent living and when is it a suitable option?

In supported independent living, a child is supported in her/his own home, hostel or other form of accommodation, to become independent. Support workers provide assistance and support, but supervision is not needed because the child is able to be independent. Supported independent living aims to prepare older children in making a smooth transition to adulthood and independence.

Supported independent living is different from supervised independent living because the child in supported independent living is wholly responsible for his or her day-to-day decisions e.g. budgeting, free movement, etc. The child receives monitoring, in the form of guidance or mentoring, but is not required to adhere to imposed rules, unless mutually agreed. If the child is struggling and his/her wellbeing is at risk, a social worker may move the child to another placement.

In supervised living – either in a group home or independent living – the child must follow a set of rules, e.g. not taking drugs. He or she faces consequences if the rules are not followed. The child is often a guardian of the state in such situations.

Young people who have grown up in institutional care, foster care, on the streets or in other situations outside of their own family face challenges and obstacles in transition to adulthood and independence. This period is one of the most vulnerable periods of the child's life. These young people are more likely to experience poorer education and health outcomes, poverty, unemployment, incarceration, substance abuse, violence and abuse, teenage pregnancy, societal and interpersonal relationship issues and even suicide, compared to their peers who have grown up in stable, family homes. Studies have shown that aftercare services and supported independent living can prevent future homelessness, delinquency, renewed placement in a residential facility and can improve the youth's social, health, education and economic outcomes.

Here are some of the differences and similarities between supported and supervised independent living:

Supported Independent Living	Supervised Independent Living
Child lives on his/her own without daily supervision in his/her own home, apartment, hostel or other accommodation	Child lives in a 24-hour or regularly supervised living situation, such as supervised apartments or small group home with professionals providing supervision
Social worker provides regular support, linkage to services, case planning and monitoring	Social worker provides regular support and supervision, linkage to services, case planning and monitoring
Goal is child living as an independent adult without regular support	Goal may or may not be full independent living

