



**Retrak**  
Inspiring street children



# STANDARD OPERATING PROCEDURES

**Family Reintegration May 2013**

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Retrak  
Metropolitan House, Station Road, Cheadle Hulme, Cheshire, SK8 7AZ, UK  
+44 161 485 6685  
mailbox@retrak.org  
www.retrak.org

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# INTRODUCTION

## Street children

Understanding street children is essential to providing interventions that will enable them to gain the most from their lives. Street children should not be invisible; they are not commodities to be exploited and abused. Every child is unique and has the right to protection, to learn, grow and develop and to be happy and healthy. They should be listened to and encouraged to speak and act. Most importantly street children have a right to be children, to laugh, play and explore the world and to dream about their future.

Every child on the streets has their own reason for being there. Retrak's research shows that the majority are pushed to street life by a combination of factors such as poverty, emotional and physical abuse, HIV/AIDS, neglect and family breakdown.<sup>1</sup>

Life on the streets is hard. Without the protection of their family or community children have to earn money by scavenging through rubbish or carrying bags in markets or stations. Children sleep on dusty roads, in abandoned buildings or even in sewers and drains, they are forced to eat scraps of discarded food and live with disease and addiction because they are denied medical treatment. They are vulnerable to abuse (physically, sexually and emotionally) and often endure wrongful imprisonment. Street children are branded as thieves and worthless criminals and as a result are marginalised and discriminated against.

Yet street life also holds the attraction of freedom and independence. Street children are often very resilient; many find innovative ways of surviving and quickly develop the skills and behaviour to protect themselves and survive. Even when offered a chance to move away from street life, many children return to the street which has become their home, support and protection. They are pulled to the freedom of the streets and struggle to adapt to the routine and responsibility of family life.

Whilst Retrak respects this choice, we firmly believe that no child should be forced to live on the streets simply because there is no alternative. Retrak's programmes offer street children real alternatives to life on the streets.

## Retrak's Model

Retrak aims to successfully return street children to safe homes in families and communities, where each child feels a sense of belonging through a secure attachment to caring adults. This can be a long journey, the destination of which will be influenced by each child's and family's starting point, and as a result makes each route unique. Retrak also recognises that these journeys can often be prolonged and irregular, therefore requiring a long-term and flexible commitment on our part.

Retrak's model<sup>2</sup> provides the framework for our activities, ensuring that we provide consistent care to both children and their families and communities as we journey with them. For children, the journey with Retrak begins through outreach while they are still on the streets. Retrak goes to their spaces on the street to build trusting relationships. The next step is to help them to overcome any barriers to (re)forming an attachment with a caring adult. This involves actively dealing with past experiences, identifying strengths and resources and exploring future choices. There are many ways to do this, and often a combination of play, health care, education and counselling is most effective. New attachments may come through family reunifications, foster care or independently with support in a community. The key to any placement is that the child is able to form a strong sense of belonging in a family or community setting where they are safe and protected. The journey does not stop here, Retrak ensures success continues through follow-up contact and reviews of their situation; ensuring that every child and care-giver will be able to keep moving forward without Retrak's support.

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<sup>1</sup> Wakia, J (2010), *Why are children on the Streets?*, Manchester, Retrak

<sup>2</sup> Retrak (2011), *Retrak's model: journeying together*, Manchester, Retrak

Success depends equally on families and communities also coming on a journey. This begins by making contact through home visits and community activities. Retrak traces relatives but also actively recruits and trains foster carers and community mentors who can come alongside children who do not have relatives able to act as their care-givers. Retrak works alongside each care-giver, through training and resourcing, so that they can build healthier environments that nurture and support children. Retrak ensures success continues through follow-up and care for each child, their siblings, care-givers and the whole household, as well as involving the wider community to provide support.



No child’s journey happens in isolation. In order to give each child and family the best chance for success Retrak is working with key national and international stakeholders to create an enabling and positive environment. Building upon international frameworks, such as the UN Convention of the Rights of the Child and the UN Guidelines for the Alternative Care of Children, Retrak aims to ensure that street children’s needs are on the agenda so that adequate support is given to street children and their families and communities, and that future generations of children are not drawn to the streets.

## Retrak’s SOPs

Retrak has developed its Standard Operating Procedures (SOPs) which provide practical guidance on implementing the Retrak model. The aim of the SOPs is to:

- **Ensure all children, families and communities within Retrak’s projects receive the same quality standard of care;**
- **Capture the way Retrak works in an easy reference document, useful to Retrak’s projects and partners, including in the design of new interventions**
- **Influence the wider street child practitioner community and improve the quality of care available to all street children.**

The SOPs are working documents which are always under review as they are used and as new evidence around good practice comes to light.

The SOPs has been developed by a team of practitioners from within Retrak’s projects, who together have over 50 years of experience of working alongside street children. The children and their families have given input into the design of the SOPs during a period of field testing in both Uganda and Ethiopia.

SOPs aim to provide a simple reference document containing detailed, step-by-step explanations on how to undertake a programme, in order to ensure a quality of care for the children and family involved.

Retrak’s SOPs include:

- **Guiding principles: to provide an overarching framework for the activities**
- **Definitions of key terms**
- **Key steps, including:**
  - **Aim: what we’re setting out to achieve in this step**
  - **Activities: what we should do**

- **Outcome: how we know we've reached the end of the step**
- **Good practice principle: key guidance on ensuring we deliver our best**
- **Tools: forms to record progress and further programme guidance**
- **Tools: all the forms recommended in the steps and links to download other guidance**
- **Sources of further information**

While each SOP outlines the key steps which, for the basis of a standard route through a programme, it should be recognised that since each child and family is unique the actual implementation of these programmes require staff to be flexible and to make adjustments based on the needs and desires of the individuals involved. Common variations on the key steps outlined are included, both within each step and at the end of the section.

Since it is critical that childcare workers using these SOPs fully understand the content and underlying principles, Retrak has developed accompanying training curricula for social workers and other staff using the SOPs.<sup>3</sup>

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<sup>3</sup> Further information on the training curricula is available from Retrak, [mailbox@retrak.org](mailto:mailbox@retrak.org)

# FAMILY REINTEGRATION

Recent international discussions have reemphasized that the ideal situation for the growth and development of a child is to be raised within a family unit.<sup>4</sup> In situations where a child has been separated from their family, there is a general consensus that the best possible scenario for that child is to be returned to the protection of their family where they and their siblings' well-being is assured and actively promoted.

The United Nations Human Rights Council states that, "The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents."<sup>5</sup> At the 2009 Eleventh Session of the United Nations Human Rights Council, guidelines for the alternative care of children were outlined. These guidelines purport to "enhance the implementation of the Convention on the Rights of the Child and of relevant provisions of other international instruments regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so."<sup>6</sup> Key to this process is ensuring interventions "should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."<sup>7</sup>

Unfortunately, for children on the streets their past experiences and current behaviour and life-style means that family reintegration is often viewed as not possible. Despite these perceptions of the difficulties of reintegrating street children, several organizations have shown that it is possible and efforts to do so have been met with great success. Over the past 12 years Retrak has reintegrated over 1,000 children with their families. Between 2009 and 2011 alone, Retrak has enabled over 600 children to be reintegrated with their families and provided training and support to over 2,600 care-givers benefitting an additional 4,400 children in their care.<sup>8</sup>

To be successful, family reintegration programmes should be based on the principles that:

- **family reintegration is the first priority;**
- **any intervention is child centred, so that it involves the child, is tailored to her/his needs and is in her/his best interests;**
- **it is essential to (re)build positive attachments between the child and her/his care-givers; and**
- **involving the wider community can ensure greater support for the child and family.**

These guiding principles are discussed further in the following section.

