

Chapter 4

Children Separated from Families

Rationale

Few threats to a child's well-being and long-term development equal that of being unaccompanied. Involuntary separation from both family and community protection, sometimes across national borders, greatly increases the child's risk of exposure to violence, physical abuse, exploitation and even death. Surviving children face malnutrition, illness, physical and psychosocial trauma, and impaired cognitive and emotional development. Unaccompanied girls are at especially high risk of sexual abuse; and boys, of forced or 'voluntary' participation in violence and armed conflict.

It has been estimated that unaccompanied children make up at least 2 to 5 per cent of the total population in many refugee situations. Experience worldwide shows that the vast majority of 'unaccompanied' children have living parents or other relatives willing and able to care for the child, and that these relatives can be located through well-organized tracing activities. Tracing often requires an extended period of time; and in the interim, unaccompanied children urgently require appropriate care and protection (see Panels 1 and 2 for details).

Supporting strategic objectives include:

- ensuring widespread dissemination of clear policies for unaccompanied children;
- identifying and mobilizing trained professionals (i.e. social workers specialized in child welfare) within the population and, if necessary, from elsewhere in the country, to define needs and establish appropriate programmes;

General Aims

- Reunite each unaccompanied child with his/her family as quickly as possible;
- Ensure the survival, protection and well-being of children through interim care;
- Ensure care meets the emotional, psychological and developmental needs and is appropriate to the culture of each child;
- Arrange appropriate long-term care when reunification cannot be achieved within a reasonable period of time.

DEFINITION OF AN 'UNACCOMPANIED' CHILD

The term 'unaccompanied child' refers to:

A child who is under 18 years of age or the legal age of majority, as defined by the Convention on the Rights of the Child (CRC), is separated from both parents and is not being cared for by a guardian or another adult who is responsible to do so by law or custom.

This definition includes the following:

- Children who are without any adult care, by themselves or with siblings;
- Children who are with families other than their own;

- Children who are with relatives who are unknown to them, have no customary responsibility for them, and are unable or unwilling to care for them on an ongoing, long-term basis.

Note: Most children who are separated from their families are not orphans and should not be referred to as such. It is important that a local-language term, or phrase, be found and used that conveys the sense of 'children separated from their families'. Some authorities and other documents use the term 'unaccompanied minor' or refer to 'unaccompanied children and adolescents'.

Panel 1

REASONS FOR CHILDREN BECOMING 'UNACCOMPANIED'

Before, during and after an emergency, a child may become separated from his/her family or adult next-of-kin in various ways. Understanding of the reason(s) for separation is essential to guide actions taken on behalf of unaccompanied children, both individually and collectively.

Against parents' will, a child may be:

- **Lost:** Accidentally separated from other family members.
- **Abducted:** Deliberately taken away from parents by other adults, authorities or organizations.
- **Recruited:** Enlisted in fighting units with or without the parents' consent, or his or her own. The child may also be left alone when parents or guardians have been abducted or imprisoned.
- **Runaway:** The child has chosen to leave and live apart from his or her parents without their consent.
- **Orphaned:** Both parents (or legal guardian) and all close adult relatives in 'extended' families are dead.

With parents' consent, a child may be:

- **Abandoned:** Deserted by parents who have no intention of subsequent reunion (this can include 'unwanted' babies).
- **Entrusted:** Placed voluntarily in the care of another adult, or institution, by parents who intend to reclaim the child eventually.
- **Independent:** Living apart from parents (alone or with others) by mutual agreement.
- **Rejected:** The child is 'forced' by the parent(s) to leave home. Children may become unaccompanied as a result of family breakdowns and rejection by a parent's new partner, pregnancy, school drop-out, etc.

Basic Principles

The Convention on the Rights of the Child (CRC) provides the guiding principles for UNICEF's support to unaccompanied children. In case of refugee children, the provisions of the 1951 Refugee Convention and the 1967 Protocol also apply. Some of the most important CRC provisions with respect to unaccompanied children are the following:

Article 3: (1) In all actions concerning the child, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 7: (1) ;The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.

Article 8: (1) States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.

Article 9: (1) States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.

Article 20: (1) A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. **(2)** States Parties shall in accordance with their national laws ensure alternative care for such a child. **(3)** Such care could include, *inter alia*, foster placement, *kafala* of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Article 22: (1) States Parties shall take all appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee ... receives appropriate protection and humanitarian assistance... **(2)** For this purpose, States Parties shall provide, as they consider appropriate, cooperation in any efforts by the United Nations and other competent intergovernmental organizations or non-governmental organizations cooperating with the United Nations to protect and assist such a child and to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family. In cases where no parents or other members of the family can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason... .

Other key guiding principles for working with unaccompanied children, explicit and implicit in the Convention, include the following:

Protection: All children, including those who are separated from their families and/or in countries other than their own, are entitled to protection of their rights, including their personal security,

provision for their basic subsistence, and care that is nurturing and appropriate to their age and individual needs.

Participation: Children of all ages, in keeping with their degree of mental and emotional maturity, have the right to express their views and have those views taken into account in decisions regarding arrangements for themselves and their younger siblings.

Legal representation: Unaccompanied children have a right to physical and legal protection, as their individual circumstances require. This includes legal representation and designation of guardians, where needed, and securing land rights when all immediate family members have died.