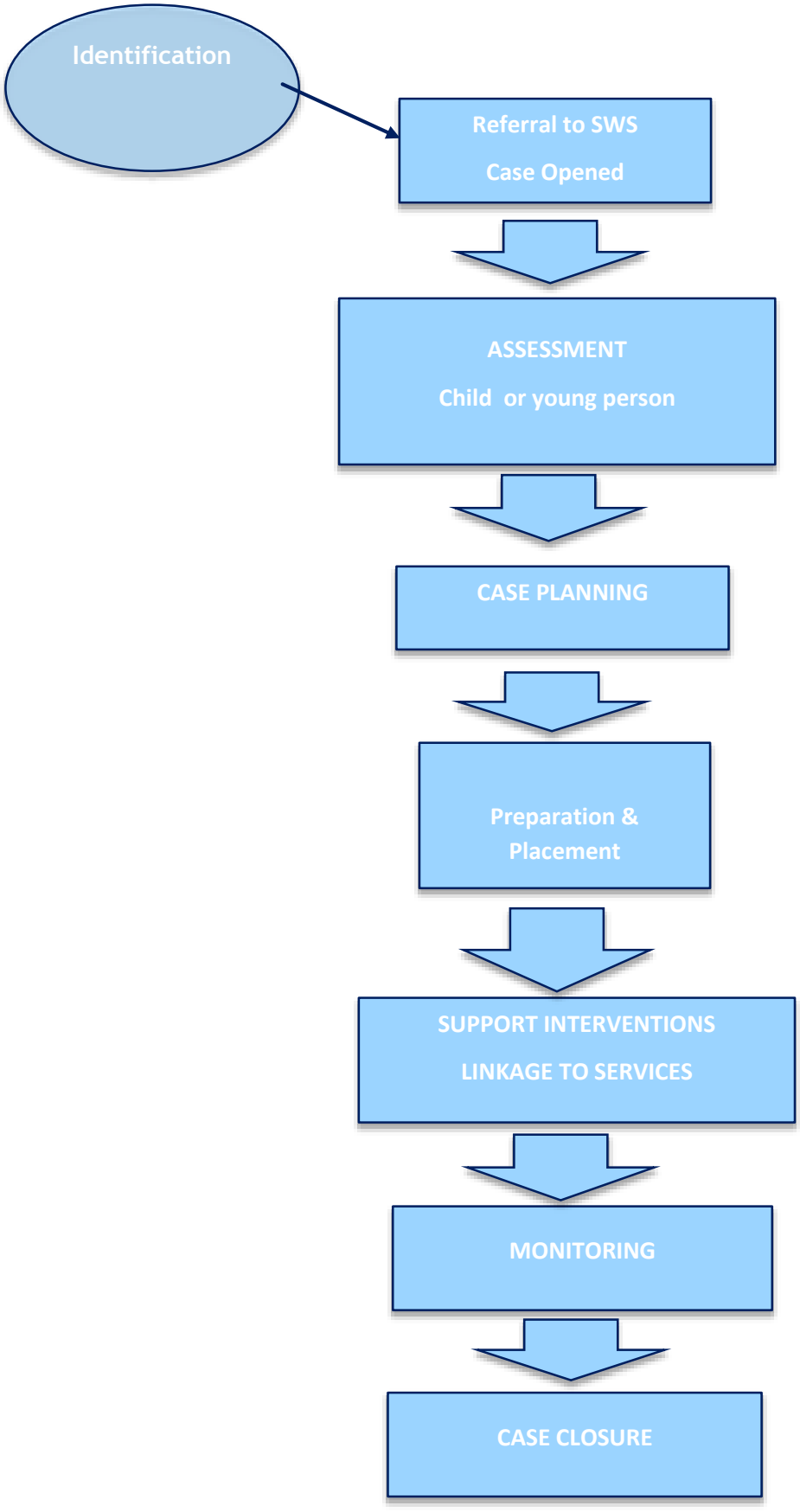
Care option for children leaving institutional care, kinship or foster care or moving to supported living from the street or another vulnerable situation	Care option for children leaving institutional care, kinship or foster care, or moving to supported living from the street or another vulnerable situation

Supported independent living …	
may benefit children who are …	may not be necessary or suitable when …
✓ **unable or no longer eligible to live in institutional care, foster care or other out-of-home placements and for whom reunification, adoption or placement with kin is not an option;** ✓ **living or working on the streets and in which placement in alternative care and reunification, adoption or kinship care is not an option;** ✓ **wanting or needing independent living and not in a family environment or residential care facility;** ✓ **unable to live within a family environment due to trauma, separation and distress (i.e., victims of severe domestic abuse and neglect, child soldiers, children living on the streets, children on the move, child laborers, adolescents, etc.), but who can be independent with minimal support;** ✓ **who do not express or display psychological or physical disturbances which make independent living dangerous to themselves and others;** ✓ **who are pregnant or parenting and need the additional support to live independently and to be successful parents;** ✓ **with demonstrated maturity needed for independent living.**	× the placement is against the wishes of the child or the child may be undesirably separated from family, siblings or community; × the child has physical, emotional, behavioral or other special needs that require supervised living arrangements; × the child may be in danger of hurting himself/herself or others if not supervised, including suicidal tendencies, substance abuse and other self-harming behaviors; × the child is not old enough or mature enough to live independently.

Please consider my individual situation when you work with me; think about my needs, age, opinions, skills and networks. It might be different if I am a girl or a boy and it is important to be gender sensitive. If I can live independently than I can also have a lot to say in my care planning.

3. The process of placement in supported independent living

Figure 7: Key steps in case management for supported independent living



Step 1: Identify children in need of supported independent living

Who should take this action?

