



A Guide for Practitioners

Application of the Guidelines for the Alternative Care of Children



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Contents

Introduction: Keys and recommendations for the use of this guide	9
How this guide was prepared	10
Responsibilities in the prevention and provision of alternative care	11
Who will apply this guide?	11
Which children and adolescents will benefit from its application?	11
Application should be integral	11
National and sectoral versions	11
Other complementary documents	12
Glossary	12
1. General instructions	
General principles and guidance	13
The principle of deinstitutionalization	15
2. Guidance for preventing separation	17
3. Guidance for when separation is decided on	19
4. Modes of alternative care	21
General instructions	21
Modes of alternative care	22
Informal foster care	23
Formal alternative care	23
Alternative care environments	25
Family care	25
Residential care	26
5. Promoting family reintegration and/or providing stable solutions	27
6. Alternative care in special situations	29
Care of children and adolescents who are outside of their customary country of residence	29
Care in emergency situations	30
7. Correspondence between the standards of this guide and the articles of the Guidelines	32
1. General principles and guidance	32
2. Preventing separation	33
3. When separation is decided on	34
4. During alternative care	34
5. Promoting reintegration in the family and/or providing stable solutions	36
6. Alternative care in special situations	37
8. Glossary	38



Art 26. “Nothing in the present Guidelines should be interpreted as encouraging or condoning lower standards than those that may exist in given States, including in their legislation. Similarly, competent authorities, professional organizations and others are encouraged to develop national or professionally specific guidelines that build upon the letter and spirit of the present Guidelines.”



Application of the Guidelines for the Alternative Care of Children

Introduction: Keys and recommendations for the use of this guide

On 18th December, 2009, the United Nations General Assembly adopted with satisfaction the Resolution 64/142, Guidelines for the Alternative Care of Children.

The Guidelines for the Alternative Care of Children reaffirm the Universal Declaration of Human Rights and the Convention on the Rights of the Child and provide concrete guidance aimed at guaranteeing the protection and well-being of children and adolescents who lack parental care or are at risk of finding themselves in that situation.

They are an instrument that guides the policies, decisions and activities of all entities involved in the social protection and well-being of children and adolescents, in both the public and the private sector, including civil society.

Likewise, the intention is to support the efforts for children and adolescents to remain in the care of their own families, to be reintegrated with them or, if this is not possible, to find an alternate solution that is appropriate and permanent, taking into consideration adoption and those practices of community care, “sponsorship”, shared childrearing and others that frequently exist in Latin American and

Caribbean countries – in rural areas and cities, among indigenous peoples, etc. – and form part of the identity of our region.

Together with the child- and adolescent-friendly version – this is of great utility for working with the children and adolescents themselves. It is hoped that this orientation guide will be an application tool for all who work in alternative care institutions and in family assistance programs.

Thus, this guide constitutes a tool for application of the Guidelines for the Alternative Care of Children. Among all of those who should extract guidance from this human rights document – decision makers at the various levels of the state, judicial authorities, legislators, etc. – these guidelines are aimed at professional care providers and persons who work in governmental and non-governmental institutions. Through their implementation, it is proposed, basically, to

promote guaranteeing of the right of Latin American and Caribbean children and adolescents to live in a family and community.

How this guide was prepared

This material contains a guide to standards and orientation based on the Guidelines for the Alternative Care of Children. Everything stated in this document has been taken from those Guidelines. The Guidelines (which, in themselves, are guidance for public policies with a human rights perspective) are inspired, in particular, by the Convention on the Rights of the Child.

The Americas and Caribbean Regional Office of the United Nations Children's Fund (UNICEF), and RELAF (Red Latinoamericana de Acogimiento Familiar: Latin American Family Care Network) agreed to prepare this guide. A cooperation agreement between the two organizations has been the framework for this task.

A preliminary version of this guide, prepared by a specialized RELAF team, was reviewed and validated during the 2010 RELAF seminar, at a workshop in which 42 individuals/technicians from 13 countries, all of them belonging to technical departments of various governments, NGOs and UNICEF offices in Latin America, participated. Their contribution during the activity and the later delivery of contributions has been of great value.

Responsibilities in the prevention and provision of alternative care

The Guidelines for the Alternative Care of Children contain, both explicitly and implicitly, guidance for a multiplicity of actors, each having a different level of responsibility. With the aim of guaranteeing and making effective the rights of children and adolescents, each of these actors must assume their specific portion of the responsibility and all together they must coordinate their efforts, come to agreement and work together.

- **States.** Executive branch, legislative branch and judicial branch. The first has the responsibility of designing public policies in integral and specific plans, projects and programs, concerning itself with ensuring that families are supported in the fulfillment of their responsibility and providing alternative care when necessary, to which end it must make available resources of all kinds. The second, the legislative branch must adjust and harmonize the laws in force in each country so that they include the principles of respect for all rights, and particularly, in our case, the right

to adequate family and community care. The judicial branch must act as monitor of procedures, seeing that each individual child, adolescent and family is dealt with appropriately and demanding compliance by the appropriate actors.

- **Businesses,** in the sense that the economic development of a country should not affect the integral development of children and adolescents in the family and community. Child care should be at the center of the economic activity of a country, and consequently of businesses. For example, planning of the economic activity of adults should not lose the perspective of fulfillment of the parental responsibilities of those who carry out activities in the production system.
- **Civil Society,** as a whole must preserve and accompany development of the parental capacity of those responsible for households. The various sectors (communication media, religious organizations, non-governmental organizations, etc.) have specific responsibilities and must always act so as to foster the harmonic development of each family, ensuring fulfillment of the duty of caring for children and adolescents.
- **Families** must provide safe environments, with affection and care, that guarantee integral development to children and adolescents.
- **Donors**, that is, all of those who provide economic resources for the execution of direct aid initiatives in the field of children's and adolescents' rights, have the responsibility of analysing where they allocate their money. Many of the initiatives supported from inside and outside of the countries of Latin America construct options that far from strengthening families weaken them, as they constitute mere direct aid, and precarious, responses that do not promote development of the capacities of children, adolescents and adults, and that therefore do not foster their autonomy nor their self-determination as citizens. Donors and those who provide cooperation have an important role that, at all times, should be oriented towards favoring initiatives that promote self-support of families and affirmation of Latin American identities.
- **International cooperation agencies,** who provide both economic and technical cooperation, are called on to collaborate in adjusting all of the systems that do not guarantee the rights of children and adolescents in an effective way, while at the same time they must support the creation of new options where options do not exist. They play a fundamental role in cooperation to foster the training of specific human resources.

Who will apply this guide?

As already mentioned, the actors responsible for ensuring that children and adolescents can live in their families and integrated in their communities are many. However, **this guide to standards is aimed specifically at those who are in direct contact with families and with children and adolescents and who, as care providers, work in programs, initiatives, service provision units, etc.** Without ignoring the responsibilities of political decision makers, of the society that generates the culture and practices that the care providers themselves “reproduce”, of donors, etc., we refer in this guide to the concrete responsibilities of those who work in institutions.

- **Care providers in public and private institutions that work in the fields of prevention and restitution of the rights of children and adolescents.**

Thus, these standards can be applied in:

- * Institutions dedicated to strengthening the family.
- * Institutions dedicated to providing alternate care.
- * Institutions that provide therapeutic care in residential environments.

Which children and adolescents will benefit from its application?

Children and adolescents 0-18 years of age who lack parental care or are at risk of separation from their family and community.