Family unity: All children have a right be cared for by their parents and not to be separated from them against their will; and families have a right and responsibility to care for their children. All reasonable measures are taken to help families stay together and to reunite families who become separated. No action is taken which could encourage family separations or make family tracing and reunification more difficult.

Reunification of separated families: Unaccompanied children have a right to reunite with parents, guardians and extended family members. Those intervening on behalf of unaccompanied children have an obligation to assist them to find, communicate with and rejoin family members through tracing and other services. Family tracing is pursued as a priority for all children separated from their families. When tracing is successful, an assessment is undertaken to determine whether family reunion is in the best interests of the child and, where appropriate, reunification is assisted and follow-up assured.

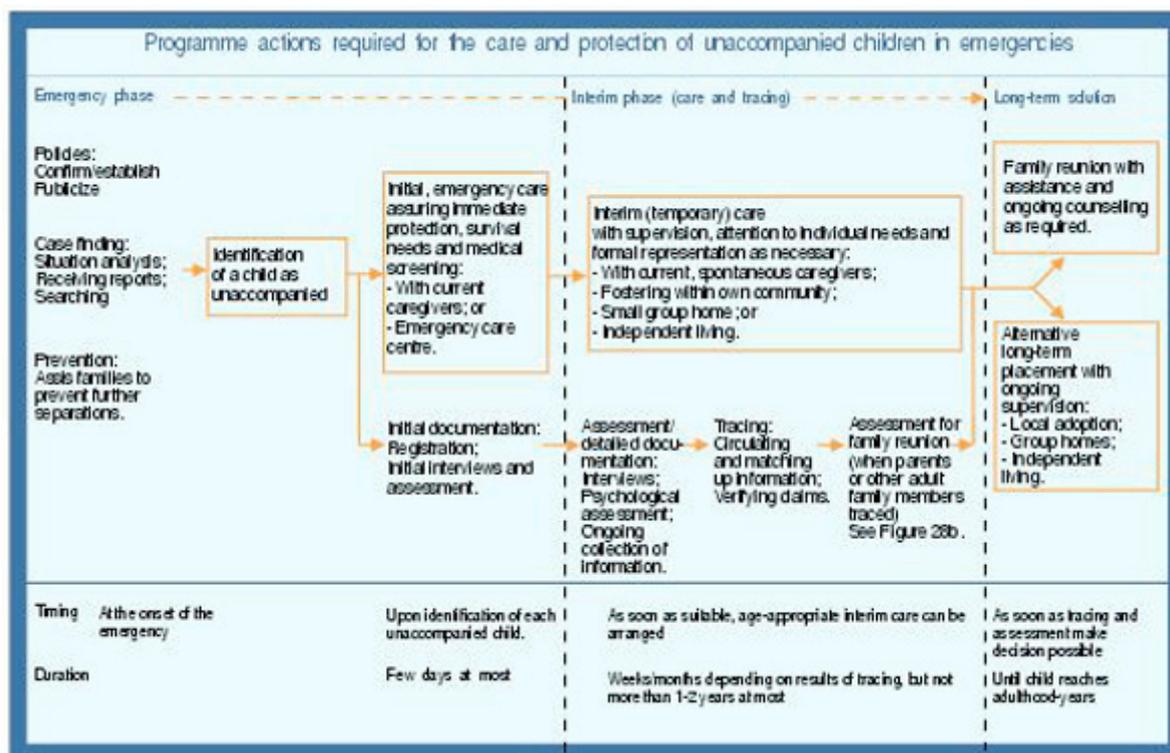
Delaying adoption: Experience from various emergencies suggests that separated children should not be considered for adoption during an emergency or before extensive tracing efforts have been made without success - normally a period of at least two years.

 **TOP**

Field-Level Strategies and Actions

Pending reunification, documentation and tracing activities should be integrated with community -- and family-based arrangements for the care and protection of the child. An understanding of the historical, cultural, social and economic context is essential. This understanding includes the formal, informal and traditional structures as well as the coping mechanisms of the community. Interventions should build on traditional values and customary practices.

Once the immediate survival needs of unaccompanied children are met, resources should be focused on support for all children and on ensuring that unaccompanied children are fully integrated into the community. In addition to tracing and legal assistance, special programmes and services for unaccompanied children as such should be avoided, especially in acutely impoverished communities. In order to prevent further separations, programmes for unaccompanied children should always be linked with programmes to assist acutely distressed families.



Panel 3

Panel 3 illustrates the sequence of actions where there are large numbers of unaccompanied children. A two- to three-year period should be planned and budgeted for from the outset for tracing and family reunification, and for interim care arrangements. A dynamic, flexible social welfare approach is needed. Plans will need to be modified as the situation evolves. Potential donors must understand the need for a continuous commitment rather than for 'relief' activities, and they should be involved in the planning process.

The following sections discuss in more detail the principal operational components of a programme for unaccompanied children.

Policies and standards

Clear policies and standards concerning unaccompanied children should be established and promoted as rapidly and as widely as possible. There is no universal blueprint. Arrangements will depend on the scale of the problem, the traditions of the society concerned, and the main causes for separation.

- Policy statements should define who is an unaccompanied child, provide the basic framework and standards for their care and protection, and set procedures for screening and verifying claims.
- Policies should be applicable to all government bodies, including the military, other non-state entities (e.g. rebel groups), international organizations and non-governmental organizations (NGOs) that may be in contact with children, and clearly assign responsibilities among these groups.
- It is often useful for UNICEF, UNHCR and the International Red Cross (ICRC and IFRC) to issue a joint statement. This should be done, if deemed appropriate, as soon as possible before any undesirable practices begin.