- **All adults** living in communities have a responsibility to notice when vulnerable children and adults might need assistance.
- **Children** can report to someone they trust if they notice when vulnerable children and adults might need assistance.
- When there is a concern about a child's rights being violated or a child or vulnerable adult is at risk of harm, anyone can report these concerns to members of the **Child Welfare Committee**.
- When there is a child without care in a community, for example a child on the street, the **authorities** (Social Work Supervisor, other DSW representative, court or police) need to be alerted immediately.
- When working to deinstitutionalize children in orphanages or plan for aftercare, the **DSW De-Plan Division** can use supported independent living as a transition to independence.

What should be done?

- Chiefs, Child Welfare Committees, NGOs and social workers can **raise awareness** in the community about supporting children living independently and the services available to the children.
- For children leaving institutional care facilities, social worker or facility manager should develop **an after care plan** and talk with the child or young person about supported independent living and aftercare services.
- When a Child Welfare Committee or Social Welfare Supervisor has received a concern from the community, the individual should first make an **informal assessment of the situation**, by talking to the child and, where acceptable, visit the family.
- The **first priority is to resolve any concerns informally**. This can be done by talking to family members, involving other local people where needed, especially chiefs, religious leaders or members trusted by the family and child. See Section 4 for more information on options to support the family.
- **When supported independent living with support from a social worker is clearly required a referral is made**. See Step 2.

Record keeping: Child Welfare Committees, authorities or DSW should note the action taken in their records.

Step 2: Referral and assessment for supported independent living

Who should take this action?

- Any member of the public and all social welfare or related workers such as health workers, teachers or police should contact the social worker or social work assistant at district level (where available), or the Social Welfare Supervisor at the county level, whenever there is serious concern about a child's immediate harm. The individual may also notify the local Child Welfare Committee for information purposes.
- The social worker or facility manager should contact the social worker or social work assistant at the district level (where available), or the Social Welfare Supervisor at the county level, to inform of children in their institution who may be suitable for supported independent living;

See **Tool 7: Referral form from Child Welfare Committee to social worker**

- If a Child Welfare Committee, authority, or DSW has completed Step 1 (above) or if they note tension or conflict with the family and local mediation has not been successful, or if it is determined that a child needs supported independent living an immediate referral should be made to the nearest social worker.
- Once a referral has been made the social worker, social work supervisor or social work assistant becomes responsible for completing the next steps of case management, beginning with achild assessment.

What should be done?

- The social worker or social welfare assistant, as well as the institutional care facility social worker/manager (for those children residing in institutional care) should conduct **a child (and biological or kin family) assessment to determine the situation**, the best interest placement of the child (which may include remaining in the current care situation, or moving to independent living), as well as the long-term plan.
- The child assessment will document the child's physical and mental/emotional health, nutritional status, education and family history and extended family connections, placement history, and the child's needs including emotional, educational, medical, social, cultural and religious.

See **Tool 1: Child assessment forms**

and **Tool 6: Care plan for family-based care**

- The assessment will determine if the child can benefit from supported independent living.

Questions to consider when assessing placement of a child into a Supported Independent Living arrangement are:

Societal / community considerations:

- What types of children commonly live on their own?
- What are the circumstances that require children to live on their own?
- What are typical housing arrangements for that community?
- How are children living independently perceived and treated by the community?
- Under what circumstances can independent children be considered a 'household' or a 'family' for purposes of accessing social transfer programs?

Individual child considerations:

- What risks might the child face living independently?
- What support would the child need to be successful living independently?
- Does the child have any family, community connections, close friends who can support them in living independently?
- Are there any special circumstances that would make living own their own challenging (e.g. substance use, history of trauma/abuse, medical condition, disability)?
- How long might the support be required – will the child be able to be fully independent at some point to the best of your assessment?
- Can the child be monitored and who can help?
- Will the arrangement allow maintenance of other family connections (for example, siblings or a young parent being able to get support to live with their infant)?
- Is the arrangement within access to school, vocational, training and employment supports?
- How will the child support his/her self financially?