It is likewise applicable, as appropriate, to young people already in alternative care and who need to be provided with care and support during a transitional period after having reached their majority, in accordance with applicable law in their countries.

As stated in the Guidelines, use of this guidance should also be considered in all boarding schools, hospitals, centers for children with mental and physical disabilities or other special needs, camps and other spaces in which there is responsibility for care of children and adolescents in spaces where they live together.

Application should be integral

This guide to standards **should be read, reflected upon**

and used in an integral manner. For practical reasons, and following the methodology of the Guidelines, it is divided in six sections related to the various moments of the process of intervention in families, as well as to specifics of the objectives and methods of the interventions. In spite of this, the basics and application of procedures should be understood as a whole, integrally. It is not appropriate, therefore, to consider the various sections of this guidance in isolation. For example, if the care provider using these material works in preventing separation through accompanying families to strengthen them, he or she should not read only section two (which is the one that deals specifically with that subject), but should read and work with the guidance of the six sections contained in the guide.

National and sectoral versions

This guide to standards, due to the mechanics of its production and validation, compiles the generality of what can be understood in our Latin American languages – Spanish and Portuguese – as well as what is part of Latin culture in a wide sense. The translation into French and English is adequate in accordance to the regional idiomatic uses. However, this should not be an obstacle in continuing to reflect on and rethink this guidance, as well as the entire document of the Guidelines, in the appropriate spaces in each country. This means placing these standards, and the Guidelines in general, in the framework of the legal, cultural, ethnic minority language, etc., context of each country.

In turn, professional organizations and associations (for example, social workers, psychologists, etc.) and NGOs can also extract the standards appropriate to fulfill of their specific responsibilities, in such a way as to expand and define in more detail and precision what is presented here in a basic and general way. We encourage carrying out these activities of reflection and production of materials, all of which can only favor assumption of the responsibilities of each of the actors involved and enrich the integral protection systems.

Other complementary documents

Similarly, it is suggested that other documents on procedures for the protection of human rights produced by international agencies be kept in mind. Examples are the protocols defined and used by agencies such as the International Committee of the Red Cross or the United Nations High Commissioner for Refugees (UNHCR).

This guide will be enriched through the reading of

international documents and standards on the subjects that are tackled here. For instance, in relation with the protection of the rights of children in situations of catastrophes or outside their countries of origin, the reading of the Guidelines of the UNHCR on the Formal Determination of the Best Interest of the Child and the Inter-agency Guiding Principles on Unaccompanied and Separated Children of the Red Cross is recommended.

Glossary

At the end of the text there is a glossary in which some fundamental terms and concepts are defined. For their identification, throughout this guide to standards the words included on the glossary are underlined.



1.

Application of the Guidelines for the Alternative Care of Children

1. General instructions

This section provides general instructions for both the prevention of separation and for when children and adolescents are in any mode of care outside of their family of origin. There are also guidelines for providing guidance for de-institutionalisation processes.

General principles and guidance

1. Case-by-case care for each child and adolescent: All decisions, initiatives and solutions aimed at children and adolescents should be adapted to each child and adolescent in his or her *individuality*. Gender (boy or girl), age (child and adolescent), safety and protection, history and culture should be taken into account; each of the child's special characteristics should be respected, without discrimination.

2. Listen to them: It is necessary to fully respect the right of the child and adolescent to be heard and to have his or her opinions taken into account and considered in accordance with his or her degree of maturity.

3. Make them understand: The persons who listen to them, guide them and give them information should make available to the children and adolescents all information on the situation they are in and the consequences of the intervention, and they should do so in a clear and simple way in the preferred language of the child and adolescent.

4. The family of the child and adolescent: Should also be informed, consulted and oriented regarding everything that has to do with the process involving the child and adolescent. It should be ensured that the family of origin and/or the extended family and/or the persons who are important in the life of the child and adolescent are aware of what is occurring.

5. **Support for strengthening families:** The state and the civil society organizations, as well as the community together should support families in emotional, economic and social difficulties to help them fulfill their responsibilities towards keeping the child and adolescent with his or her family.
6. **The need for alternative care:** Before making the decision to separate a child and adolescent from his or her family, there must be certainty that all possibilities for the child and adolescent to continue living with his or her family of origin have been exhausted.
7. **Care should be the most appropriate:** There are as many kinds of help for families of origin as there are kinds of alternative care. For each single child and adolescent it is necessary to identify the relevant care response.
8. **Assess plan and review** each case separately, so as to make the right decisions. To this end, those in charge of evaluating, planning and deciding should possess sufficient knowledge on the case, as well as the necessary professional skills.
9. **Separation from the family of origin should be for the shortest time possible.**
10. **Respect for sibling bonds:** Sibling bonds should be encouraged and, where possible, siblings should live together.
11. **The poverty situation** of a family should never be justification for the separation of the children and adolescents. Poverty should be seen as an indicator of need of access to community services and social assistance to support the family.
12. **Coordinate actions** with the other persons or institutions, if any, who are working with the family and child and adolescent.
13. **Collaborate for prevention:** Each care provider, from his or her place of work, should act in such a way as to promote and reinforce the capacity of parents to fulfill their duty to care for their children.
14. **Take into account other resources available** in the community, such as day care centers, family counseling services, parenting training services, employment and income opportunities, social assistance services, alcohol and drug addiction treatment services and services for mental or physical disabilities.
15. **These resources should be easily accessible and available to families:** Social case professionals should collaborate to this end.
16. **Young people** should be helped, especially in facing the challenges of daily life and coping with difficult decisions, such as leaving their families home.
17. **As future parents,** they should be helped to prepare themselves, be motivated to learn so as to make better decisions about their sexual and reproductive health and to assume their responsibilities in this area.
18. **Siblings who have lost their parents or caregivers** and have opted to remain together in the family home should receive support. It should be assessed first whether the eldest sibling is willing and capable to do so.
19. **The case workers and other professionals of institutions related to these child-headed households** should support and supervise them, ensuring that there is a legal guardian or an institution to exercise guardianship. They should be protected from all forms of exploitation and abuse, and it should be ensured that all of their rights are protected, particularly the rights to health, housing, education and inheritance.
20. **The child and adolescent who acts as “head of household”** should be protected: it should be ensured that he or she retains both his or her rights as child and adolescent, (including access to education and leisure) and his or her rights as head of household.
21. **When a parent gives up the right to the care of or abandons a child and adolescent,** it should take place in a confidential and safe manner for the child and adolescent. The children and adolescents should have access to information on his or her origin at an appropriate time, age and level of maturity. This will be possible and necessary when the child and adolescent is sufficiently mature to be allowed to know and accept the vicissitudes of his or her personal history.
22. **When the family (or one of the parents, or the person in charge of the child and adolescent) expresses his or her desire to permanently give up the rights to the care of the child and adolescent,** efforts must be made to counsel and support the family with the aim of assessing whether it is possible to raise the child with assistance.

23.If the family decides to give up its parental rights, even with the support offered, it should be assessed whether there are other members of the family willing to assume care and custody and whether the proposed place is a good environment for the child and adolescent.

24.If no one in the child's environment assumes care, a permanent family for the child and adolescent should be sought in a reasonable time.

25.The history of each child and adolescent should be protected in each situation of change. The course of their lives should be preserved as a part of their history, with the aim of forming their identity.

26.Attend to appropriate care and protection for vulnerable children and adolescents, such as survivors of abuse and exploitation, street children and adolescents, children and adolescents born out of wedlock, those who are not children of the adults responsible for them (child of another partner – stepsons/stepdaughters), abandoned unaccompanied, separated, internally displaced and refugee children and adolescents, children of migrant workers, children of asylum seekers, and children and adolescents infected or affected by HIV or AIDS or other serious diseases.