**"I would never have gone home if the Retrak social workers had not gone with me to my family...thank you!"**  
Child reintegrated with Retrak's support

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<sup>4</sup> See for example the recent commitment by US government: Clay, R et al (2012) "A call for coordinated and evidence-based action to protect children outside of family care", *The Lancet*, 379 (9811).

<sup>5</sup> UN General Assembly, Human Rights Council, Eleventh Session, Agenda Item 3, *Guidelines for the Alternative Care of Children*, (June 15, 2009).

<sup>6</sup> *ibid*

<sup>7</sup> *ibid*

<sup>8</sup> Retrak monitoring data (2011) and Retrak & USAID (2011) *Summary report: Sustainable Reintegration of Orphans and Vulnerable Children into Family and Community Life in Uganda and Ethiopia*, Manchester, Retrak.

# GUIDING PRINCIPLES

Retrak’s guiding principles provide the overarching framework for the family reintegration activities outlined within this SOP. They are based on Retrak’s model and on the UN Guidelines for Alternative Care of Children principles, which also reflect the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.

Retrak’s family reintegration guiding principles	UN Guidelines for Alternative Care of Children principles
<p><b>Family reintegration is the first priority</b></p> <p>The first priority in considering long-term care options for any child at Retrak is to explore if family reintegration, with biological relatives, is possible and in their best interest.</p>	<p>The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.<sup>9</sup></p>
<p><b>Any intervention is child centred, so that it involves the child, is tailored to her/his needs and is in her/his best interests;</b></p> <p>Retrak will work with each child on an individual basis and ensure that they fully participate in the decision-making procedure, without discrimination, and that every decision is always in the best interests of the child and will promote their growth, safety and protection.</p>	<p>All decisions, initiatives and approaches falling within the scope of the present Guidelines should be made on a case-by-case basis, with a view notably to ensuring the child’s safety and security, and must be grounded in the best interests and rights of the child concerned, in conformity with the principle of non-discrimination and taking due account of the gender perspective. They should respect fully the child’s right to be consulted and to have his/her views duly taken into account in accordance with his/her evolving capacities, and on the basis of his/her access to all necessary information. Every effort should be made to enable such consultation and information provision to be carried out in the child’s preferred language.<sup>10</sup></p>

<sup>9</sup> UN General Assembly, *Guidelines for the Alternative Care of Children*, op cit, paragraph 3

<sup>10</sup> UN General Assembly, *Guidelines for the Alternative Care of Children*, op cit, paragraph 6

<p><b>It is essential to (re)build positive attachments between the child and her/his care-givers</b></p> <p>Retrak will undertake an assessment of the family’s situation in order to ensure that they are able to provide a safe and caring environment/into which the child can be reintegrated. The assessment will fully involve the child, his/her care-givers and other important family and community members.</p> <p>Retrak will clearly communicate to the child and family the aims and means by which reintegration will take place, including the amount and length of support which Retrak will provide.</p> <p>Retrak social workers will oversee pre-visits, placement visits and follow-up visits, and facilitate discussions between the child and all family members present, including siblings and other children.</p> <p>Retrak will reassess the appropriateness of the placement during each contact with the family, based on the well-being and best interests of the child.</p>	<p>In order to prepare and support the child and the family for his/her possible return to the family, his/her situation should be assessed by a duly designated individual or team with access to multidisciplinary advice, in consultation with the different actors involved (the child, the family, the alternative caregiver), so as to decide whether the reintegration of the child in the family is possible and in the best interests of the child, which steps this would involve and under whose supervision.<sup>11</sup></p> <p>The aims of the reintegration and the family’s and alternative caregiver’s principal tasks in this respect should be set out in writing and agreed on by all concerned.<sup>12</sup></p> <p>Regular and appropriate contact between the child and his/her family specifically for the purpose of reintegration should be developed, supported and monitored by the competent body.</p> <p>Once decided, reintegration of the child in his/her family should be designed as a gradual and supervised process, accompanied by follow-up and support measures that take account of the child’s age, needs and evolving capacities, as well as the cause of the separation<sup>13</sup></p>
<p><b>Involving the wider community can ensure greater support for the child and family.</b></p> <p>Retrak will seek to involve local authorities, service providers and community stakeholders, in order to provide support to the family and help prevent siblings and other children turning to the streets.</p>	<p>Communities should be supported to play an active role in monitoring and responding to care and protection issues facing children in their local context.</p> <p>Care within a child’s own community, including fostering, should be encouraged, as it provides continuity in socialization and development.<sup>14</sup></p>

<sup>11</sup> UN General Assembly, *Guidelines for the Alternative Care of Children* , op cit, paragraph 48

<sup>12</sup> UN General Assembly, *Guidelines for the Alternative Care of Children* , op cit, paragraph 49

<sup>13</sup> UN General Assembly, *Guidelines for the Alternative Care of Children* , op cit, paragraphs 50 and 51

<sup>14</sup> UN General Assembly, *Guidelines for the Alternative Care of Children* , op cit, paragraphs 156 and 157

# KEY TERMS

Many of the concepts used within this document are still debated and often used in different ways. The following list contains Retrak's working definitions for the key terms within this SOP in order to ensure clarity of communication.

## Key concepts and principles

- **Alternative care:** Care of children in a family environment, but not with their parents or legal care-givers, including: kinship care, foster care, family-like care, supervised independent living<sup>15</sup>.
- **Attachment:** A bond or tie between an individual and an attachment figure...based on the need for safety, security and protection<sup>16</sup>
- **Best interests of the child:** one of the guiding principles of the UN CRC states that "In all actions concerning children, ... the best interests of the child shall be a primary consideration"<sup>17</sup>, it is intended as a reminder that the interests of children are different from adults, and therefore when adults make decisions that affect children they must think carefully about how their decisions will impact children.
- **Child participation:** the informed and willing involvement of children, including the most marginalised and those of different ages and abilities, in any matter concerning them. Participation is about having the opportunity to express a view, influencing decision-making and achieving change.<sup>18</sup>
- **Child protection:** ensuring children are protected from harm, including procedures for handling situations if problems arise. All Retrak projects have practices in place to prevent trouble and Retrak's child protection standards are not optional.<sup>19</sup>

## People and institutions

- **Street children:** Children and young people (under the age of 18years) who live and sleep on the street (including roads, markets, stations and other open spaces), and participate in street life for the most of the day. They do not have home to go to because they are orphans or their family ties are not fully functional. The streets are their home, their school and their work place.
- **Family:** Relatives of a child, including both immediate family (mother, father, step-parents, siblings, grandparents) and extended family (aunts, uncles, cousins and clan/village members).
- **Community:** Individual or groups of people and institutions (formal and informal) in the location around a child. Such institutions include: government organizations, non-governmental organizations (NGOs), community based organisations (CBOs), faith based organisations (FBOs), and health and education institutions.
- **Stakeholders:** Any person or institution which has a role to play or an interest in the life of the child, including: family, community, governmental and non-governmental organizations, community based organisations (CBOs), faith based organisations (FBOs), and education and health facilities; all of whom could potential work together with Retrak.

## Interventions

- **Family reintegration:** The process through which a child is returned back to his/her immediate or extended family (either where s/he lived before or with another family member), and is able to reintegrate into family and community life where s/he receives the necessary care and protection to grow and develop. Within this process reunification is the bringing of child and family members

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<sup>15</sup> UN General Assembly, *Guidelines for the Alternative Care of Children*, op cit, paragraphs 26 to 29

<sup>16</sup> Prior, V and D Glaser (2006), *Understanding attachment and attachment disorders: theory, evidence, and practice*, London: Jessica Kingsley Publishers

<sup>17</sup> UN General Assembly, Convention on the Rights of the Child, (20 November 1989), article 3

<sup>18</sup> Save the Children UK (2005), *Practice Standards in Children's Participation*, London, Save the Children UK

<sup>19</sup> Retrak (2011a) *Child protection policy: we do everything we can to help street children*, Manchester, Retrak

together for the first time after a period of separation while the child was on the streets, often a key step in the process towards reintegration.