- Where communities have crossed national boundaries, regional (intercountry) approaches to assure shared and complementary definitions, documentation and strategies should be developed.
- All guidelines and forms must be printed and completed in the language of the affected population. Translations must be carefully checked and, avoiding delays, translated back into the original language.

Identification and registration

Children who appear to be unaccompanied should be identified, registered and medically screened as quickly as possible. Parents who have lost their children and are searching for them should also be registered.

Searching for unaccompanied children

Searches and inquiries should be organized within each community in a way that does not disrupt existing care arrangements or encourage families to abandon children. Community social workers, volunteers, and community and religious leaders should be mobilized to do this throughout the acute phase of an emergency.

Unaccompanied children are frequently found:

In or near hospitals, clinics, schools, churches, temples, mosques and food/relief distribution centers, as well as pre-existing community welfare centres and orphanages. These are also places where families often seek shelter or services and can be screened. During population movements, children may be found along the routes taken. In urban areas, many may be roaming around as street children.

In conflict zones, aided by members of military units. Arrangements should be made with authorities to register and place these children under civilian care as quickly as possible. They should then be cared for in the same manner as all other children separated from their families.

If a census or registration of the entire population is being undertaken - e.g. in the case of a displaced population - unaccompanied children can be identified without making any special separate inquiries. Questions should be asked in a way that does not encourage inappropriate separations.

Components of Programmes for Unaccompanied Children

- Policies and standards
- Identification and registration
- Tracing
- Interim care
- Family reunion and long-term placement

Screening and registration

All children who appear to be 'unaccompanied' must be immediately screened to determine whether:

- *they are indeed separated from their families;*
- *there is another adult with whom the child has been living who, with some support (e.g. assured food rations), could continue providing appropriate care;*
- *they are without the possibility of such continued care and must be*

Information/registration centres

placed in emergency care.

Information/registration centres should be established or designated. They should be easily accessible so parents who have lost children can register; communities can report unaccompanied children for whom they are caring; young unaccompanied children can be brought in by people who find them but are unable to care for them; and unaccompanied children can present themselves.

As much as possible, existing locations or institutions where people traditionally go for help should be used. The establishment of offices specifically for unaccompanied children should be avoided. The locations of these information/registration centres should be widely publicized. Where there appears to be an adult who could provide care, the child and adult should be interviewed separately and a home visit carried out as soon as possible to assess the relationship. A small amount of food may be provided pending the assessment.

For each child who cannot be immediately reunited with parents or members of his/her extended family, immediate action should be taken.

Register the child with a unique reference number: The register should establish an individual file including, as a minimum, a name and the present location of the child, and who is caring for him or her.

Document all information available: This should come not only from the child but also from accompanying adults, including exactly where and when the child was found. This is especially important for infants and very young children. Standard registration and social history forms should be used.

Provide each child with an identity bracelet or card: This should preferably have a photograph attached.

Arrange a health check and psychological screening: Health and social workers can use simple techniques when professional services are lacking or delayed.

Assessment and documentation

Each child should be assessed to determine his/her particular needs, taking account of age, physical and mental health, personality, and social and cultural background. It is important to take into account the particular conditions the child has experienced in the recent past, e.g. the reason for separation, witnessing or being a victim of violence, and so forth. Trained professionals should assess children. During the initial stages, these can be social workers, health care workers or other community workers. All information necessary for tracing and care should be systematically documented.

Resources for standard forms for registration and for the compilation of social history information are provided in the 'Further Guidance' section at the end of this chapter. These should be adapted for each situation. Panel 4 lists the categories of basic information to be recorded for each unaccompanied child. Note that:

- In some situations of intercommunal strife, recording a child's ethnic group or religion may put the child at risk, and these details should be omitted from the registration form and all other documentation.
- Copies of all documented information should be readily available to the persons caring for the child, as well as the central registration and tracing unit (normally managed by ICRC).
- Arrangements must be made to record different versions - different spellings and/or

structures - of names and addresses, as well as aliases by which a child or adult may be known. (The computer programme used to help match names and addresses given by children with those given by parents has to include routines to check for such different versions.)

Interviewing children

During the initial interview, it is particularly important to gather and record as much information as possible concerning:

- where the child spent the previous night;
- any previous locations the child stayed in;
- how long ago and in what circumstances the child became separated from his/her family;
- when and where the child was found;
- the names of missing family members.

Despite the pressure of time and circumstances, the process of collecting accurate, factual information from a child must be done with great care and at a pace set by the child. A series of short sessions may be best, especially for a child who has had particularly traumatic experiences. Indirect rather than direct questioning is often more fruitful with young children. Children must never be pushed faster or further than they wish at a particular session. They must not be 'interrogated'.

Interviewers should:

- be carefully selected personnel from the child's own community;
- have prior experience in working with children, and be trained not only in interviewing techniques but also in gaining information from observations and by non-verbal means;
- be introduced to the child by someone the child already knows and trusts (the child and caregiver should be fully informed of the purpose);
- be responsible for protecting a child's right to confidentiality (approaches must be adapted to the age and maturity of the child);
- share the same language and cultural background as the child (if this is impossible, interpreters must be trusted members of the child's own community, considering not only language abilities but also maturity, impartiality, personality, relations with others, intelligence, patience and commitment);
- develop, if possible, effective working partnerships before starting to interview children.