27.Social issues affecting families in their capacity for care could include factors such as disability, drug and alcohol addiction, discrimination of indigenous or families from cultural minorities, and armed conflicts.

The principle of de-institutionalisation

When the Guidelines were drafted, they took into account the worrisome situation that affects thousands of children and adolescents in the world who are deprived of living with a family and are cared for in institutions, in many cases in situations in which their fundamental rights are violated.

This situation of inappropriate use of placement

of children and adolescents in residential institutions for long periods of time (sometimes years) without enjoying the right to live in a family is also seen in Latin America and the Caribbean.

That is why the Guidelines contain special guidance for coping with the task of integrating in families all those children and adolescents who are in institutions.

The main objective is to avoid similar situations in the future and, consequently, to prevent more children and adolescents from being added to, or prevent their renewal in, the situation of mass institutionalization seen today.

28.Practitioners, case workers and care givers should join efforts so that children and adolescents are integrated as quickly as possible into family environments in a careful and safe way.

29.Residential institutions that accommodate large numbers of children and adolescents should initiate adjustment processes that should be oriented towards reducing the number of children and adolescents accommodated –providing personalized care environments – and reducing the length of their stay.

30.Elimination of large residential centers in a gradual way is planned in the Guidelines.

31.Each unnecessarily institutionalized child and adolescent should have a personalized plan for family and community reintegration. The most appropriate decision should be made on a basis to basis model for each single child and adolescent: recovery of care by his or her family of origin, integration with members of his or her extended family, inclusion in a foster family of community members, or adoption. The change should carefully take place preserving his or her cultural and linguistic history and identity, with the least possible suffering for the child and adolescent.

32.The community in which the residential institutions are located should be involved, to collaborate actively in the family and community

integration of children and adolescents through information, awareness and communication campaigns on the right of children and adolescents to live in a family.



2.

Application of the Guidelines for the Alternative Care of Children

2. Preventing separation

In this section, guidance is provided for preventing the separation of children and adolescents from the care of their family of origin and the fulfillment of their rights in a family and community environment. This guidance will be especially useful for those who work in family strengthening programs, community development programs, family counseling programs and health consultation for children and adolescents, amongst others.

The standards proposed here are contained in the recommendations presented in the previous section on general principles and guidance, but in this section are described in a specific manner.

33. Strengthening of family and community ties: The professionals and family care providers, both of the state and the community, who intervene in families must strengthen and promote a *family and community-territorial network* that strengthens the creation of *articulation spaces* for full development of the rights of children and adolescents at the local level, preventing situations of institutionalization and exclusion.

34. Families and children and adolescents: Parents should be supported to perform their responsibilities in the parental role whenever they face difficulties or are at risk of not providing adequate care of their children.

35. Family and community environment: Care providers in the institutions related to children will guarantee to each child and adolescent the conditions

necessary for developing in a suitable family and community environment that permits the child effective fulfillment of his or her rights in life in a family.

36.Accessible resources: The state and the community should foster access to the resources necessary for children and adolescents to remain in their family and community environment. The resources should be applied to overcome situations in which the continuity of family life is at risk or to promote reinsertion in the family environment when separation has taken place.

37.Resources may be material (food, medication, home improvements, decent housing, etc.), economic transfers (subsidies, scholarships, pensions, hotel payments, etc.) or services (medical, psychological, educational, etc.) and those related to the development of capacities and abilities to facilitate self-satisfaction of family needs and what is related to maternal and paternal roles through the holding of schools for parents. The provision of resources should be temporary and should foster family autonomy.

38.Intervention planning: Case management will be carried out with children and adolescents and their families on two complementary levels: one, direct, with the family; and the other the strengthening of inter-institutional territorial networks at the local neighborhood level.

Intervention strategies that are carried out jointly with other actors will facilitate reconnection, reintegration and/

or remaining in the family and neighborhood environment, for children and adolescents at risk of being separated from their home for reasons related to their parents' inadequate parental care, and in all of those situations in which children and adolescents have initiated a sporadic separation from their home, such as those who have started living in the streets.

39.The actors involved in articulation: Integration is necessary with all kinds of formal and informal community organizations (hospitals, health centers, schools, nursery schools, churches, community dining halls, community centers, etc.), with which family members are involved or may become involved.

40.Children and adolescents who are heads of households or families responsible for children and adolescents: When families become the responsibility of children and adolescents (older siblings) without adults in charge of the group, state and civil society organizations must guarantee the inherent rights of the children and adolescents: health, education, identity, leisure, labor training and inclusion, etc. At the same time, they must receive the social support necessary to support this family group situation and guarantee the basic needs of the family: food, decent housing, labor insertion and economic independence.

When the family group is composed of adolescents who are parents they should receive extra support in the local community and the State should put in place support mechanisms so that they will also be effectively guaranteed their rights as children and parents.



3.

Application of the Guidelines for the Alternative Care

3. When separation is decided on

This section will describe the standards for managing situations in which the permanency of children and adolescents in the family and community environment will not be maintained.

The standards described here should be complemented with the recommendations presented in the initial section on general principles and guidance, underlining those of exceptionality, need, provisional and temporary nature and respect for sibling bonds.

41. When measures for preventing separation have been implemented and have failed: Once all of the preventive actions described in the previous section have been carried out and it has not been possible to secure the permanency of the child and adolescent with his/her family of origin, it will be time to plan and execute measures for separating the child and adolescent from his or her family environment.

42. Participatory separation process: The preparation, execution and evaluation of measures for the protection of children and adolescents should be carried out with the participation of the child and adolescent, his or her parents or legal guardians, and his or her potential family protectors and careers, which should be informed. The process should take into consideration the particular needs, beliefs and special desires of the child and adolescent, taking into account the principle of *progressive autonomy*. At the request of the child and adolescent, his

or her parents or legal guardians, and other important persons in the child's life may also be consulted in any decision-making process.

43. The change in place of residence should be made with sensitivity. The child and adolescent should be prepared for the situation, preferably accompanied by people known to him or her. If this is not possible, they should be accompanied by adults who are friendly and can demonstrate some sensitivity. The adults should not be members of security forces nor should be wearing uniforms and above all, should not adopt a punitive or threatening attitude towards the child and adolescent and the situation that he/she is going through.

44. Community and extended family: If a child and adolescent cannot continue to live with his or her family of origin, despite the interventions to achieve this, a search should be initiated for other relatives (grandparents, aunts and uncles, older siblings) or members of the community previously selected, trained and qualified through a process similar to that for foster families. Other important people in the life of the children and adolescents (for example, godparents or female teachers), as well as the places where he or she spends time (school, club, parish)

may be also included in the process in order for the child and adolescent to maintain the ties with the community in which they have lived up to that moment.

45. When parents indicate that they cannot look after their children: In situations when parents come to the conclusion that they cannot look after their children and request alternative care the intervening professionals should monitor the separation process carefully in order to support the parents/children involved.

The planning process for a permanent residence for the child and adolescent should begin immediately. Should it be necessary to wait for a permanent placement option all efforts should be made so that the period of permanency in temporary alternative care can be brief.

As a permanent and more stable solution the adoption process should be initiated immediately once the possibility of reunification with the family of origin or any other family members has been discarded by the parents themselves. been discarded by the parents themselves.



4.