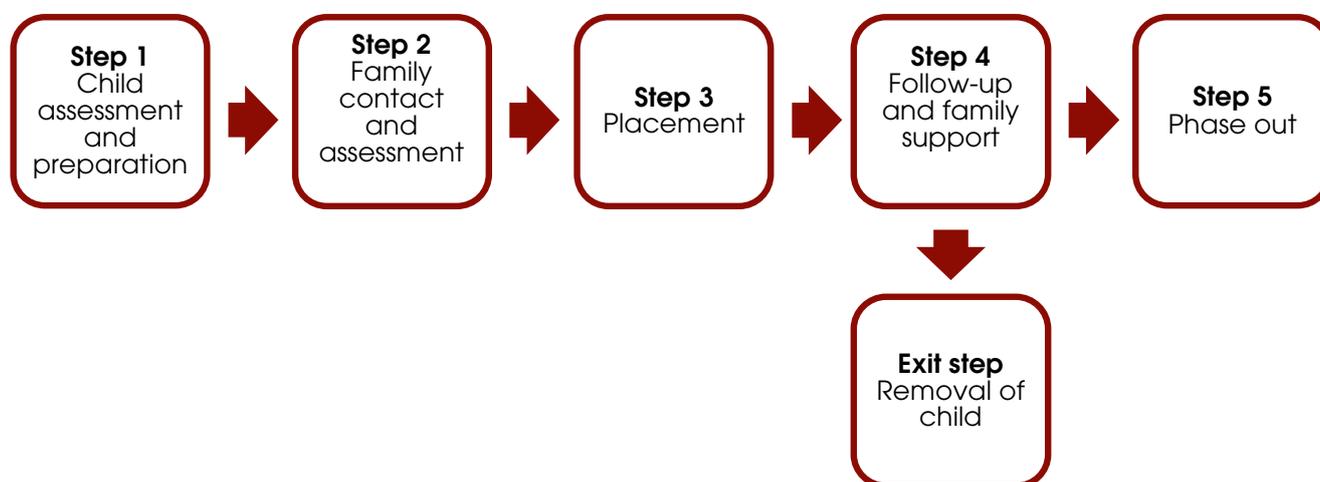
- **Pre-visit:** A visit to a family home (either of relatives or potential foster carers) for the purpose of (re)building a relationship and exploring the possibility of placing the child within the home.
- **Placement:** Transferring a child into a new care situation, such as family reintegration or foster care.
- **Follow-up:** Post-placement contact with family for purposes of checking that the child is safe and that the placement continues to be in the best interest of the child, and for providing guidance and assistance to the child and care-givers, and possibly to other family and community members.
- **Family support:** The process of enabling a family to support itself, including all children, care-givers and other members. Support may include: training on parenting skills, social skills, economic skills with the aim of increasing care-givers' ability and confidence to provide and care for their family.
- **Economic strengthening:** An element of family support, specifically dealing with the family's capacity to earn an income and be able to pay for school and health requirements for all children in their care.
- **Placement assessment:** An evaluation of a placement situation in order to determine whether a child will be cared for and protected, covering all aspects of a child's well-being: food and nutrition; shelter and care; health; psychosocial; protection; and education and skills; and a judgement on the care-givers ability to provide the child's needs.
- **Placement review:** A re-evaluation of a placement after a period of time to determine whether the placement is still the best interest of the child, covering all aspects of a child's well-being.

## Acronyms

- **CBO** Community Based Organisation
- **CSI** Child Status Index
- **FBO** Faith Based Organisation
- **IGA** Income Generating Activity
- **NGO** Non-Governmental Organisation
- **OVC** Orphans and Vulnerable Children
- **SOP** Standard Operating Procedure
- **UN** United Nations

# KEY STEPS

The process of family reintegration is broken down into these key steps, each of which has a definite aim and outcome and often multiple activities within. A more detailed diagram is presented on the following page.



## Timeframe

Retrak is passionate that every child should be allowed to progress through our programmes in a way that is appropriate for them. There are no strict time limitations; instead, in order to be effective children must not be rushed into actions for which they are not ready.

It is therefore difficult to give a precise timeframe for the activities that are outlined in this SOP. Children and families will move through this process quickly or slowly depending on their characters and circumstances.

## Prerequisites

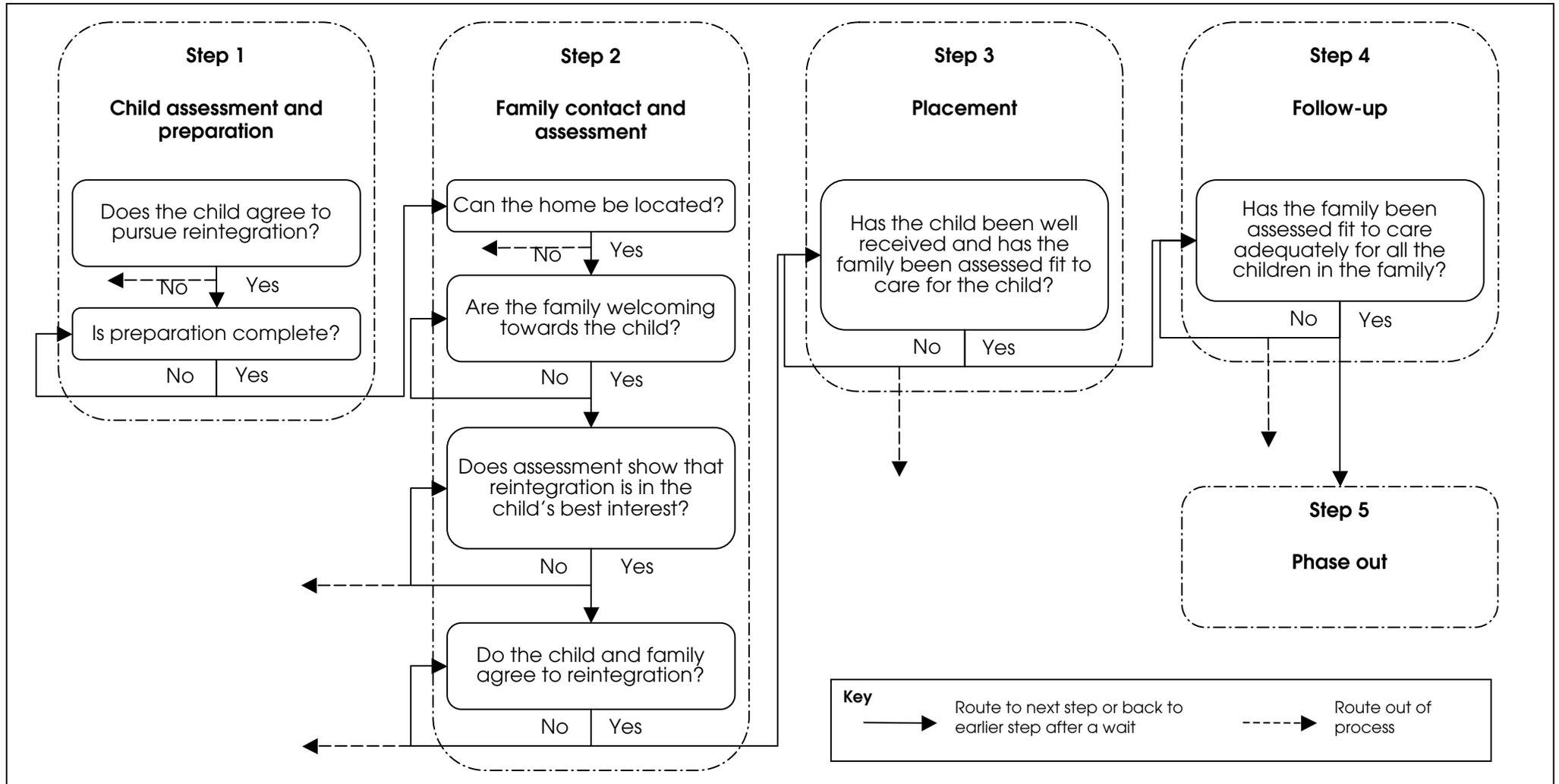
It is assumed that prior to the beginning of the family reintegration process as outlined in this SOP, the child concerned will:

- **Be known to Retrak, normally through participation in an outreach programme and activities at a drop-in centre or other transition facility to help them begin to move away from street life (in some instances a child may be referred from another organisation);**
- **Have built up positive relationships with Retrak staff members to enable them to share their past experiences and feelings, and thus indicating the ability to form new attachment and move forward;**
- **Have spoken privately with a Retrak staff member who will have documented their background information (using the child's personal information form and baseline survey);**
- **Have received counselling to aid them to overcome past trauma and begin to look to the future positively.**

It is also assumed that the staff implementing this process are mainly trained social workers, alongside trained teachers, medical professionals and other children's workers, who have experience of working with vulnerable children, have the ability to offer adequate psychosocial support, and understand and value the underlying principles.

## Family reintegration procedure

This chart is a simplified overview of the steps and key decisions involved in enabling a child and family to be reintegrated. Details of each step are outlined in more detail in the next section of this document. It should always be remembered that each child is a unique and valuable gift to be loved and cared for as an individual; the destination of each child's journey with Retrak will be influenced by their own and their family's starting point, making each route unique.



## Step 1. Child assessment and preparation



To help a child consider the possibility of reintegrating with their family and to learn about the child's background so as to make an initial determination of whether family reintegration is in the child's best interest, what barriers exist and how to overcome these.

### 1.1. Assessment

A one-to-one session between the child and a staff member should be arranged, this staff should be a trained counsellor or social worker who is already known to the child and with whom they have a trusting relationship. For girls it is preferable that this is a female staff member.

In a comfortable and relaxed atmosphere, the child should be encouraged to reflect on their home situation and explain their family background and how they feel about this.

The staff member must be open and non-judgemental in their attitude toward the child and what s/he may reveal. It can be useful to use drawing or mapping to facilitate this process. The staff member should try to determine, as much as possible, that the story being told is correct. This could be during the session, through the use of open ended questions and probes; or during subsequent sessions or other activities.

Depending on the reaction of the child, it may be necessary to have a series of one-to-one sessions, alongside other counselling and support activities, before the child is able to discuss their family and their future fully.

Areas to discuss with the child should include:

- **what s/he liked about home,**
- **what s/he struggled with at home,**
- **who looked after him/her,**
- **who was important to him/her,**
- **what work family members were involved with and the financial status of the family,**
- **the health status of family members,**
- **the physical location of the family (as last known by the child), and**
- **the names of care-givers and other significant relatives and any possible contact details.**

An initial Child Status Index (CSI)<sup>20</sup> assessment should be made to ensure all areas of the child's well-being have been considered (tool 1.3.1)

On the basis of the above information, and especially the CSI assessment, the staff together with the child should make recommendations for the next step, including whether reintegration can be pursued, what additional preparation is needed (see step 1.2) or whether the child should be referred to other services or programmes within or outside of Retrak (see initial assessment in tool 1.4). This recommendation should then be discussed and documented during a child care review meeting (tool 2.5)

The child's and her/his family details should then be recorded on the child's personal profile (tool 1) and any further information in counselling session notes (tool 2.2)



At the end of the one-to-one meeting, the staff and child together should have agreed:

- **That family reintegration will be pursued**

<sup>20</sup> Guidance on using the Child Status Index materials can be found in: O'Donnell, K, et al (2009), *Child Status Index: a tool for assessment the well-being of orphans and vulnerable children - manual*, Chapel Hill, NC, MEASURE Evaluation, and is available at <http://www.cpc.unc.edu/measure/tools/child-health/child-status-index>

- **What issues should be addressed before reunification and which Retrak services can assist**
- **How the family can be traced**

If family reintegration is not viable, then further discussions should follow about other alternatives both within Retrak (such as foster care) and with other agencies.

## GOOD PRACTICE PRINCIPLE

Ensure that children are given the time to learn to trust staff and can access a safe and welcoming space to talk to a trained social worker about their past experiences at home and on the street. Staff should be prepared that information given by the child might change as the child becomes more confident in the relationship and opens up.

**Child protection:** When talking one to one with a child about sensitive issues, make sure: the dignity of the child is respected; that anything the child shares is met with a caring response; a conversation cannot be overheard; another child and adult are informed of the location of a private session and that someone will check up on the session after a short while. It is important to be aware of the power balance between an adult and child, and avoid taking any advantage this may provide; remember Retrak's belief in the child's ability to take his/her future into his/her own hands. Whilst a relationship of trust is key, even if a child tells a staff member to "keep something secret" the adult must explain to the child that s/he may have to speak to someone else to be able to help better. No promise of confidentiality can or should ever be made to a child.<sup>21</sup>

## TOOLS

- **Child's personal profile (tool 1) including:**
  - **1.1 personal information,**
  - **1.2 family information,**
  - **1.3 street life information with baseline CSI assessment and why on the streets survey, and**
  - **1.4 initial assessment**
- **Counseling session notes (tool 2.2)**
- **Child care review record (tool 2.5)**

### 1.2. Preparation

As the child continues to participate in Retrak's activities, they should be enabled to overcome any barriers to family reintegration, as far as possible, such as through health care, catch-up education etc.

Ongoing counselling will be necessary to help a child prepare for changes ahead, and further therapy may be necessary to address past trauma. Staff should keep in mind that it is often only when a child is in a secure and stable place that some of the past traumas and resulting behaviours can be effectively worked through. In some cases this may mean a longer period of care in centre such as a halfway home is needed, for other children this security may come after they have returned home.

The child should also be observed and have regular opportunities to share their feelings to ensure that they are still comfortable with the idea of family reintegration. The child's feelings and views should be given due weight and any new developments should be fed into the child's assessment and plans should be adjusted accordingly.

Staff should make regular notes of a child's progress in counselling, education and other activities (tools 2.2, 2.3 and 2.4) Regular reviews of the child's progress and assessments of their well-being should take place and be documented during child care review meetings (tool 2.5).

<sup>21</sup> Retrak (2011a) *op cit*

## OUTCOME

At the end of the child's preparation period they should have:

- **Overcome any identified barriers to their reintegration (such as education level, behaviour etc)**
- **Still show a desire for family reintegration**

## GOOD PRACTICE PRINCIPLE

Every child is different and will need different types of services and for different lengths of time. Regular reviews and assessments are essential in ensuring every child is receiving what s/he needs and continuing to move forward.

## TOOLS

- **Counselling session notes (tool 2.2)**
- **Education notes (tool 2.3)**
- **Other progress notes (general, sports, life-skills etc) (tool 2.4)**
- **Child care review record (tool 2.5)**

## Step 2. Family contact and assessment



Ideally every child should be taken on a separate pre-visit before they are placed with their family in order to:

- **determine from the family's perspective why the child left,**
- **discover if they are interested in reunifying with the child in the future,**
- **make an initial assessment of the family's situation (economic, health, shelter, care and protection) to determine if the reintegration will be safe and in the child's best interest,**
- **clarify the responsibilities of Retrak if reintegration goes ahead,**
- **plan for any intervention that is necessary to address areas of concern prior to child's placement.**

### 2.1. Locating the home

Since rural homes can be hard to locate it is often necessary for the child to assist staff in locating his/her home. Two staff members will travel to the family home with the child. One staff member should be the child's allocated social worker with whom they have a trusting relationship. This is especially key for a child who has experienced neglect or abuse and may possibly meet their abuser again during the visit. The social worker should carefully explain to the child the purpose of the visit and what might happen, such as not being able to find the home or family members, so that the child is well prepared.