Parents Searching for Children

Parents who have lost children should provide information on:

- personal details of the children;
- family structure;
- circumstances of the family/ child separation;
- history of the child before separation;
- medical history of the child;
- the family's intentions, wishes and plans;
- other information relevant to tracing.

Families must then inform the registration/ information centre if they change location.

BASIC INFORMATION REQUIRED FOR THE DOCUMENTATION OF AN UNACCOMPANIED CHILD

Basic personal data:

- family name, forename, given names, nicknames, or other names
- sex

- date, place and year of birth
- tribe, caste, ethnic origin, nationality
- languages spoken, religion, education
- particular identifying features (disabilities, scars, etc.)
- personal belongings

Accompanying siblings (brother/sisters/other child relatives):

- same as above
- address, if different from the child

Circumstances when identified:

- location/address where found
- date and time

Accompanying adult (not-related):

- adults' names, addresses, relationship to child (if any)
- if in care of these adults, how the association came about
- the length of time the child has been with them
- if with other unaccompanied children, the names and reference/registration numbers of the other children; how long they have been together

Family relationships:

- name, age/date of birth, relationship to child, occupation of family members
- last known location/address of father, mother, brothers, sisters, grandparents, aunts, uncles, other relatives, other persons normally living in the family household

Circumstances of the family/child separation:

- reasons for date and place of separation
- when and in what circumstances child last saw parents/other family members
- if death of parents is presumed, reasons why child believes this to be so

History of the child before separation:

- important events in the child's life
- description of people and places remembered

History of the child since separation:

- places of residence
- legal status of any formal placements, length of time spent in each place, important events, people and places remembered
- how shelter, food and water have been obtained

Health status and past medical history:

Psychosocial assessment:

- appraisal of the child's current emotional state
- the importance of current relationships
- extent to which the child's (age-specific) developmental needs are being met
- other information of importance for the daily care of the child

The child's intentions, wishes, plans:

- with whom the child wishes to be reunited if they could be located, their relationship, where and how they might be traced

Other information relevant for tracing:

Names and locations/addresses of other persons who may provide additional information that might be helpful in establishing the child's identity, locating family members or understanding more fully the circumstances of the separation. Information relevant to the determination of refugee status and wishes for repatriation or resettlement, where appropriate (this is typically defined and collected by UNHCR).

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Interviewers must give careful attention to:

- the timing of interviews in the morning or early afternoon, to allow the child time afterwards to play and otherwise cope with traumatic memories before going to bed;
- concluding interviews on a positive note and preferably in the company of an adult caregiver who will stay with the child afterwards;
- recording their own opinion concerning the accuracy of the information;
- describing the condition of the child when the interview occurred.

Recording by Care-givers

Information on temporarily placed children should be recorded on an ongoing basis, by caregivers, foster parents or staff in group homes or temporary emergency care centres. This should include clear, explicit descriptions of the emotional state and behaviour of the child. e.g. 'rarely talks to others'; 'will not eat'. They should not use psychological terms such as 'depressed' or 'mentally retarded' to label a child.

Tracing

Once a child has been identified as unaccompanied, both active and passive tracing efforts should begin immediately. In passive tracing, the records of children and of parents searching for lost children are compared to seek matches. Active tracing consists of proactive investigations to locate a child's family based on all accumulated information about the identity of the child and the identity and location of family members. Speed is essential, especially for young children. The following should be considered in all tracing activities:

- All tracing activities should protect the personal security of the child and family members concerned.
- A central database should be established, normally by ICRC, to receive and store data on both children and parents who have lost children.

- ICRC and other organizations working with children at the local level should pursue 'passive' and 'active' tracing efforts simultaneously and cooperatively.
- All parties involved in providing care should exchange information and participate in coordinated efforts at local levels to trace families.
- All organizations should agree to common standards for verifying claims and assuring follow-up, and should keep ICRC (or any other central registry) informed using agreed standard forms and systems of notification.
- No action should be taken that may hinder eventual family reunion, such as adoption, change of name, or movement of a child far from the likely family locations unless it is essential for the safety and well-being of the child.
- The child should be kept informed of efforts and progress but should not normally take any direct part in tracing.
- Tracing efforts may include children who are living with relatives (therefore not 'unaccompanied') but would benefit from organized tracing activities to locate lost parents.
- Even if both parents are dead, reunion with siblings, other adult relations or close friends may be possible.

Understanding the 'close' relationships and familial responsibility towards children within the local culture is essential: There are marked differences between matrilineal and patrilineal societies. Clan, tribe and caste may be important, and there may also be more than one adult with whom a child could be reunited.

Tracing techniques

Methods that have been found to be useful in tracing children's families include:

- posters with pictures and brief details about children displayed in public places where people congregate;
- tracing books containing copies of pictures and data sheets circulated by workers within the children's original communities;
- tracing teams travelling to the child's original community and making inquiries of local representatives and social institutions and in markets and other public places;
- announcements made on the radio, or in newspapers, about tracing activities in general and the names of the parents being sought.

In all tracing efforts:

- Information should be sought, without disclosing the child's whereabouts;
- All claims for children should be subject to strict verification.