4. Modes of alternative care

This section presents general instructions for the provision of suitable alternative care to the children and adolescents who, for diverse reasons, do not live with their family of origin. In addition, it presents specific guidance for each mode of alternative care (formal and informal) and for the various spaces in which they take place: family-based care (foster care) and institutional care (residential care).

General instructions

46. For each child and adolescent there is a special kind of care: The placement of a child and adolescent in a specific type of alternative care is defined through assessment of the particular situation of each child and adolescent, based on which the care process is planned in a personalized, specialized and culturally relevant manner.

47. **Knowing and understanding their situation and rights:** Children and adolescents should be informed of their rights; for example, access to a friendly version of the Guidelines should be facilitated, so

that they can understand fully the rules and regulations, the reasons for the placement, and their rights and obligations in this situation.

48. **Stability in the place of care:** Alternative care should be stable, avoiding the movement of children and adolescents through different locations. The alternative care likewise should guarantee the child and adolescent a stable home and provide the security of a continuous and secure link with those caring for him or her, fostering the establishment of meaningful relations with adults and peers while the placement lasts.

49. **The ability to speak:** Spaces for the child and adolescent to express his or her opinion regarding the

situation in which he or she finds him/herself should be encouraged. These mechanisms may be open (for example, assemblies) or private (for example, a letterbox in which to deposit written comments, opinions and assessments).

50. The duty to listen to children and adolescents: Children and adolescents have the right to participate in the decision making process of all aspects that affect their family and community lives. It is an obligation of those who make such decisions to listen to the voice of the child and adolescent and his or her opinions about such decisions, and to take them into consideration.

51. Supportive process: The child and adolescent and his or her family of origin should be supported throughout the separation process by the professionals of the State and/ or the community agencies involved in these situations.

52. Avoiding unnecessary uprooting: It is necessary that the alternative care allows the child and adolescent to remain as close as possible to his or her customary place of residence. Physical proximity can foster continuity and strengthening of the child's family and community ties, thus minimizing the disruption of educational, cultural and social life that separation can cause.

53. Siblings should be placed together, considering separate placement should be an exceptional measure.

54. When siblings cannot be cared for by the same caregivers, continued contact among them should be guaranteed.

55. Disciplining children and adolescents with respect for their human dignity: The use of physical or psychological violence as a disciplinary measure or means of imposing limits is strictly prohibited. Physical aggression, torture, degradation, threats, blackmail, humiliation, irony, verbal aggression, isolation, holding incommunicado or any other form of physical or psychological violence are strictly prohibited and do not constitute valid nor acceptable means for controlling the behavior of children and adolescents.

56. The restriction of the ties of children and adolescents shouldn't be a form of punishment: Restriction of the contact of a child and adolescent with members of his or her family or with persons significant to him or her should never be imposed as a punishment or disciplinary measure.

57. Children and adolescents should never be medicated to control their behavior: The use of medication or drugs to control the behavior of children and adolescents is strictly prohibited. The use of such substances should have aims other than that of establishing order and discipline. Medication should only be provided under medical prescription, such prescription being based on therapeutic needs, duly diagnosed and treated.

58. Special needs, appropriate care: Children and adolescents with special needs should receive appropriate care.

59. Adolescent autonomy: Matters that facilitate their emancipation should be discussed with the adolescents in alternative care who are close to the age of majority, emphasizing what relates to their future integration in the world of work and their economic independence.

60. Prevent stigmatisation: All pertinent measures should be taken to prevent children and adolescents in alternative care from being stigmatized for being in this situation, mainly preventing them from being identified in other places as "children and adolescents in alternative care", "children and adolescents without parents" or "children and adolescents separated from their families".

Modes of alternative care

There are two modes of foster care for children and adolescents whose families of origin, for diverse reasons, cannot be responsible for their care: informal and formal. Having already presented general guidance for all kinds of alternative care, this section presents a specific guide for each mode.

Informal Foster Care

This form of alternative care is when the child and adolescent is cared for by other relatives, close friends or any other adults with previous ties to them, in a private arrangement agreed

either with the parents or the child and adolescent himself/herself.

61. Formalization: It is advisable that informal care arrangements be formalized, in accordance with the local regulations in force.

62. Supporting care givers: Ongoing support and training should be provided to care givers by qualified professionals aiming to maintain the care givers' motivation and improve their capacity to cope with the demanding tasks involved in looking after children and adolescents in alternative care.

63. Assisting caregivers: Support and containment/accompaniment should be provided to caregivers. Professional teams, composed of *suitable human resources*, should guide them so they are able to maintain, and improve over time, their care for children and adolescents.

64. Family ties: Care givers should encourage and help children and adolescents in care to maintain their ties with their family of origin, facilitating contact, whenever appropriate.

Formal Alternative Care

This form of alternative care is when a competent authority (juvenile judge, administrative body) recommends that the child and adolescent should be placed in temporary alternative care, be it either in a family like environment (foster care, kinship care) or in a residential institution. The following guidelines should be taken into account for both types of formal care.

65. Temporary nature of alternative care: Formal alternative care should be a temporary measure to protect the rights of the child and the professional responsible for this intervention should review and assess the planned intervention regularly in order to guarantee that the separation between the child and adolescent and the family of origin is not unnecessarily prolonged.

66. Regular reviews and planning: Plans to maintain the separation of the child and adolescent from his or her birth family should be regularly reviewed and reassessed every three months (minimum), aiming to prevent a prolonged period of separation.

67. Vetting unauthorised facilities: Organizations that provide alternative care placements should be regularly inspected and regulated by the competent authorities.

68. Alternative care and institutional objectives: Organizations that provide alternative care should have a clear outline of its institutional objectives, aims and theoretical framework for guidance on the interventions, in accordance with the Guidelines. Recruitment criteria, training and support strategies, as well as assessment and supervision methodologies for the selection of suitable and qualified professionals and care givers should also be clearly outlined.

69. Protection and care: Children and adolescents should be protected from any possibility of abduction, trafficking and sale, and from any form of exploitation to which they could be subjected.

70. Provide care with respect and understanding: Caregivers should have a relationship with the child and adolescent in their care in which respect and understanding are fundamental.

71. Identity and sense of belonging: Children and adolescents in alternative care should have the opportunity to develop a strong personal identity and sense of belonging. Resources such as the life story book, personal photographs and personal accounts of childhood events should be used and kept with the child and adolescent in cases of transitions or transferences of care settings.

72. Updated individual records: Qualified professionals should create, periodically review and update the records and individual files for every child and adolescent. These should be available for consultation by them and to be taken in case of transfers to any other family based or residential setting to facilitate future planning and to guarantee the continuation of care.

73. Files content: Files should contain detailed information about the family of origin and should also include all information about the care plan and the periodic assessments and reviews.

74. Files available to the children and adolescents: The file should be available to the child and adolescent, as well as his or her parents or guardian, within the limits of the right to privacy and confidentiality of the child and adolescent. Before, during and after consultation of the file, the child and adolescent or his or her family should be offered appropriate counseling.

75.Right to privacy and confidentiality: Professionals and care givers involved in the provision of alternative care should respect the right to privacy and treat the information on records as confidential information about the child and adolescent in care.

76.The voice of the child and adolescent regarding the care received: The children and adolescents in care should have access to a known, effective and impartial mechanism to present their complaints or concerns about the treatment being received or the conditions of care. Assemblies could be established in which children and adolescents can express themselves openly, or a letterbox could be created in which children and adolescents can deposit their own private written comments.

77.Access to a trustworthy key worker: Children and adolescents in alternative care should have access to a trustworthy adult who should act as a key worker and will be available to support them and discuss any confidential matters.