After finding the home the child should remain with one staff member a short distance away to prevent him/her from experiencing negative remarks or rejection. Once the family is ready to welcome the child s/he can then be brought to the family and given a chance to greet and talk to their relatives. If it is not safe or in the child's best interests to be brought to the family, then the social workers should leave and talk to the child about what has happened and what options they now have.

If the home cannot be located straight away, staff members should try to visit with local authorities who may be able to help. They should leave their contact details with an appropriate authority who can act as a contact point if anyone comes forward with information. On returning from the visit the child should be given extra support and counselling and another way forward explored. It may be possible to involve local media (announcements on radio, television or newspapers) to help locate the child's relatives. If there is no success in tracing relatives then alternative care options should be explored.

### 2.2. Family discussions and reconciliation

Staff should oversee the reconciliation and mediation between the child and the family through facilitating a discussion of areas of conflict and emphasizing the child's needs and desires.

Staff should talk to the family and other people within the home and the neighbours in order to reconcile the child's background story with the perspectives of those at home. Major push factors are identified by comparing the information given by the child before the visit and what has been established at home during the visit. If the family are uncooperative, more information about the child and the family should be sought for from the local authorities: elders, council etc.

Staff should make clear Retrak's role and the level of support that can be offered in order to manage expectations and ensure the family's motive in reconciling with the child is not biased by hopes of financial or material gain.

These discussions should be recorded on the pre-visit record (tool 3.1)

### 2.3. Assessment and way forward

Staff should undertake an assessment (see tool 3.1.1) on the type of support the family can provide and if it can meet the needs of the child. The assessment covers all areas of a child's wellbeing: food and nutrition, shelter and care, protection, wellness, emotional health, and education and skills training; and is gender

and culture sensitive. The assessment includes the family's current status as well as the possibility of accessing further support from the community and public services (such as schooling, health care, self-help groups, child protection committees etc). This assessment will determine if placement is in the child's best interest from Retrak's perspective.

Possible ways forward should be discussed with the child, care-givers and other significant people; this should include all options, both reintegration and alternatives, based on the assessment of the home situation and the views of the child and care givers. The family and child should, separately, be asked for their consent to a placement being made. It is important to ensure the child feels able to express his/her opinions freely. The future care plan and family and child consent should be recorded ( see tool 3.1.2 and 3.1.3)

Before leaving, the social worker will then inform the child and family about the next steps to be taken: when the placement will be made, what support will be offered and how future decisions about follow-up support will be based on further assessments.

## 2.4 Child care review and preparation

The outcome of the assessment, future care plan and consent of the child and family are documented (tool 3.1) and shared with the relevant staff during a child care review (see tool 2.5). Staff should discuss the possibility of reintegration and issues that need to be addressed, as identified during the child and family assessment. The way forward will be based on common agreement of all staff, so that the whole well-being of the child is taken into consideration. For example a social worker may not be aware of the length of time needed to address a health or education issue.

Preparation of the child continues, always ensuring that are being treated as an individual, that it is in the best interest of the child and that they are fully participating and looking forward to the next step. Social workers continue to counsel the child and engage with him/her as his/her feelings and need warrants.

### OUTCOME

After the pre visit, it should be clear if family reintegration is possible. If so, then preparations should be made (see step 3) and the child should continue to receive counselling to ensure they remain comfortable with returning to family. If reintegration is not possible then the child should be monitored closely and offered counselling to cope with any trauma and alternative care should be considered, including foster care, referral to other NGOs, vocational training and business skill training.

### GOOD PRACTICE PRINCIPLE

A pre-visit to the family is a key step in ensuring the appropriateness of a reintegration. It provides the opportunity to ensure that both the child's and family's perspectives have been considered and that the home situation has been assessed.

Assessments should be holistic, covering all aspects of a child's well-being, should be focused on the individual and should take gender and culture into consideration.

A child should always be accompanied by their key social worker or another staff with whom they have a trusting relationship, especially if there is a possibility of meeting with someone who has abused them in the past.

### TOOLS

- **Pre-visit record (tool 3.1), including:**
  - **3.1.1 Pre-visit CSI assessment**
  - **3.1.2 Future care plan and recommendation**
  - **3.1.3 Child and family agreement**
- **Child care review record (tool 2.5)**

## Step 3. Placement



To place the child in the care of their family as a permanent alternative to life on the streets, and ensure that the child will be cared for and protected.

### Combined pre-visit and placement

Ideally a pre-visit would always be done separately and prior to the placement visit. However if a separate pre-visit is not possible or necessary (for instance because the child's home is more than a day's journey from a Retrak centre or because of the simple nature of the child's and family's need), then it is possible to prepare for both a pre-visit and placement in the same trip.

If it is possible, prior to this trip, the family should be contacted by phone for a discussions covering:

- **the family's perspective why the child left**
- **the family's interest in reunifying with the child in the future,**
- **the family's situation (economic, health, shelter, care and protection) to begin to determine if the reintegration will be safe and in the child's best interest,**
- **a plan for any intervention that is necessary to address areas of concern prior to child's placement.**

Before the trip, it should be clearly explained to the child that the visit will be used to assess the situation at home and if everyone (child, family and Retrak) is agreed that a placement is the best way forward then the child can remain, but if there are any concerns then the child will return with Retrak.

Preparation and the visit should proceed as outlines below, but there will need to be extra flexibility and vigilance in observing the family and reconciliation in order to ensure that if a placement goes ahead it is in the child's best interests. It may be necessary to extend the visit over two days to allow for adequate interaction and reflection.

### 3.1. Preparation

The preparation for a placement should be guided by the check list in tool 3.2.1.

Following a pre-visit, staff should continue to monitor and counsel the child to ensure that they are still positive about returning home. A good indication of a child who is ready to return home is when s/he constantly talks and asks about going home. It is important that the child's behaviour is also conducive to a return home, staff members may need to talk to a child about issues such as discipline at home and respect for elders, which may be different from the experiences on the streets or at Retrak.

Dates for placement are agreed upon by responsible staff during a child care review. This should ideally be two weeks to one month after the family assessment. The family will be informed either during the pre-visit or by phone. Logistics are prepared by the concerned staff (e.g. vehicle and package requests, accommodation etc).

To facilitate reintegration into a local school, the catch up education teachers will issue a progress report for the child and prepare a letter of recommendation to the local school asking them to accept the child, The letter should include the reasons for the child's absence from school and progress made at Retrak and how this links to national standards (a template is available).

If a child has any ongoing medical needs, the nurse should be involved in ensuring that the issue is under control and that it can continue to be managed at home. The nurse should prepare any necessary documentation to facilitate a referral to a local health centre and provide sufficient medication and or medical equipment to cover the transition period.

A reintegration package is prepared to be given to the child, including clothes, shoes, beddings (mat, blanket and bed sheet) and toiletries. Based on the assessment from the pre-visit, the package should be tailored to fit the home situation so that stigma or jealousy is avoided. The content of the package should

ensure that the child will not look different from the community or siblings after their time on the street but will help them adjust to life back home. In addition the content of the package and the way it is presented should not raise expectations of further support. For example, items should not be labelled to show ownership of the child or Retrak. The child's opinion should be taken into account on how to best approach the provision of the package and how it will be accepted in their home. Some children prefer not to be identified with and NGO as it can bring demands on them in future.

As with any move between Retrak programmes, an exit interview with the child should be conducted to establish any key issues to follow-up and the child's perspective on how he has been helped by Retrak (see tool 2.6).