Confidentiality and security

In some conflict and refugee situations, asking questions and circulating information may endanger the child or the family. In the sharing of information between organizations and the publication of information, including photographs of children, the basic principle should be, 'Maximum information for tracing at the minimum risk to the child and family.' When security is a concern, consideration may be given to circulating pictures with only an identifying number, withholding names and present locations until any claimant's identity and relationship to the child is verified.

Verification of identities and claims

Whenever adults claim children, or family members are traced, their identities and claims must be verified before the adults and child are brought together. Claims made are sometimes mistaken or false, and different families can claim the same child. In all cases, protection of the child's best interests must be the overriding concern. Exchanging photographs, comparing descriptions of people and home surroundings, and cross-checking knowledge and accounts of events and family

composition help to verify claims.

First meetings of parents and children

Children can be taken to locations they have described - possibly after arranging to meet there with parents who have reported losing children. This can be traumatic for the child if the parties are not properly prepared for the first meeting or the process of mediation and reunification. An alternative is to allow parents to make supervised visits to places where unaccompanied children are living or attending school, without meeting the children immediately.

Inter-country coordination for refugee children

In cases of refugee children, tracing activities must be closely coordinated between the country of asylum and the country of origin. Arrangements must also be made for the reunification of children with families found in another country, and for the continuation of care and tracing for children returning to their country of origin as part of a voluntary repatriation programme. This requires close cooperation and joint planning between the governments, UNHCR, UNICEF, ICRC, and implementing agencies in both countries.

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Considerations for Interim Care

Pending family reunion or alternative long-term placement, care for unaccompanied children should be arranged in a family or family-like environment of the child's own community. If that is not possible, group care arrangements should try to replicate a family environment normal to the culture. The goal is to provide an environment that meets the physical, psychological, emotional and developmental needs of the child (see Panel 5, Possibilities and Preferences). Special attention must be given to the care of unaccompanied infants. Key considerations for interim care include the following.

Community responsibility: Communities and local authorities should have the primary responsibility for assuring the protection and family-based care of unaccompanied children, and facilitating family reunification. Community-based welfare associations, women's groups and the local Red Cross/Red Crescent should be involved as much as possible.

Involvement in/commitment to tracing and family reunification: The families, communities and organizations involved in assuring interim care for unaccompanied children should also be involved in and committed to tracing and family reunification activities.

Maintain sibling and surrogate family groups: Sibling groups should be kept together. Where children have been living together as a group and have developed close emotional bonds, it is usually in the best interests of the children to preserve such groupings - provided there is no abuse of younger children by older ones - while at the same time establishing a substitute parent relationship.

Support to families caring for children: Families caring for children other than their own should be supported. They should be helped to secure health and other basic services and any relief entitlements available to all families with children. If, during an initial phase, there are inadequacies in the general food

To ensure cultural, linguistic and social continuity of care, unaccompanied children should:

- be cared for by persons from their own community or at least from the same ethnic and social background in order to ensure cultural and linguistic continuity;
- attend school;
- be encouraged to join in social and recreational activities with other children in the community;
- continue their religious practices.

distribution system, they may receive small quantities of extra food or other support. No financial or other material gain should be attached to the fostering of an unaccompanied child, as this could affect the motives of potential caregivers and not be in the children's best interests.

Institutional care only as a last resort: Large centres with special facilities almost always fail to meet children's emotional needs. Worse, they attract placement there of children who are not in fact unaccompanied, thus splitting families. Once 'institutionalized', children often find it hard to integrate back into family and community life. Children in institutions should be moved into family-based care as soon as possible and the centres/institutions phased out as quickly as possible. Where there is no such existing option, one should be organized from the outset to replicate normal family care in the children's own culture as much as possible, with surrogate parents who live with and are responsible for each small group of children.

POSSIBILITIES AND PREFERENCES FOR THE INTERIM CARE OF UNACCOMPANIED CHILDREN

For all infants and young children (0-5 years):

- Family care (fostering) with adult relatives;
- Family care with the families of friends; or
- Family care with other families in their own community.

For older children (6-14 years):

- Family care, as above, for as many as possible; or
- Group care in surrogate family groups in community-level homes, for any for whom family care is not immediately possible.

For adolescents (over 14 years):

- Family care;
- Group care; or
- Supervised independent living (in small groups).

For infants and younger children, one-to-one care or family placement is critical to their well-being. Infants need a surrogate mother.

For older children and adolescents, their individual needs and preferences should be determining factors.

For sibling groups, make arrangements in consultation with the oldest child to keep them together (with the same foster family or in a group home) or, at least, for the older children (possibly living independently) to remain in close contact with the younger ones (in a foster family).

Community integration: Unaccompanied children in all types of care should attend the same schools and use the same health services as other children, live in the same type of houses, eat the same food, and wear the same type of clothes.

Deliberate efforts must be made to minimize perceptions that unaccompanied children are privileged in relation to other children in the community, otherwise parents and guardians may be encouraged to abandon their children into such special care, temporarily or permanently, (see Panel 6). Unaccompanied children must not be perceived as inferior, encouraging segregation and discrimination.

Group care centres or homes should:

- be limited to five to eight children of mixed ages and sexes;
- have facilities similar to those of a typical household in the community;
- have 'house parents' selected from the local community;
- be integrated into the local community as much as possible.