Record keeping: Child Welfare Committees should record the referral to the social worker in the usual reports to the Child Welfare Officer. The social worker responsible for case management will open a case file at referral, including the full child assessment once completed.

Step 3: Case Planning and Placement Preparation

Who should take this action?

- The Social Work Supervisor or Social Welfare Assistant (where present) , or facility social worker, supports the child for placement, working with the community and organizations to identify appropriate accommodation and support services available.
- The Child Welfare Committee or other referring agent can be informed of the action.

What should be done?

- The **social worker should support the child during his/her time in alternative care with a care plan and provision of services to prepare him/her to leave care**. The child should participate in the development and updating of the care plan. During this time, the child should be encouraged to have continued contact with his/her parents and family.
- The **social worker will work with the child to identify and secure stable accommodation** by making living arrangements in the home, apartment, hostel or another form of accommodation that is culturally appropriate and safe. Where possible, children should be housed in accommodation of a simliar standard to other families in the community. An example of a housing option would be: if there are four adolescents of the same gender, there would be a two-room house, hostel or apartment with two children in each room or living space. The children should, wherever possible, be able to choose who they share a living space with.
- The **social worker will help facilitate communication and contact with the biological family, kin network, other mentors or former foster carers** and **facilitate the creation of social networks** by forming peer support and mentor schemes, including care leaver associations and networks.

- The **group of children can also identify a family in the local community willing to help them and discuss with the family the kind of regular support agreed to give the children**. At a minimum, the family should make sure that the children attend school, get medical treatment when needed, access food and include the children in some of the family's social gatherings. The family must also be seen by the community as the children's protectors, particularly to prevent sexual and other abuses.
- The **social worker will determine what support services, training, mentorships, etc. are needed** to support the child's independent living, as well as outline a regular schedule for monitoring the placement and updating the care plan and independent living goals.

Record Keeping: The social work supervisor should be responsible for maintaining case records of supported independent living placements.

Promising practice: 'Permanent parents for teens' project, United States

This project sought to find permanent parents for young people in care and unconnected to permanent families. The project combined specialized case-work and parent education and training. A 'child-specific recruitment approach' was used and a family permanency advocate worked with the young person to identify significant others (kin, friends, acquaintances) in the child's life with who they have had positive relations with and who could potentially be a permanent placement. Once prospective families had been identified, new families were prepared for unconditional commitment to teens and to increase the receptivity of trained families for youth placement in the future. The project was highly successful at placing young people into permanent arrangements, with 98 of the 199 young people permanently placed into a family by the end of the project period. yougootabelive.org/about-us/our-story/

Promising practice: Mentorship Programs, United States

In the US, since many foster youth had been exposed to inconsistent parenting or multiple care placements, the youth may have difficulty forming healthy, trusting attachments with parents or other adults. A relationship with a mentor can become a 'corrective experience' for youth who have experienced neglectful or abusive relationships with parents. Mentoring can facilitate more positive relationships with peers and others. Mentoring programs provide foster children with mentor(s) in order to develop basic life skills (i.e. career planning, budgeting) that prepare youth to live independently. Mentors support youth in finding transitional housing and provide counselling. Mentors are trained and spend a few hours a week or month with the child for at least a one year period. A national impact study of Big Brothers Big Sisters reported that foster children showed improved basic social and interpersonal skills, as well as greater comfort and trust with others as a result of having a mentor. Examples of mentorship models include: Building Futures Community-Based Mentoring Program, Mentoring USA's Foster Care Initiative, Joint Action in Community Service Amicus, Chafeee Foster Care Independence Program, Big Brother Big Sister.

Step 4: Support services, monitoring and case closure in supported independent living

Who should take this action?

- The Social Work Supervisor or Social Welfare Assistant (where present) supports the child in living independently.
- Since many of these arrangements may be community-based or informal, it is important for the DSW to work closely with chiefs, community and religious leaders, community-based structures, families and civil society to monitor the supported independent living arrangements. Ideally, monitoring should be done by several people, formally and informally, to ensure sufficient oversight.