### 3.2. Reunification

Two staff should accompany the child to their home. The staff should oversee the initial meeting between the child and family members. Building upon the pre-visit, one-to-one and group discussions should allow the family and child to talk through any concerns and the child's future needs and desires. Staff should observe the interaction between the child and family members as an indication of how they are feeling about the change. A useful guide to family discussions can be found in tool 3.2.4.

### 3.3. Assessment and support

An assessment should be made of the family situation, to confirm that it is still safe for the child to return home. This should include all aspects of the child's well-being (see tool 3.2.3), which can be compared with earlier assessments and those which will be done during follow-up.

This assessment and discussions with the family should guide the staff on what needs should be addressed. This can be through direct intervention by Retrak, as in the suggestions given below, or through referral to a local organisation or community support.

**Care-giver support:** The social workers orientate the care-givers of the child on basic parenting skills, child protection issues, health (including HIV if relevant) and nutrition, education and psychosocial support, following Retrak's parenting skills manual. They should also have an opportunity to express any concerns or hopes so that the social workers can provide some basic counselling and guidance to aid the reintegration process.

**Education and training:** If a child who is reintegrated is able and interested in continuing his education then the social workers should facilitate his/her placement in school, preferably a government school under any free education programme. This may involve a visit to the school and a discussion with the head teacher to explain the child's situation. A referral letter will be given to explain the background and outline the child's current ability and school year and the catch-up education the child has completed at Retrak (this is vital in areas where late registration or graduation from previous classes is a barrier to returning to school, as in Ethiopia).

If the family are not able to support the child's return to school (based on the family assessment) then Retrak will assist the family in developing an IGA to help pay for fees (see above) and, as an interim measure, may contribute towards school requirements by paying school tuition fees or providing school uniform or other scholastic materials (books, pens etc). The social worker should decide what level and type of support is most appropriate. In areas where government schooling is not available or preferable (perhaps if the closest government school is too far for the child to walk to), then a private or community school will be considered, as long as the family is able to continue payments when Retrak has phased out support.

For the older children (usually above 15 years old) who are not returning to school (usually because they are too far behind, such as below grade 5) placement in a vocational training college or with local artisans as apprentices should be considered, if the child is interested and has a desire to learn a particular skill, such as mechanics, metal work, hairdressing, carpentry, cooking, plumbing and tailoring.

School, college or artisan contact details should be recorded in the child's file so that they can be followed-up at a later date.

**Health:** Retrak social workers should determine the capacity of the family to provide health care for the

child. A referral letter from Retrak's nurse should be provided to aid the family in accessing local support. If the child has special needs due to a long-term illness or disability extra steps should be taken, see the variations section of this document.

**Economic strengthening:** Families who are not able to support the child or his/her siblings (as assessed during the family assessment phase and confirmed during this placement visit) will be supported in an income generating activity (IGA) which the family takes responsibility for.

If the child is above 15 years old and not returning to school (usually because they are too far behind, such as below grade 5) then the child will be supported to start his/her own income generating activity so that s/he gains the capacity to sustain him/herself and possibly contribute to the family's well-being.

In some cases, it may be that a child is able to manage the IGA and still attend school. This might be in a situation where the care-giver has less capacity to participate in work due to age or a health problem. Consideration should be given as to what type of IGA can be managed whilst still attending school.

The IGA support should be in the form of tools and materials (not cash, unless market day is not the same day as the visit or if there is a challenge on the availability of the item, in such situation a follow-up should be made to ensure the materials have been purchased) and should be accompanied by training on business skills. A child should have received this training prior to placement, as part of their preparation, which could be followed-up with an apprenticeship with a local artisan. For family members, training will be arranged prior to placement. (see tool 3.3)

**Community engagement:** Retrak's social workers aim to engage with local community members and institutions around the child who has been reintegrated. These might include: local government bodies, schools, police, health institutions, religious bodies, locally active NGOs or CBOs and community leaders. The social workers should communicate with these groups as necessary in order to ensure that the family has access to any available support. This might include linking the family with a CBO that is offering material or psychosocial support which can benefit the family and child. Where it is not possible to meet potentially helpful organisations or individuals during the placement visit arrangements should be made to meet them at a later date. Connections with community groups should be recorded in the child's personal file so that they can be followed-up at a later date.

Care should be taken to protect the child and prevent stigmatisation by keeping details of the child's experiences confidential from the general community. If it is apparent that stigma amongst the local community could cause the child difficulty this should be addressed in a sensitive manner with local leaders and the child's family.

### 3.4. Future care and follow-up plan

A plan for future support should be discussed and agreed upon by the Retrak staff, family and child, and the final decision to place the child with the family should be agreed separately with the child and family. This can be recorded in tool 3.2.6.

A plan should be made for the frequency of follow-up support and if it should be delivered by Retrak directly or through a local organisation, as outlined in the next step. This should be clearly communicated to the child and family in order to manage expectations and ensure they know where to turn for support.



At the end of a placement visit, the child should have been well received back into their family and community. The assessment should show that the family is able to provide for the child or will be having received assistance with education, health care and IGA as necessary.

Both the child and family should consent for the reintegration to go ahead.

## GOOD PRACTICE PRINCIPLE

The placement visit must be context specific by taking into account the situation in the family and community. Focusing at this macro level will ensure better assessment and planning and will avoid stigmatising the child by making them seem different from the place to which they are returning.

**Child protection:** Children should always be accompanied on visits by two responsible staff. This ensures the safety of both the child and staff, and allows the child to be removed from any potentially harmful situation whilst counselling continues with the family.

## TOOLS

- **Placement record (tool 3.2), including:**
  - **3.2.1 Preparation for placement checklist**
  - **3.2.2 Placement visit notes**
  - **3.2.3 Placement CSI assessment**
  - **3.2.4 Placement discussion checklist**
  - **3.2.5 Future care plan and recommendation**
  - **3.2.6 Child and family agreement**
- **Income generating activity (IGA) record (tool 3.3)**
- **Exit interview record (tool 2.5)**

## Step 4. Follow up and family strengthening



To provide support and further assessment to be sure that the placement is still in the child's best interest. It also provides a chance to build the capacity of the family, including monitoring the sustainability of income generating activities.

The frequency of follow-up interventions and who will carry them out should be determined on an individual basis. After the placement of the child an assessment will take place covering all areas of child's well-being (CSI) and other key issues, based on the outcome of this assessment the following scenarios, among others, are possible:

- **Local follow-up by community groups (CBO, FBO etc) - if assessment at placement reveals no major concerns about the child and family's situation.**
- **Local follow-up by an NGO or individual (community mentor) with whom Retrak has a partnership arrangement - if assessment at placement reveals some concerns and further action is necessary and family live in an area covered by the partner NGO (usually a remote area or area where many children are placed and so Retrak has sought a partnership)**
- **Retrak follow-up within one month - if assessment at placement reveals some concerns and further action is necessary**
- **Retrak follow-up within three months - if assessment at placement reveals no major concerns, but further action is necessary for long-term support (such as with an IGA or school fees support)**

Follow-up interventions should ideally be done in person by visiting the family, as this allows for observation and interaction with a wide range of family and community members. However, it is possible to do follow-up on the phone, but only if there are no pressing issues which could be putting the child at risk.

During each follow-up intervention an assessment will be undertaken which will inform the plan for any subsequent interventions (see tool 3.4).

### 4.1. During a Retrak follow-up intervention

During the visit or phone call the social workers talk to the child, care-givers and other family and community members to learn about how life has been since the last visit/phone call. The child's well-being is assessed (see tool 3.4.1), which will reveal any areas of risk and highlights any changes (both improvements and deteriorations) since the placement which may also require action.