Registering/monitoring/supervising placements: All placements should be properly documented and formally registered so that children's locations are known at all times. Where possible, trained social workers should monitor and supervise all placements on a regular basis to help and advise both the child and the foster family, or house parents, and to ensure the child's safety and best interests. Workers ideally should make both regular and unannounced visits to observe relationships and to talk with the child (separately from the family), the caregivers, neighbours, and teachers. Wherever possible, a community committee should monitor overall arrangements and individual placements, in collaboration with assisting organizations (See Panel 7).

Move children only when absolutely necessary: Stability and continuity in care should be assured as much as possible. Six months should be considered the minimum commitment for all involved. For those in close contact with children - members of the child's own community - a longer commitment is desirable. Children should not be moved between locations or different care arrangements any more than is absolutely necessary for their safety and well-being. Whenever movement is necessary:

- the child must be prepared beforehand;
- all movements should be recorded, allowing tracing of the child's location at all times;
- all concerned parties must be informed, including the central focal point for tracing (normally the ICRC);
- all pertinent documentation concerning the child's needs, and what is known about the child, must accompany the child; and
- formal agreements should be established with those taking custody of the children and all other parties concerned to assure that appropriate care and protection will be provided and that family reunion will be expedited.

QUESTIONS CONCERNING COMMUNITY TRADITIONS AND CAPACITIES

- Which adults would normally care for children separated from their parents? What are the traditional methods of caring for children separated from their families or guardians?
- If these traditional patterns have been disrupted or are overwhelmed, what arrangements do the community and religious leaders, educators, social workers and concerned local groups propose for such children?
- What existing structures and mechanisms can be used as focal points to receive information on and register children separated from their families?
- How can the community carry out a plan to locate children separated from their

families?

- Are concerned adults already caring for children who are not of their own family? If so, can such care be maintained?
- Are there other adults/families who would be willing to provide care for (to 'foster') one or more unaccompanied children, at least on an interim basis?
- Are there other adults who would be willing to serve as surrogate parents ('house parents') for small groups of unaccompanied children living in the community?
- Are there any trained child-welfare workers, or other social workers, in the community available to help organize and supervise the screening, assessment and care of unaccompanied children, and tracing activities?
- Are there any local groups (NGOs, women's groups, religious, etc.) willing to become partners in caring, tracing, reunifying children?

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Arrangements for Interim Care

Spontaneous care arrangements

A child being cared for by an adult who is not a relative should normally stay with that adult, or family, at least temporarily if the relationship is a benevolent one and the child's needs are being met.

The child and the care arrangement should be registered and the quality of care assessed by a community-based social worker as soon as possible. This should be done carefully so as not to disrupt the relationships or encourage the caregiver to abandon or hide the children. Where satisfactory, the arrangement should be monitored and the family supported as any other foster family. If it is suspected that the child is being abused, neglected or exploited (e.g. being used as a domestic servant), the situation must be quickly assessed and, if necessary, an alternative placement arranged immediately.

Supervised foster care

Children, and especially infants and young children, who are without adult care should immediately be placed in family care whenever possible.

Respected community leaders and child care workers should identify and interview families. Some criteria are suggested in Panel 8.

Foster families should agree to care for the children without the promise of compensation. They should provide the same commitment to care that their own biological children would have.

Interim care arrangements include:

- spontaneous care
- supervised foster care
- group care community homes
- temporary emergency care

Each placement with approved adults/families should be registered. This should include a signed agreement including the above conditions.

THE CARE OF CHILDREN IN FOSTER/FAMILY CARE

- Weight gain is satisfactory according to monthly weight (or weight-for-height) measurements and visual observation.
- There are no signs of neglect, such as dirtiness, skin infections or inadequate clothing - checks on health and cleanliness, preferably weekly.
- There is good 'bonding' between child and the caregiver: They appear to be relaxed with each other and there are indications that the child's emotional needs are being met.
- The child is not treated differently from other children in the family: He/she does the same amount of work, attends school with the others and eats with them.
- Appropriate action is taken by the caregivers to meet the child's needs: He/she is taken to a health worker when sick, attends school daily, is fed adequately, etc.
- The situation of the foster family is stable.
- The family is receiving the assistance to which it is entitled and support from appropriate services to meet the needs of the family (including the children taken in).

Panel 7

CRITERIA FOR ADULTS TO FOSTER OR CARE FOR CHILDREN

Adults wishing to foster, or care, for children should meet the following criteria

- good physical and mental health;
- a knowledge of the needs of children and how to meet them appropriately;
- a desire to foster/provide care for children for reasons that are not connected to personal gain;
- satisfactory living conditions in relation to standards in the surrounding community;
- a liking for children and the ability to offer them love and security;
- an understanding of the difference between fostering and adoption, and a willingness to return the child to his/her original family if found.

A visit should be made to assess the home conditions and to check that every member of the family is agreeable to fostering. A verbal character reference should be sought from neighbours and local community leaders.

Panel 8

Group care in small, community-based homes

Where family-based care cannot be immediately organized or is not advisable, small group care is strongly preferable to institutional care - it can replicate more closely normal family care in the children's own culture.

Group care centres should be organized through community leaders and/or local organizations in cooperation with child-care workers. The community should assume the responsibility for the children, who should attend normal community health services, schools and recreation activities. Documentation and tracing efforts should continue.

A normal age spread is desirable within each surrogate family group. Those who are older should be separated by gender for sleeping. Infants below one year should be cared for on a one-to-one basis by a surrogate mother and can live as part of a small group with other caregivers and children. When children one to four years of age are placed together, they should ideally have one care provider for every three children.