78.Liaising with the birth family: Care givers should facilitate and assist in maintaining contact between the child and adolescent and their birth family and/or with any other meaningful contact of the child in his/her local community.

79.Adequate facilities for supervised contact: Organizations that provide alternative care should offer adequate facilities for supervised contact between the child and adolescent and their birth family and/or with any other meaningful contact of the child in his/her local community.

80.Access to local community services: Organizations that provide alternative care should guarantee access to educational, health, recreation and sportive services in the local community in order to maintain the ties of the child and adolescent with the community and fostering his/her biological, psychological and social development. Only in very exceptional circumstances should the provision of such services happen inside the alternative care facility. If that is the case, it should be for a temporary period with justifiable reasons.

81.Network of supportive services: A network of supportive services, including professionals from different agencies, care givers and the local community should facilitate joint planning and the progress of the interventions, ultimately aiming to offer a supportive environment for the child and adolescent and his/her birth family.

82.Selection criteria of caregivers: All professionals and care givers involved in the provision of alternative care treatments for children and adolescents (whether in direct contact with them or not) should be subject to a comprehensive selection process, additional checks (police and health checks) and regular assessments in order to secure their suitability to work with children and adolescents.

83.Selection and assessments of caregivers: The selection and regular assessment of care givers should be carried out by qualified and experienced professionals to determine their suitability to work with children and adolescents separated from their parents.

84.Training of caregivers: Training sessions should be arranged before care givers take the responsibility to look after a child and adolescent and in addition to that, complementary training courses should be offered at regular intervals.

85.Continuous assessment and reviews, Caregivers should be subject to regular assessments to review their ability to perform the complex tasks involved in alternative care in accordance with the general and specific principles of the Guidelines.

86.Continuous support and guidance: Caregivers should be offered continuous support and guidance by qualified and experienced professionals, through the alternative care process.

87.Functions and responsibilities of the caregivers: Care givers (a designated care giver or entity) should:

a. Ensure protection of the rights of the child and adolescent and, in particular, ensure that the child and adolescent has appropriate care (accommodation, health care, developmental opportunities, psychosocial support, education and language support).

b. Ensure that the child and adolescent has access to legal representation and other kinds of assistance, if necessary, that the child and adolescent is heard, so that his or her opinions are taken into account by the responsible authorities in the decision making process, and that the child is informed and advised regarding his or her rights.

c. Actively contribute to the care plan aiming to facilitate the identification of a suitable permanent and stable solution in the best interest of the child and adolescent.

d. Liaise with the various organizations and professionals that provide services to the child and

adolescents.

e. *If appropriate, assist the child and adolescent to seek his or her relatives.*

f. *In cases where repatriation or family reunification is recommended care givers should ensure that this is done in the best interest of the child.*

g. *Care givers should facilitate and help the child and adolescent to keep in contact with his/her birth family.*

88.Code of conduct for workers: Each organization that provides alternative care should develop a staff code of conduct that defines the roles and functions of each of the persons who participate in the process.

Alternative care environments

There are two modes of alternative care as classified by the environment in which the process is carried out. Thus, there are children and adolescents deprived of the care of their parents who are in foster care (family-based care) and other children and adolescents who receive residential care. This guidance presents a specific guide for each alternative care environment, which should be complemented with the standards for formal care in general presented above.

Foster Care

89.Children under three All children less than three years old should be placed exclusively in family based care (foster family, kinship care).

90.Selection criteria of foster cares: Foster families should be subject to a comprehensive selection process, additional checks (police and health checks) and regular assessments in order to assess their suitability to work with children and adolescents separated from their birth families. The decision to place a child/adolescent with a specific foster family should be carefully planned by qualified and experienced professionals taking into account the specific needs of the child/adolescent and the profile of the foster family.

91.Family ties: Foster care givers should help children and adolescents in their care maintain the ties

with their family of origin, facilitating and/or mediating contact, whenever appropriate. If necessary, mediation of contact between children and adolescents and their birth families should be supervised by the appropriate qualified professional.

92.Foster family Responsibilities: Foster families should guarantee access to health, education and the integral protection of children and adolescents under their care. Equally, foster care givers should have access to all public services and, when appropriate, should be given priority to access benefits or services in order to guarantee the protection of the rights of children and adolescents in foster care.

93.Support to foster families: Foster families should be offered the support of specialized services by qualified professionals aiming to help them in the complex tasks that they carry out. Such services should also be offered to facilitate the initial preparations for a placement as well as to monitor and assess their performance and the quality of care that they provide to children and adolescents.

94.Foster families' associations: Foster families may create support associations aiming to facilitate mutual exchange of experiences and best practices. In addition these associations can have a pivotal role in influencing the implementation and development of public policies for children and adolescents in alternative care.

95.Foster families' voice in the planning of interventions: The experiences of foster families should be valued and their voices heard both on the initial assessments and when planning interventions on children and adolescents under their care.

Residential care

96.Limitations of the use of residential care: Placements in residential care should be limited to situations where it is specifically appropriate taking into account the needs and care plan for the child and adolescent in alternative care, and in such instances the residential facility should provide special care and benefits to his or her development.

97.Children under the age of three: No child less than three years old should be placed in residential institutions and all efforts should be made that in such cases infants and young children are looked after exclusively in family based care.

98.Temporary short stay: The length of time spent in residential institutions should always be as short as

possible and all efforts should be made so that placements are temporary until a family based care alternative is viable. (Foster care, kinship care).

99.Keeping siblings together: Residential care may be an option for groups of siblings when they cannot be looked after by a foster family and when it is recommended not to separate them. In such cases the principle of a temporary short stay should be respected and efforts made to facilitate a family based care alternative.

100.Small group homes: Residential institutions should offer placements for a small number of children and adolescents in order to guarantee that they can provide the best quality and the individual attention necessary in alternative care.

101.Personalized care: Although several children and adolescents are cared for in the same residential environment, each of them should enjoy personalized care from the care providers and caregivers that work there.

102.Liaising with the family and community services: Residential care institutions should liaise

with all other community services and programs, at local or national levels, to encourage and facilitate contact between the child and adolescent and their parents and extended family and/or with any other meaningful contact of the child in his/her local community.

103.Community ties: Formal and non formal recreational activities should be offered outside the residential institution and children and adolescents should have the opportunity to actively participate in different community activities to support their possibilities of social inclusion and interaction with their peers.

104.Leaving from residential institutions: The preparation to leave care from a residential institution to a foster or adoptive family or to be reunited with the birth/extended family should be planned and carried out by qualified and experienced professionals. All efforts should be made to involve the child and adolescent in the process as well as all other persons involved in the matter.



5.

5. Promoting family reintegration and/or providing stable solutions

This section presents the standards that must be taken into account when promoting family reintegration and/or stable solutions once the decision to terminate the placement in alternative care has been made.

105. Responsibility to maintain family ties: Care providers and the staff members of alternative care settings in general should demand the competent government agencies to guarantee the preparation, support and supervision of regular contact between the child and adolescent and his/her family, when appropriate, with the aim of family reintegration.

106. Family ties: It is the duty of authorities, care providers and the staff members of alternative care settings in general to guarantee the continuity and strengthening of the family ties of the child and adolescent throughout the alternative care process. For example, it is important that caregivers do not neglect locating the family of origin in the case of possible changes of place of residence, among other things.

107. Participation of the child and

adolescent in the termination of alternative care: The process of termination should include, as throughout the alternative care process, the active participation of the child and adolescent.