Support is offered to help improve any areas of concern identified during the assessment. This may include:

- **Counselling and guidance - for child, care-givers or others**
- **Parenting skills training**
- **Business training and provision of IGA materials**
- **Provision of scholastic materials**

Support from Retrak should be planned in such a way that it can be gradually decreased during subsequent follow-up interventions, aiming for the goal of family self-sufficiency. Local support may be possible over a longer period so families should be encouraged to look for local solutions. It is important to manage the expectations of the family in regard to Retrak so that they are active in and positive about providing for their own needs.

Follow-up visits may also include school-based monitoring. This involves a visit to the child at school in order to learn from the teachers about performance, behaviour and relationship with the other children at school.

Community members may also be consulted to assess the community's response to the child's presence and how the child is adjusting to the community norms.

The outcome of the assessment should be documented (tool 3.4) and the next follow up visit should be

scheduled.

See exit step below for action if it is deemed the placement is no longer in the child's best interest.

## OUTCOME

Each follow-up visit or phone call should ensure that the child is well cared for and settled at home. Where the intervention reveals otherwise action should be taken to improve the situation.

If the assessment shows that the placement is no longer in the child's best interest then the child should be removed (see final step on page 20).

## GOOD PRACTICE PRINCIPLE

Reintegration can be a long process, both the child and family need time to adjust. Many children need to adapt to living in a family situation again and to let go of things they learnt in order to cope with life on the streets. Similarly the family will also have changed and may need to understand their child afresh.

The ideal scenario is for every child and family to be followed-up in person. If this is not possible then contact should be made by phone, even if this means the family borrowing a phone from a neighbour or local organisation.

It can be useful to involve the significant people in the life of the child, beyond her/his immediate family, during a follow-up intervention. This might include friends, community members, local leaders, school teachers or church elders. Doing this helps the child to re-forge their identity and ensures that s/he has a strong support network should they encounter problems during the reintegration process.

**UN Guidelines on Alternative Care for Children:** Various complementary methods and techniques should be used for family support ... directed towards both facilitating intra-family relationships and promoting the family's integration within its community.<sup>22</sup>

## TOOLS

- **Follow-up record (tool 3.4), including:**
  - **3.4.1 Follow-up CSI assessment**
  - **3.4.2 Future care plan and recommendation**
  - **3.4.3 Child and family agreement**
- **Child care review record (tool 2.5)**

<sup>22</sup> UN General Assembly, *Guidelines for the Alternative Care of Children*, op cit, paragraph 34

## Step 5. Phase out

### AIM

Ensure that an independent family is able to continue caring and providing for their children without Retrak support.

When a follow-up intervention has shown that a child and her/his family are progressing well and are able to continue without assistance, a recommendation should be made for the family to be phased out of Retrak support. The case should be presented at a child care review meeting and the decision is made to withdraw support.

A social worker conducts a final follow-up intervention to ensure that the situation continues to be positive. They can then appreciate the progress of the family and explain that it is the last intervention. Contact details should be updated if necessary and the family and child should be encouraged to remain in contact with Retrak, especially if any problems arise.

A final agreement should be made between Retrak, the child and family concerning phase out (see tool 3.5.3)

### OUTCOME

Care-givers, child and other family members are safe and well, and are confident to continue to provide for themselves without Retrak support.

### GOOD PRACTICE PRINCIPLE

The duration of support should be made clear from the very beginning, and should be reinforced during follow-up interventions, so that the family is prepared psychologically to continue without Retrak support. Providing links to local community institutions will also provide greater confidence.

### TOOLS

- **Phase out record (tool 3.5), including:**
  - **3.5.1 Phase out CSI assessment**
  - **3.5.2 Phase out recommendation**
  - **3.5.3 Phase out agreement**
- **Child care review record (tool 2.5)**

## Exit step. Removing a child from the care of their family

### AIM

To remove the child from their family if they are assessed to be at risk and the placement is no longer in their best interest.

At any point following placement it may be necessary to remove a child from the care of their family. This should be a last resort, and the decision must be based upon an assessment of the child and family's situation (see follow-up assessment in tool 3.4)

In situations where additional support may improve the situation this should be offered. For instance if the child is not attending school because of a lack of fees it may be appropriate to offer training and a start-up grant for an income generating activity.

However, if continued abuse or neglect is discovered the child should be immediately removed. This should be done in consultation with and approval from the local authority, and in accordance with national laws.

When a child has been removed from their family ongoing counselling should be offered to the child while they are cared for in a safe place. Alternative care plans should then be discussed with the child.

Support for the family should also be provided, either by Retrak or a local organisation.

The child should remain in contact with his/her family should if s/he is interested and the decision to remove the child should be reviewed regularly. This may involve Retrak making follow-up visits to family to determine if the cause of removal has been resolved or disappeared. If it is deemed in the best interest of the child to be reintegrated the child and family must go through the process from step 1 again.

### OUTCOME

Child should be placed in safe place where they are no longer at risk. Counselling should be offered and the child engaged in making new plans.

### GOOD PRACTICE PRINCIPLE

Removal of a child from the care of the family should be seen as a measure of last resort and should be, whenever possible, temporary and for the shortest possible duration. Removal decisions should be regularly reviewed and the child's return to parental care, once the original causes of removal have been resolved or have disappeared, should be in the child's best interests.<sup>23</sup>

### TOOLS

- **Follow-up record (tool 3.4), including:**
  - **3.4.1 Follow-up CSI assessment**
  - **3.4.2 Future care plan and recommendation**
  - **3.4.3 Child and family agreement**
- **Removal of child from family care record (tool 4.1)**

<sup>23</sup> UN General Assembly, *Guidelines for the Alternative Care of Children*, op cit, paragraph 13

# VARIATIONS

The process outlined above is the standard process in a straight forward reintegration process, and is applicable in the majority of cases. However many children will go through a variation of this process depending on their circumstances. In some cases a dramatic change may be necessary, for example:

## **A child whose parents come to Retrak to find them**

When a parent or relative comes to a Retrak centre it is vital to still ensure that both the placement of the child with this family would be in his/her best interest. Retrak staff should talk to the parent, away from the child. Proof of identity should be obtained and a verbal assessment of the person and their background undertaken. As with a pre-visit the assessment should cover:

- **the family's perspective why the child left**
- **the family's interest in reunifying with the child in the future,**
- **the family's situation (economic, health, shelter, care and protection) to begin to determine if the reintegration will be safe and in the child's best interest,**
- **a plan for any intervention that is necessary to address areas of concern prior to child's placement.**

Building on prior counselling sessions with the child, a staff member should talk to the child, away from their parent, to find out if they know the person and to explore how they feel about going back home with this person. They should also try and determine if the child is under any pressure to return against his/her will, for instance if the parent is trying to bribe the child or has made promises, such as buying them a bike or promising to send them school.

Full details of the parent should be recorded, including a telephone number and the home location, with as much detail as possible, to facilitate future follow up. A photograph of the parent should also be taken.

Retrak should share their contact details and make a plan for immediate follow-up (within 2 weeks) which should be clearly communicated to the child and family in order to manage expectations and ensure they know where to turn for support.

Follow-up can then proceed as outlined from step 4 above.

## **A child who has an illness or disability requiring ongoing treatment**

Children who are sick should be given adequate treatment within a Retrak centre until they are fully recovered. Where a child has a long-term illness (such as HIV/AIDS, epilepsy or sickle cell) or a disability (such as blindness or a missing/weak limb) which requires ongoing treatment or equipment (crutches, splint, prosthetic) then extra steps should be taken to ensure the family can provide the necessary care with locally available support.

As with any reintegration process the child's views should also be sought at every step to ensure that they can give their input into and agree with the plan ahead. A sick or disabled child should be offered extra counselling to specifically deal with the potential trauma of their situation.

Prior to the pre-visit the nurse should liaise with the staff attending the visit to explain the child's situation and need and provide existing contacts to local services. If the need is very specific, it may be necessary for the nurse to be part of the team (either at pre-visit or placement).