'House-parents' should be adults that meet these conditions. 'House-parents' should be adults that meet these conditions.

Assistants may be chosen from among unaccompanied adolescents who need a secure place to live. Other young people may help provide care for younger children and facilitate their integration into the life of the community.

Continuity of relationships should be assured, and an environment as close as possible to a 'normal' home and family created. Children should be able to move within the community and mix with other children.

Material provisions for the children should be similar to those for other children in the community. They should attend the community school and participate in the normal recreational and other activities of children in the community.

Temporary emergency care

Arrangements for Adolescents

Family vs. group living: Placement with a family remains the best option for many adolescents. Others may be integrated into group care, but some may be opposed to any such arrangements. Living together in independent small groups, with adult supervision, may best support their coping strategies.

Preparing for adult living: Arrangements must be designed to prepare adolescents for adult living while ensuring ongoing adult supervision, assistance and support. Adolescents need long-term emotional support from role models within their own community and training to become self-sufficient within the community.

Training opportunities: Vocational training or, better yet, apprenticeships

The immediate fostering of all children without adult care may not always be possible, and it may take time to organize small group homes. This may be the case when a displaced population is not yet geographically stable, when the society rejects caring for children who are not of their family, clan, and so on, or when all households are in acute distress. As a last resort, shelter, food and water must be provided in temporary emergency care centres under the supervision of trained child-care workers.

should be arranged based on compatibility with the adult willing to share professional experience and skills of interest with the adolescent.

The time spent in emergency care centres should be minimum. Stays should be only what is necessary to arrange family reunion or more appropriate placements - a few days at most.

Temporary emergency care centres should normally be located within, not outside, the main community. This is to facilitate tracing activities and integration of the children in their communities. They may be associated with - be at or close to - the designated centres where people will come for information about missing children.

Emergency care centres should be phased out as soon as all children can be placed in more appropriate interim care. A target date should be set for closing down such centres.

The resources invested in such centres should not affect the resources invested in efforts to 'normalize' the situation. Investments should instead be directed to support tracing activities, promote appropriate care and provide services to acutely distressed families and to children to prevent family separations.

Functioning centres should provide basic services. These include shelter, water, food, physical security and care. Standards are given in Panel 9.

Medical care, recreational and educational activities, and care to meet special needs should be planned. These should be in the same context of services to meet the needs of all children in the community. Separate provision should be made for unaccompanied children only in extreme cases - e.g. where large numbers of very sick unaccompanied children have to be cared for during an initial, acute emergency phase - and then only on a temporary, short-term basis.

STANDARDS FOR TEMPORARY EMERGENCY CARE

Emergency care centres should be avoided wherever possible and, where they exist, should be closed down as quickly as possible. Where there is no alternative, and for as long as such centres exist, the following minimum standards should be maintained:

Security

- A safe and secure site; guards may be required.
- Each child in the care of a specific, responsible adult care provider who monitors the child's whereabouts as well as well-being.

Water

- A reliable supply of clean water: at least 20 litres per child, per day (an absolute minimum of 5 from day one).
- Covered storage for at least one day's needs, and adequate drainage from all water

use areas.

Environmental sanitation

- Latrines or other arrangements for the sanitary disposal of faeces that are well away from water sources, cooking and eating areas.
- Latrines that are suitable for use by young children, including at night, and are maintained at least once a day.
- Latrines allowing for gender separation (at least for older children and adults).
- Washing facilities and adequate cleaning materials.

Food and food preparation

- Assured supplies of appropriate food items similar to those available to other families, plus kitchen utensils and cooking stove.
- Items for rehabilitation of severely malnourished if they are to be cared for on-site (may/should be cared for in therapeutic feeding centres established for the community in general).

Health care and medical services

- Regular - preferably daily - visits by health workers able to assess health and nutritional status and provide vaccination and other primary health care services.
- Where there are large numbers of sick or severely debilitated children, separate rooms/tents for those children and full-time medical/nursing staff.
- Procedures for referral of severely ill children to community hospitals (including arranging transport).

Staffing

- Infants below 12 months: wet nurse/surrogate mother for each infant, and night care.
- Children 1-4 years: one caretaker for every three children.
- Children five years and above: one caretaker for every 8-10 children.
- Careful selection, training and supervision of all staff.

Management

- A specific individual/manager is responsible for the overall functioning of the centre and the safety and well-being of the children.

Panel 9

 TOP

Family Reunion and Alternative Long-Term Placements

When tracing is successful, it should determine whether family reunion is in the best interests of the child. Panel 10 lists the main considerations about family reunification or alternative long-term care arrangements. Reunification should be assisted and followed up. Alternative long-term arrangements should be made when family reunion proves not to be possible within a reasonable period, or when reunion would not be in the child's best interest.

Each case must be considered individually in the context of child welfare policy, legislation and cultural practice in the country concerned. However, children - especially infants and young children - should not be kept 'in limbo' for periods of years in the vague hope that family reunion may eventually prove possible.

Reunification programmes should be carried out within the legal framework of the country. Otherwise, organizations could end up acting as independent foster care services making essentially legal decisions about the placement of children.