108. Deciding and planning reintegration: Once reintegration of the child and adolescent into his or her family environment has been considered and decided, further actions should be planned and carried out in a coordinated way. They should be done under the supervision of the qualified professionals involved in order to guarantee that they will monitor and offer the support necessary to the family and to the child and adolescent, while taking into account his/her specific needs and developmental stage.

109. Mediation and formal written care agreements: The care plan should outline in detail the

objectives of the reintegration, with specific tasks of the family and caregivers. These should be agreed and outlined in a formal written agreement, with the acknowledgement of all the parties involved.

110. The process of family reintegration: The process of reintegration in the family should be gradual. The child and adolescent should be heard and he or she should participate actively, as this is one of the key contributions in the monitoring and evaluation process of family reintegration.

111. Adequate facilities to facilitate contact between the child and adolescent and the family of origin: Those responsible for providing alternative care to the child and adolescent should offer adequate facilities for supervised contact between the child and adolescent and his/her family of origin. At a later stage of the placement, if appropriate, contact could take place with no supervision in other family settings deemed safe and favorable to facilitate bonding.

112. Having access to social welfare benefits to regain the possibility of being a care giver: Parents, relatives or any of those in charge of caring for a child and adolescent should have full access to all existing social welfare benefits (universal public policies

or targeted ones) that could help satisfy basic needs of the group and allow them to regain the possibility of being a care giver.

113. Reintegration of adolescents: Adolescents who are in the process of family and community reintegration should have access to all existing social resources and benefits, with the aim of strengthening this process and their integral development.

114. Community reintegration should begin while the child and adolescent is still in alternative care. It should be supported and accompanied in a coordinated way by the professionals and governmental and/or non-governmental care providers involved.

115. Responsibility for community reintegration: Whenever possible the organizations that provide alternative care should allocate appropriate resources and personnel to support community reintegration. If that is not possible efforts should be made to collaborate with other professional teams and governmental or non-governmental organizations to facilitate community reintegration.

116. Monitoring during and after reintegration: Once the child and adolescent has been reintegrated into the family and community environment, the monitoring and supervision process should start and be accompanied by qualified professionals for the duration of time determined by the competent authority, which should not be less than six months.



6.

6. Alternative care in special situations

This section presents important considerations which should be taken into account when intervening in special situations of alternative care, such as emergencies (natural or man-made disasters) and/ or when a child and adolescent is in care in another country other than his/her country of origin.

Children and adolescents that are placed in alternative care in these special situations are those who are more vulnerable to being subject to situations of sexual exploitation and trafficking, discrimination or abuse and for such reasons greater precautions should be taken for their prevention.

The specific standards presented here derive from the Guidelines for the Alternative Care of Children and should be taken into account when intervention is necessary. In addition, the basic principles presented in the general principles of this guide should be applied.

The children and adolescents that receive alternative care in these special situations are the ones that are most vulnerable to being subjected to situations of sexual exploitation or trafficking for sexual ends, for which reason the greatest precautions must be taken to prevent this.

Care of children and adolescents who are outside their country of residence

117. Equal treatment: Unaccompanied or separated children and adolescents should be provided the same protection and care as the children and adolescents who

are nationals of the respective country.

118. Initial assessment: Efforts should be made to gather all available information in order to make an initial risk assessment of the situation of the child and adolescent. This initial assessment should give details about the reason(s) why the child/adolescent is unaccompanied or

separated from his/her family, the social conditions of the family in their country of residence.

119.Obtaining documentation: All documentation that guarantees the identity of the child and adolescent should be obtained.

120.Children and adolescents rescued from situations of trafficking: All children and adolescents rescued from situations of trafficking, particularly sexual trafficking should be offered psychological treatment and special post-traumatic support. Survivors should also be offered legal advice and guidance on how to initiate criminal proceedings against the perpetrators. In addition, they should be offered support on how to avoid being a victim again and suitable protective measures should be put in place (for example, non-disclosure of the identity or the placement location of the survivors, supervised contact with family members only when carefully planned and advised, no contact with the aggressors, etc).

121.Adequate provision of care: The individuality of each child and adolescent with regards to his or her ethnic origin and religious and cultural beliefs should be taken into account in order to determine the most appropriate care. This should be considered even within a country where more than one language is spoken (ethnic groups) or where there is a majority religion along with other religions.

122.Locate the family: All efforts should be made to locate the family of the child and adolescent and determine the reasons why he or she is in a country other than their country of origin in order to assess the possibilities of family reunification.

123.Frequent communication: If appropriate, children and adolescents in these special situations should be guaranteed frequent communication with their family of origin or with any other significant attachment figure, in order to assess and facilitate reunification attempts. Contacts can be arranged via the telephone or any other communication media, etc.

124.Assisted reunification: When a family member (relative or parents) is located, efforts should be made to assess the suitability of the person as a care giver and to ascertain if the child and adolescent will accept the person as his/her main care giver. If appropriate, a suitable agency can take responsibility for the child and adolescent providing the adequate protection and care. In all cases, it should be guaranteed that the return to their country of origin is safe. A child and adolescent should never be returned in an arbitrary or forced way.

125.They should not be returned to their customary country of residence if after assessing the situation of the child and adolescent, it is considered that he/she would be in danger or lack a suitable caregiver if returned to his or her country.

Alternative Care in emergency situations

As explained previously here, alternative care in emergency situations is necessary in situations where natural catastrophes or other man-made events (war, environmental pollution, etc) can cause displacement of a child and adolescent.

126.Removal as the last resort: The removal of a child and adolescent from his family and/or country of residence should always be avoided, unless it is absolutely necessary. In such cases, the removal process should be planned and the child and adolescent should be accompanied (by their parents or any other caregiver known to them), and a clear detailed return plan should be outlined.

127.Mass accommodation: Only when the emergency overwhelms the customary mechanisms for providing personalized and respectful care to children and adolescents should they be accommodated in a transitory manner in mass accommodation arrangements, which guarantee the provision of food and lodging. A mechanism should be designed immediately for the children and adolescents to move to a family care setting until they return to their families of origin.

128.Recording data: All children and adolescents unaccompanied or separated from their family group should be registered. Detailed records should include their family links/relations, age, as well as information about the alternative care placement in order to facilitate attempts to locate family members, following an episode of separation. One should bear in mind the principle of confidentiality when dealing with all the information that is recorded.

129.Prevention of unnecessary separation: Once the moment of greatest crisis has passed, the unnecessary separation of families should be avoided. Similarly, potential harm during evacuation should be avoided and prevention of the trafficking of children and adolescents through inappropriate or illegal international adoptions in emergency situations should be ensured.

130.Locating and reuniting children and

adolescents with their families: Efforts should be made to locate and reunite children and adolescents with their families before any other permanent solution might be considered.

131.Providers of alternative care in emergency situations: The survivors of emergency situations (natural or man-made catastrophes) should be provided with alternative care by families or organizations that are already working in their territory of origin, thus preventing the trafficking of children and adolescents.

132.Temporary alternative care: Placement in alternative care should be considered a temporary measure in emergency situations and as soon as possible family and community reunification should be facilitated as soon as possible.

133.Alternative care placements in other countries: Children and adolescents in emergency situations should not be taken to other countries for alternative care except for reasons of dangerous conditions relating to health or safety. In such cases, they should be accompanied by their parents or any other caregiver known to them, when circumstances allow doing so. Once the particular issue is resolved, the children and adolescents should return to their country or to the region closest to their place of origin, so as to facilitate their reunification.