During a pre-visit, Retrak staff should investigate the local health services to see if medicine or regular check-ups would be easily accessible (including cost, time and transport). Local support groups should also be contacted to ensure that the child and family can access specific support locally.

Retrak should also talk to the principle care-giver about the sickness or disability to help him/her understand

the situation and the care requirements and to overcome any prejudice or stigma. In the case of HIV positive children, consent from the child to reveal their status to their care-givers should be obtained. It is important to discuss disclosure with the child and help them understand the balance between the duty of their care-givers as well as their right to privacy. They should be given the opportunity to engage with their care-givers about their status themselves. Any decision should be made in the best interests of the child. Special HIV counselling for care-givers should be arranged to help them understand the implications of living with HIV (reference should be made to national HIV counselling and testing guidelines).

As part of the pre-visit assessment, Retrak staff should decide if the family is able and willing to deal with the child's situation and extra needs.

At placement, Retrak should provide a referral letter to service provider and confirm again that access to clinical services and support groups is possible. Again the assessment should include a decision on the family's willingness and ability to care for the child.

Similar assessments should also occur during every follow-up intervention which should initially be scheduled at regular enough intervals to maintain oversight of the situation.

Retrak will only reintegrate a child if their care-givers are assessed to be willing and able to care for the child. If this is not the case at any step in the procedure then this should be carefully explained to the child, counselling offered, and other options, like foster care, explored.

## **A child who has a history of abuse or severe neglect in the home**

Where a child has revealed experiences of abuse or neglect at home every caution must be taken to minimise the risks to the child should family reintegration go ahead. During steps 1 and 2 when the child and family are being assessed, Retrak staff should ensure that both the child and family are sure about reintegration and that no pressure has been put upon the child to return home. As far as possible Retrak staff should deal with any past issues, this may include offering counselling to both child and family, and providing parenting training to address areas of concern, such as discipline or nutrition.

During pre-visits and placement, Retrak staff should seek out extended family and community and local institutions that can offer support and monitoring. This should include the local government body responsible for child protection. This must be done sensitively and with appropriate awareness raising, so that the child is not stigmatised. These institutions should agree to provide regular follow-up to the child and family and report any issues to Retrak immediately.

Retrak will undertake immediate follow-up (within 2 weeks) which should be clearly communicated to the child and family in order to manage expectations and ensure they know where to turn for support.

If continued abuse or neglect is reported or discovered the child should be immediately removed. This should be done with the knowledge of and approval from the local authority. Ongoing counselling and alternative care plans should then be offered to the child. Contact with family should be maintained if the child is interested.

# TOOLS

## GOOD PRACTICE PRINCIPLE

**UN Guidelines for Alternative Care of Children:** The records on children in care should be complete, up to date, confidential and secure. This record should follow the child throughout the alternative care period and be consulted by duly authorized professionals responsible for his/her current care.<sup>24</sup>

In addition to this below, Retrak has developed accompanying training curricula for social workers and other staff using the SOPs<sup>25</sup>.

Each child at Retrak will have a personal file which contains copies of all records specific to the child's care at Retrak. These are kept in a locked cabinet and access is restricted to staff working directly with the children concerned. This file will be updated regularly and will include, amongst other documents the following tools which have been mentioned during the reintegration process above:

- **Tool 1. Child's personal profile, including:**
  - 1.1 Personal information
  - 1.2 Family information
  - 1.3 Street life information
  - 1.4. Initial assessment and recommendation
- **Tool 2. Retrak centre records**
  - 2.1. Retrak centre overview
  - 2.2. Counselling session notes
  - 2.3. Education notes
  - 2.4. Other progress notes (general, sports, life-skills etc)
  - 2.5. Child care review record
  - 2.6. Exit interview record
- **Tool 3. Reintegration records**
  - 3.1. Pre-visit record
  - 3.2. Placement record
  - 3.3. Income generating activity (IGA) record
  - 3.4. Follow-up record
  - 3.5. Phase out record
- **Tool 4. Removal of child from family care record<sup>26</sup>**

In addition, the following tools will be of use

- **Education progress report:** equivalent of a school end of term/ semester report card showing the child's achievement at Retrak's catch-up classes
- **Referral letter:** explaining the child's situation and current needs (whether educational, such as his class, or medical, such as his illness), the services he has received from Retrak and a request for the organization (such as school or health centre) to accept the child into their services upon placement.

<sup>24</sup> UN General Assembly, *Guidelines for the Alternative Care of Children*, op cit, paragraph 109

<sup>25</sup> Retrak's toolkit to accompany these SOPs is available upon request at mailbox@retrak.org

<sup>26</sup> ibid

# MONITORING & EVALUATION

## GOOD PRACTICE PRINCIPLE

**UN Guidelines for Alternative Care of Children:** (Decision-making on alternative care) should be based on rigorous assessment, planning and review, through established structures and mechanisms, and carried out on a case-by-case basis, by suitably qualified professionals in a multidisciplinary team, wherever possible. It should involve full consultation at all stages with the child, according to his/her evolving capacities, and with his/her parents or legal guardians. To this end, all concerned should be provided with the necessary information on which to base their opinion.<sup>27</sup>

Every decision made in the reintegration process must be based on a thorough assessment of the child's and family's past experiences, current situation and future aspirations. Both the child and his/her care-givers should be fully involved in the process.

In order to assist Retrak's social workers in this decision-making process Retrak has developed a toolkit to accompany these SOPs (as mentioned in previous section). This toolkit comprises a series of forms which each begin with a clear aim and end with a decision about future care. They include key questions to asked, factors to be considered and opportunities to involve children and care-givers.

In line with Retrak's model, the toolkit includes assessments which track children's well-being during a child's journey with Retrak. These assessments are based on the Child Status Index.<sup>28</sup> This tool was designed to enable community workers to quickly and easily assess a child's well-being in a family and community setting in a holistic manner. Retrak has adapted this tool to be used with street children during the reintegration process from the streets, through the stages outlined in these SOPs to placement, follow-up and phase out.

The information generated by these assessments can be used for:

- **case management: making decisions about the future care of individual children and families;**
- **programme monitoring and decision-making: the aggregation of data can show changes over time or the differences between groups of children, such as stage in programme, location, gender, age and background. This can help to highlight areas of programming which are working well or areas which need further attention; and**
- **programme evaluation and influencing policy and practice: groups of data can reveal specific needs in children and highlight the success of programmes which can inform good practice or the need to scale-up interventions.**

Further information on the use of these assessments can be found in Retrak's publication on the results of its pilot study in Uganda and Ethiopia in 2011-12. This study clearly shows how useful these assessments can be in tracking children's well-being and demonstrating the impact of reintegration interventions.<sup>29</sup>

<sup>27</sup> UN General Assembly, *Guidelines for the Alternative Care of Children*, op cit, paragraph 156

<sup>28</sup> O'Donnell, K, et al (2009) *Child Status Index: a tool for assessment the well-being of orphans and vulnerable children - manual*, Chapel Hill, NC, MEASURE Evaluation

<sup>29</sup> Corcoran, S and J Wakia (2013) *Evaluating Outcomes: Retrak's use of the Child Status Index to measure wellbeing of street connected children*, Manchester, Retrak

# FURTHER INFORMATION

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## Further reading on family reintegration

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**Retrak**  
inspiring street children

Metropolitan House, Station Road,  
Cheadle Hulme, Cheshire, SK8 7AZ  
Telephone: +44 (0)161 485 6685  
Email: mailbox@retrak.org  
Web: www.retrak.org

UK Registered Charity No. 1122799  
Company No. 6424507

[WWW.RETRAK.ORG](http://WWW.RETRAK.ORG)

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WE CAN TO HELP  
STREET CHILDREN

HOW CAN YOU HELP?