*In countries where adoption is recognized and/or allowed, it should only be carried out in the best interests of the child, and then only with the authorization of the competent national authorities and with safeguards for the child (as required by the **Convention on the Rights of the Child**, Article 21).*

The success of the reintegration is largely dependent on the cause of separation. Difficulties often arise when the separation had been voluntary, usually requiring follow-up and continuing support to the family. Other problems are often related to the economic circumstances of the family, the length of separation and the nature of the kin relationships.

DECISIONS CONCERNING THE LONG-TERM CARE OF UNACCOMPANIED CHILDREN

Within the framework of statutory or customary law, decisions concerning family reunification (when family members have been identified) or alternative long-term care arrangements are taken on a case-by-case basis by trained child welfare personnel, taking account of:

- the reason for the separation;
- the wishes and rights of the parents;
- the rights, wishes and age of the child;
- the length of separation (especially in the case of infants and very young children);
- the strength of the child's new psychological attachments, notably to present caregivers;
- the wishes of the present caregivers (foster parents);
- the previous family-child relationship.

The safety and well-being of the child is always the overriding concern. However, decisions are not always easy - children and adults may not agree on what is in the child's best interests.

Panel 10

Assessment for family reunion

Once identities and relationships have been confirmed, the child and the relatives should be

counselled separately and prepared for meeting and eventual reunification. It is important to do the following.

Inform the parents/relatives about the state of the child: Ascertain whether they are both willing and able to look after the child (until he/she reaches adulthood).

Inform the child about the circumstances and wishes of their parents/relatives. Establish the child's feelings about them - to determine whether the child is willing to live with them, only to establish contact, or neither.

Investigate carefully any accounts of previous abuse or neglect of the child: This should include parents, relatives or other community members.

Ensure that all parties are ready to be reunified: The circumstances of the separation may need to be discussed at length and issues arising from them resolved before reunification. Visits should normally be made to the home of the family.

If it is not safe or possible to reunite the child with his or her family immediately, inform the child of the situation and the reasons, and maintain contacts between the child and the family. ICRC's family message service may be used.

Preparation for and follow up to reunification

If the child is to be reunited with his/her family after a long separation, the process of re-establishing relationships must be carefully planned and nurtured.

Particularly where the separation has been for more than a few weeks, or when either the child or other family members have been seriously traumatized, there is need for periodic monitoring to ensure the child is receiving appropriate care.

Assistance and counselling through general community-based programmes will be particularly important if the child is handicapped, the family weakened, or the community as a whole impoverished.

Reunification with Families

It is important to:

- provide counselling to allay any fears on the part of the child;
- carefully plan arrangements for transport and actual meeting;
- assure ongoing counselling to the family, where required, and access to necessary community services and assistance.

Alternative long-term placements

Where family reunion is impossible or not in the child's best interests, permanent integration (in keeping with and legitimized by local law or custom) into families within their own communities is preferred, especially for young children. Ideally, this would be with the families who have cared for them on an interim basis. Supervision may be needed for an extended period and arrangements made for support available to all families and children through general community assistance programmes.

It may be necessary, especially for older children, to maintain small group homes or supervised living arrangements, and to make special efforts to provide children with training for employment, formal and non-formal education and recreational activities within the community.

Placement in large institutions must be avoided. They do not meet many of the children's development needs and are often very expensive and very difficult to maintain long-term.

Coordination and Partnerships

Coordination and communication between all organizations and authorities concerned with and working on behalf of unaccompanied children is essential. Mechanisms for discussion, information sharing and coordination must be established from the earliest possible moment, normally under the auspices of the government body/department responsible for child welfare. Coordination may be facilitated by a declaration of intent or a memorandum of understanding at the start of an emergency.

Primary responsibility for the coordination of programmes at central and local levels lies with the government.

Operational functions should be delegated to specific agencies working under the overall authority and supervision of the national child welfare authorities, with one agency (usually ICRC) designated as the focal point/coordinator for tracing information.

National child welfare services or other relevant local authorities should normally provide an overall framework for coordination of action on behalf of unaccompanied children. A special unit may be needed within the national child welfare service to oversee any large-scale programme. Technical assistance and material support should be provided to that unit, if needed.

UNICEF and **UNHCR** (in cases of refugees) have a fundamental responsibility to assist governments to fulfill their responsibilities, including ensuring coordination. In circumstances where there is no authority in control, a competent organization should assume this role.

NGOs (including the national Red Cross/Crescent society) should be carefully selected and are often best suited to work at the community level, organizing care, tracing children locally and reuniting families.

- Any organization from outside the community must have demonstrated professional competence in child care and the management of the particular services needed.
- Any organization involved in arranging care for unaccompanied children must be in agreement and act in accordance with the established policies and principles. It should not have any conflicting objectives, such as international adoption, resettlement or religious conversion.
- Any community-based organization, especially women's groups, should take maximum responsibility for the programme (and eventually assume full responsibility). Youth should be mobilized to help. NGOs from outside the community should support the community groups concerned and, at the same time, maintain close and continuous links with the local government administration, and health, education and other social services and programmes in the locality.

Inter-country Adoption

In order to preserve his or her own identity and culture, intercountry adoption should be considered only if:

"the child cannot be placed in a foster or adoptive family or cannot in any suitable manner be cared for in the child's country of origin" (CRC, article 21.b).

The process must conform to the provisions of General Assembly Resolution A/RES/41/85, 'Declaration on Social and Legal Principles relating to the Protection and Welfare of Children', and the 1993 Hague Convention on Protection of Children and Cooperation in respect of Inter-country Adoption.

Further Guidance

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