7.

7. Correspondence between the standards of this guide and the Articles of the Guidelines

1. General principles and guidance

1. Case-by-case care for each child and adolescent: Arts. 6 & 7
2. Listen to them: Arts. 6 & 7
3. Make them understand: Art. 6
4. The family of the child and adolescent: Art. 6
5. Support for strengthening families: Arts. 3 & 9
6. The need for alternate care: Art. 2
7. Care should be the most appropriate: Art. 2
8. Assess, plan and review: Arts. 33 & 34
9. Separation from the family of origin should be for the shortest time possible: Art. 14
10. Respect for sibling bonds: Art. 17

- 11. The situation of poverty: Art. 15
- 12. Coordinate actions: Arts. 32, 35 & 39
- 13. Collaborate for prevention: Arts. 2 & 3
- 14. Take into account other resources available: Art. 9
- 15. These resources should be easily accessible and available to families: Art. 9
- 16. Young people: Art. 34
- 17. As future parents: Art. 36
- 18. Siblings who have lost their parents or caregivers: Art. 37
- 19. The case workers and other professionals of institutions related to these child-headed households: Art. 37
- 20. The child and adolescent who acts as “head of household”: Art. 37
- 21. When parent gives up the right to the care of or abandons a child and adolescent: Art. 42
- 22. When the family (or one of the parents, or the person in charge of the child and adolescent) expresses his or her desire to permanently relinquish: Art. 11
- 23. If the family decides to relinquish the child: Art. 44
- 24. If no one in the child’s environment assumes care: Arts. 12 & 43
- 25. The history of each child and adolescent should be protected: Art. 42
- 26. Attend to appropriate care and protection for vulnerable children and adolescents: Art. 9
- 27. The difficulties that families face: Art. 9

The principle of deinstitutionalization

- 28. Practitioners, case workers and care givers: Arts. 133 & 134
- 29. Residential institutions that accommodate large numbers of children and adolescents: Art. 23
- 30. Elimination of large residential centers: Art. 23
- 31. Each unnecessarily institutionalized child and adolescent: Art. 49
- 32. The community in which the residential institutions are located should be involved: Art. 70

2. Preventing separation

- 33. Strengthening of family and community ties: Arts. 32, 33 & 48
- 34. Families and children and adolescents: Arts. 2, 3, 9(a), 41, 44 & 45

- 35. Family and community environment: Arts. 4, 32, 33 & 34
- 36. Accessible resources: Art. 34
- 37. Resources: Arts. 34(a), (b) & (c)
- 38. Design of interventions: Arts. 32, 35 & 39
- 39. The actors involved in articulation: Arts. 8 & 23
- 40. Children and adolescents who are heads of households or families responsible for children and adolescents: Arts. 36, 37, 38, 39 & 41

3. When separation is decided on

- 41. When measures for preventing separation have been implemented and have failed: Arts. 63 & 67
- 42. Participatory separation process: Art. 65
- 43. The change in place of residence should be made with sensitivity: Arts. 68, 80, 81 & 82
- 44. Community and extended family: Art. 44
- 45. When parents indicate their lack of interest: Arts. 44 & 45

4. During alternative care

- 46. For each child and adolescent a kind of care: Arts. 6 & 57
- 47. Knowing and understanding their situation and rights: Art. 72
- 48. Stability in the place of care: Art. 60
- 49. The ability to speak: Art. 99
- 50. The obligation to listen: Arts. 6 & 57
- 51. Accompaniment in the process: Arts. 3, 9 & 10
- 52. Avoid uprooting: Art. 11
- 53. Siblings should be placed together: Art. 17
- 54. When siblings can not be cared for by the same caregivers: Art. 17
- 55. Educate with respect for the human dignity of the child and adolescent: Art. 96
- 56. Punishment and the maintaining of the ties children and adolescents: Art. 96
- 57. Children and adolescents should never be medicated to control their behavior: Art. 97
- 58. Special needs, appropriate care: Arts. 87 & 132
- 59. Adolescent autonomy: Art. 135

60. Prevent stigmatization: Art. 95

Modes of alternative care

Informal foster care

61. Formalize: Arts. 56 & 77

62. Support to caregivers: Arts. 56 & 76

63. Accompanying caregivers: Art. 77

64. Family ties: Art. 81

Formal foster care

65. Transitory nature of alternative care: Art. 14

66. Periodic review of the measure: Art. 67

67. Authorization of spaces: Art. 105

68. Alternative care projects: Art. 106

69. Protection and care: Art. 13

70. Provide care with respect and understanding: Art. 90

71. Identity of the child and adolescent: Art. 100

72. Construction of records of children and adolescents: Art. 110

73. Content of files: Art. 110

74. Files available to the children and adolescents: Art. 111

75. Confidentiality of file information: Art. 112

76. The voice of the child and adolescent regarding the care received: Art. 99

77. Trusted adult referent: Art. 98

78. Reconnection with family: Art. 81

79. Spaces for meeting: Art. 81

80. Community ties: Arts. 83, 84, 85 & 86

81. Articulation, integration, interaction: Art. 65

82. Suitability of those responsible: Art. 113

83. Qualification of caregivers: Art. 71

84. Training of caregivers: Art. 71

85. Periodic performance evaluation: Art. 71

- 86. Accompanying of caregivers: Art. 71
- 87. Function and responsibilities of caregivers: Art. 104
- 88. Code of conduct for workers: Art. 107

Alternative care environments

Foster care

- 89. Children under three years of age: Art. 22
- 90. Selection of foster families: Arts. 71 & 118
- 91. Ties of the child and adolescent with his or her family of origin: Art. 119
- 92. Responsibilities of the foster family: Arts. 84 & 85
- 93. Accompanying of foster families: Art. 120
- 94. Associations of foster families: Art. 122
- 95. The voice of experience: Art. 121

Residential care

- 96. Limitation of residential care: Art. 21
- 97. Individuals over three years of age: Art. 22
- 98. Short stay: Art. 123
- 99. Keeping siblings together: Art. 22
- 100. Small homes: Art. 123
- 101. Personalized care: Art. 126
- 102. Networking: Art. 131
- 103. Community ties: Art. 86
- 104. Leaving the institution: Arts. 65 & 123

5. Promoting reintegration in the family and/or providing stable solutions

- 105. Government responsibility in family ties: Arts. 49 & 131
- 106. Family ties: Art. 104
- 107. Participation of the child and adolescent in the termination of alternative care: Art. 104

- 108. Deciding and planning reintegration: Arts. 52, 133 & 134
- 109. Mediation and agreements: Art. 9
- 110. The process of family reintegration: Arts. 7, 131 & 134
- 111. Meetings of the child and adolescent and the family of origin: Art. 51
- 112. Access to resources in recovery of the role of care: Arts. 34 & 133
- 113. Reintegration of adolescents: Arts. 135 & 136
- 114. Community reintegration: Arts. 32, 33, 48 & 131
- 115. Persons responsible for community reintegration: Arts. 35, 39 & 133
- 116. Monitoring during and after reintegration: Arts. 32, 33, 48 & 133

6. Alternative care in special situations

Care of children and adolescents who are outside of their customary country of residence

- 117. Equal treatment: Art. 141
- 118. Prepare an assessment: Art. 147
- 119. Obtaining documentation: Art. 147
- 120. The children and adolescents rescued from situations of trafficking: Art. 144
- 121. Relevant care: Arts. 142, 145 & 157
- 122. Locate the family: Art. 146
- 123. Frequent communication: Art. 151
- 124. The child should be assisted to return: Arts. 146, 147 & 150
- 125. They should not be returned to their customary country of residence: Art. 148

Care in emergency situations

- 126. Removal as last option: Arts. 154 & 158
- 127. Mass accommodation: Art. 154
- 128. Creation of a registry: Arts. 162, 163 & 164
- 129. Prevention of unnecessary separation: Arts. 155, 156 & 158
- 130. Locate and reunite children and adolescents with their families: Arts. 154(f) & 156
- 131. Alternative care: Arts. 157 & 159
- 132. Temporary care: Art. 154
- 133. Care in other countries: Arts. 154, 160 & 166

**G****8.**

8. GLOSSARY

→ **Articulation spaces:** These spaces emerge from the agreements among the institutions that work within the community. They are ad hoc spaces (working meetings, periodic meeting agenda, inter-institutional work events, etc.) or formalized spaces (in rights councils or forums, governmental or non-governmental social agencies, offices, etc.). Their function can be both prevention and the fostering of restitution of violated rights.