It should be emphasised, that the ability to effectively monitor independent living arrangements will depend largely on the children's willingness to have external oversight. The child may be highly resistant and perceive monitoring or the provision of assistance as interference. Follow-up must therefore be done sensitively and in collaboration with the children involved. Ideally the children can identify the type of support and method for follow-up that would best help him/her. The child should be consulted in all matters affecting him/her throughout the process.

What should be done?

- The social worker, child and community work together to facilitate development of skills and networking that the young person needs to be able to successfully live independently by **arranging mentorships, apprenticeship and trainings**.
- Social worker and/or community-based structures (community leaders, chiefs and Child Welfare Committee) should **conduct regular visits with the child and household and contact the supporting adults for the period of time determined in the case plan**. Where a child's support group or child's representative within the community exists, the support may also have contact with the child and can draw attention to particular risks or needs of the household.
- **The social worker and informal community structures should monitor the child's**:
    - Accommodation and lodging conditions;
    - Access to food and other resources (e.g. through social transfers);
    - Health status and psychological well-being;
    - Family interactions, peer and other relationships; and
    - Access to employment and livelihood support services, independent living and other courses, family or peer support network and mentor or apprenticeships.
- The social worker continues to **facilitate communication and contact with the biological family, kin network, community, mentor or foster carer**.
- Based on the assessment and child's individual situation, needs, age or gender, the social worker, community member or organization **facilitates the development of skills needed for successful independent living through courses, programs and support services**.

Courses & Trainings	Assistance Programs and Support Services
▪ Independent living skills (budgeting and accounting, household chores, time management, hygiene and healthy lifestyles) ▪ Vocational training and literacy ▪ Business development ▪ Sexual reproductive health ▪ Premarital counseling and parenting	▪ Micro-loans, business development and employment assistance ▪ Apprenticeships, attachments or internships. ▪ Physical and sexual reproductive health services ▪ Nutritional support ▪ Counseling, family therapy, mediation and crisis management ▪ Recreational and cultural activities ▪ Support services for children with special needs ▪ Legal assistance ▪ Link to employment and information resource centers ▪ Associations and networks for care leavers

Record Keeping: The social work supervisor should be responsible for maintaining case records of supported independent living placements.

Promising practice: Apprenticeship Program, Sierra Leone

In Sierra Leone, Christian Brothers, a local NGO, has fostered the tradition of apprenticeships, whereby a group of young people live with and are trained by an artisan. Christian Brothers makes arrangements for a group of eight boys to live with a carpenter and his family for a period of 18 months. The boys are given a small stipend and trained in carpentry and literacy. Christian Brothers assists the young boys in buying tools so that they can set up their own business. The program provides the boys with family relations, peer support and a consistent daily structure. It is important to be aware of the potential risks of child labor when designing apprenticeship programs. A social worker or care worker from organizing NGO or district children's officer can prevent these risks via regular monitoring and oversights.

Promising practice: Association Model, Kenya

Undugu Society of Kenya developed the Association Model in 2006 to reach a wider group of street youth, in particular older children. The model taps into the street networks of long term street youths and youths who used to live on the street to identify new arrivals for immediate referral before they become hardened to street life and reintegration back into the community becomes too difficult. There are 257 associations with 17-20 members each. The associations are registered with the government and, thus, have access to services and benefits. Each association has staff and volunteers, selects its own leaders and develops its own rules and regulations. The associations serve as agents and rescue street children and refer to other services. The associations build the capacity of the youth via life skills, income generating programs. They offer family therapy and support services for children with special needs. The model has been a huge success. Undugu now sees fewer children coming to their rehabilitation center and living on the street long-term. The Association Model is an example of supported independent living in that each group serves as a home for the youth and helps them transition from the street to independence and adulthood.