→ **Appropriate care:** The causes for the loss of parental care, as well as its consequences in the lives of children and adolescents are diverse and complex. The Rights of

these children have been infringed, so it is necessary to carry out different actions in order to restore them. The provision of alternative care may be one of these actions, yet not all the forms of alternative care are appropriate for all children. The appropriateness and necessity of the placement for each one of the child must be determined through the assessment of the complexity of situations in which each one of them is involved, as well as their individuality - in relation to their age, gender, ethnicity, language, etc. - Appropriate care is planned and developed taking into account the individuality of each child and adolescent, and must adjust to their needs

and must be provided when necessary.

→ **Best interest of the child and adolescent:**

Article 3 of the CRC refers to the obligation of taking this into consideration in all measures or decisions to be taken with regard to children's lives. In its consideration there should be no discrimination by reason of ethnic group or social position, color, sex, language, religion, political or other opinion, nationality, physical disability or any other condition. Each child is unique, for which the "best interest" should be assessed for each one in particular. For this reason its determination emerges from an individual assessment.

→ **Coordination of actions:** Done through the making of agreements with the other persons and/or institutions related to the child or family with regard to which intervention takes place. To this end, a common expectation regarding the objectives and strategies of the tasks of protection of rights and family strengthening should be discussed and shared.

→ **Family and community-territorial network:** Formal and informal institutions, community leaders, and professionals and care providers of the NGOs or state agencies based in the communities create a system of relationships (a network) capable of strengthening the articulation among them. This network favors the inclusion of all citizens in their territorial environment and reduces the possibility of social exclusion and/or marginalization. This prevents, among other things, the institutionalization of children.

→ **Foster care:** A kind of family-based care in which the child becomes part of a

family without the family's daily routine being significantly disrupted. The family continues with its everyday dynamics and structure assuming responsibility for the integral protection of the child for as long as necessary. In general, the child is fostered until he or she is reinserted into his or her family of origin, after the situation that gave birth to the separation is solved.

The Guidelines define kinship care as family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature. It likewise defines foster care as situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care.

→ **Individuality:** Each child and adolescent possesses a set of personal attributes that differentiates him or her from others, just as the conditions that have led them being deprived of parental care, are distinctive.

→ **To Listen:** To listen implies to pay attention to all the possible forms in which children and adolescent express themselves: their words, their expressions, their body language and their simple and direct or complex and indirect communications. In order to achieve this, appropriate opportunities and spheres have to be provided for children to express themselves freely. Their opinions in relation to everyday life must be taken into account, especially during the decision-making process.

→ **Participation:** The participation of children and adolescents starts with their

access to information. It is possible for them to intervene actively and influence in their environment once they are able to understand the situation they are in. The provision of information is the first step, after which all the contributions of the child and adolescent to deal with all kinds of situations, expectations and problems in which they are involved must be taken into account.

→**Progressive autonomy:** Children and adolescents have the “right” to gradually develop the exercise of their rights according to their level of maturity and personal development. This perspective replaces the traditional opposite argument that parents have power over children because children lack autonomy. The incorporation of the perspective of Human Rights in the field of childhood led to a change in the conception of the child and the conception of the nature of his or her relationships with his or her family, the society and the state. Childhood is now considered as a period of development in which a higher personal, social and legal autonomy is reached. Along this line, Art. 5 of the CRC dictates that the exercise of the Rights of the Child is progressive in accordance “with the evolving capacities of the child”, and that it is the responsibility of the parents (or other persons legally responsible for the child) to provide “appropriate direction and guidance in the exercise of the rights of the child recognized in the present Convention”.

→**Reinsertion:** This refers to return after alternative care, both of the child to his or her environment and of the family to its community of origin, from which it may have been marginalized.

→**Reintegration:** After the act of reinsertion comes integration, that is, the creation of meaningful ties with persons and the community.

→**Reconnection:** It refers to the task of reconstruction of the ties with those who were significant to the children and also to adolescents who were deprived of continuity of living in their family and community environment.

→**Residential Care:** Care in residential settings is provided by staff that is responsible for the provision of care. The care in residences/institutions covers a wide range of types of residential facilities that range from orphanages, in which a large number of “interns” are looked after; to “small group homes”, which are small family-like placements in which a small group of children is cared for by stable figures and which can be located in a common setting or in residential neighborhoods.

The Guidelines for the Alternative Care defines residential care as the care provided in any nonfamily-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short and long-term residential care facilities including group homes.

→**Schools for parents:** Places where parents or persons who provide parental care meet in groups and exchange knowledge and everyday care experience. They are coordinated and hosted by suitable persons – educators, professionals, community leaders – who facilitate the exchange and transmission of knowledge to improve the care of children and adolescents, fostering responsible assumption of maternity and paternity.

→**Special needs:** They deal with the specific requirements that are necessary to meet all the children's needs and to deal with all the everyday life situations in different aspects: communication, education, nutrition, transport, etc. Those who have special needs are those children who do not correspond to the average needs, either because they have a disability or an exceptional and outstanding ability. For this reason, special adaptations that will guarantee that all these needs are met are necessary. The counterpart of "special needs" is the resources and the answers of the environment of these children in order to adequately meet their needs while stimulating their abilities and integral development.

→**Special conditions:** This refers to the particular characteristics and attributes of each child and adolescent, taking into account whether he or she has special needs, suffers any psychological or physical disability, or has any condition different from his or her environment, in addition to his or her gender, history, culture, etc. All of the above should be respected, without discrimination and appropriate options should be provided for integral development.

→ **Stable alternative care:** Alternative care, regardless its form or the setting in which it is provided, should satisfy all the aspects of the care in a wide sense by meeting both the basic needs (nutrition, clothing, housing, education, health, recreation, among others) and the emotional ones while guaranteeing all the Rights. In this sense and in relation with the second aspect, stability in the care goes beyond its duration and includes also the attachment

or bond formed between the fostered child and the caregivers during care.

Therefore, stability in the alternative care means the ability to form significant, safe and continuous attachments with the child. Thus, regardless of its duration, stable alternative care provides the child with safety and shelter for as long as necessary.

→**Stable home:** One that provides continuous, meaningful and safe ties for children, responding in this way even during periods of alternative care.

→**Suitable human resources:** Those that have appropriate training for taking responsibility for assistance to children and their families. Their suitability comes from both reflections on experience and specific training. In this field of action, basic knowledge should include guidelines regarding respect for human rights, social assistance strategies, knowledge of child development, appropriate management of family crises and strategies for developing community networks.



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