



Application of the UN Guidelines for the Alternative Care of Children: A Guide for Practitioners

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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.”



Introduction: Keys and recommendations for the use of this guide

On 18 December, 2009, the United Nations General Assembly adopted with satisfaction 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, *padrinazgo*, 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 – which 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 programmes.

Thus, this guide constitutes a tool for application of the United Nations 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 operators 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 United Nations 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 United Nations Children's Fund (UNICEF), its office for the countries of Latin America and the Caribbean and RELAF (Red Latinoamericana de Acogimiento Familiar: Latin American Family Care Network) agreed to prepare this guide. A cooperation agreement between the two organisations has been the framework for this task.

A preliminary version of this guide, prepared by a specialised 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 articulate 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 programmes, concerning itself with ensuring that families are supported in the fulfilment 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

harmonise 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 centre 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 fulfilment of the parental responsibilities of those who carry out activities in the production system.
- **Society,** as a whole must preserve and accompany development of the parental capacity of those responsible for households. The various sectors (communication media, religious organisations, non-governmental organisations, etc.) have specific responsibilities and must always act so as to foster the harmonic development of each family, ensuring fulfilment of the duty of caring for children and adolescents.
- **It is families** who 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 assistentialist, 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 favouring 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 operators, work in programmes, initiatives, service provision units, etc.** Without ignoring the responsibilities of political decision makers, of the society that generates the culture and practices that the operators themselves “reproduce”, of donors, etc., we refer in this guide to the concrete responsibilities of those who work in institutions.

- **Operators 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, centres 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 operator using this 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 to 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 their turn, professional organisations and associations (for example, social workers, psychologists, etc.) and NGOs can also extract the standards appropriate to fulfilment 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 favour assumption of the responsibilities of each of the actors involved and enrich all that the integral protection system of each territory should be.

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 orienting deinstitutionalisation processes.

General principles and guidance

1. Case-by-case care for each child or adolescent: All decisions, initiatives and solutions aimed at children and adolescents should be adapted to each child or adolescent in his or her *individuality*. Sex (boy or girl), age (child or 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 or 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 or adolescent.

4. The family of the child or adolescent: should also be informed, consulted and oriented regarding everything that has to do with the process in which it and the child or adolescent are involved. 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 or adolescent are aware of what is occurring.

5. Support for strengthening families:

The state and the organisations of civil society and the community together should support families in emotional, economic and social difficulties so that they can fulfil their responsibilities towards keeping the child or adolescent with his or her family.

6. The need for alternate care: Before making the decision to separate a child or adolescent from his or her family, there must be certainty that all possibilities for the child or adolescent to continue to live with his or her family of origin have been exhausted.

7. Care should be the most appropriate:

As will be seen further on, there are as many kinds of help for families of origin as there are kinds of alternative care. For each child or adolescent in particular it is necessary to identify the relevant care response.

8. Evaluate, plan and review each situation in particular, so as to make decisions. To this end, those who evaluate, plan and decide should possess sufficient knowledge.

9. Separation from the family of origin should be for the shortest time possible.

10. Respect for sibling bonds: Sibling bonds should be favoured and, if relevant, siblings should live together.

11. The situation of poverty of a family shall never be justification for the separation of the children and adolescents that form part of it. The situation of family poverty should be seen as a signal for the community services responsible for providing social assistance to support the family that has been identified as needing it.

12. Coordinate actions with the other persons or institutions, if any, who are working with the family and child or adolescent for whom one is responsible.

13. Collaborate for prevention: Each operator, from his or her place of work, should act in such a way as to promote and reinforce the capacity of parents to fulfil their duty to care for their children.

14. Take into account other resources available in the community, such as day care centres, family mediation services, "schools for parents" services, employment and income generation opportunity services, social assistance services, alcohol and drug addiction treatment services and services for persons who suffer any kind of mental or physical disability, among others.

15. These resources should be easily accessible and available to families: Those who work in institutions either with families or in alternative care for children and adolescents should collaborate to this end.

16. Young people should be helped, especially with regard to facing the challenges of daily life and with regard to weighty decisions, such as that of leaving the family home.

17. As future parents, they should be helped to prepare themselves, and should be motivated to learn so as to make better decisions with regard to 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 operators 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 (when necessary). They shall be protected from all forms of exploitation and abuse, and it shall be ensured that all of their rights are protected, particularly the rights to health, housing, education and inheritance.

20. The child or adolescent who acts as "head of household" should be protected as such: it should be ensured that he or she retains all of his or her rights as child or adolescent, including access to education and leisure, in addition to his or her rights as head of household.

21. When a child or adolescent is relinquished or abandoned, it should be ensured that this takes place in a manner that is confidential and safe for the child or adolescent. The child's or adolescent's access to information on his or her origin should be respected when this is appropriate and timely. This will be possible and necessary when the child or 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 or adolescent) expresses his or her desire to permanently relinquish care of the child or

adolescent, effort must be made to counsel and support the family with the aim of evaluating whether it is possible to raise the child with assistance.

23.If the family decides to relinquish the child, even with the support offered, whether there are other members of the family willing to assume care and custody should be assessed, as should whether the proposed place is a good environment for the child or adolescent.

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

25.The history of each child or adolescent should be protected in each situation of change. The course of life of children and adolescents should be preserved as a datum of their history, with the aim of forming the identity of each child or adolescent.

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

27.The difficulties that families face are those that limit their capacity for care due to factors such as disability, drug and alcohol addiction, discrimination suffered by indigenous or minority families, and life in regions in which armed conflict is taking place or that are under foreign occupation.

The principle of deinstitutionalisation

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 lodged 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.

It is for this reason that in the Guidelines there is special guidance for coping with the task of integrating in families all those children and adolescents who are in institutions.

In turn, as observed in the above guidance, the attempt is made 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 institutionalisation seen today.

28.Those who work in care institutions should cooperate, from their specific responsibilities, so that children and adolescents are integrated as quickly as possible in family environments in a careful way that is safe for them.

29.The residential institutions that lodge large numbers of children and adolescents should begin adjustment processes. The changes should be oriented towards reducing the number of children and adolescents accommodated – providing personalised care environments – for the shortest time possible.

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

31. Each unnecessarily institutionalised child or adolescent should have a personalised plan for family and community reintegration. For each child or adolescent what is most appropriate to his or her particular situation should be chosen: 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 take place with care for the child or adolescent and for preservation of his or her cultural and linguistic history and identity, and with the least possible suffering for the child or 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 campaigns for information, sensitisation and communication of the right of children and adolescents to live in a family.



2.

Application of the Guidelines for the Alternati ve Care of Chil

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 fulfilment of their rights in a family and community environment. This guidance will be especially useful for those who work in family strengthening programmes, community development programmes, family counselling programmes 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 operators, 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 institutionalisation and exclusion.

34. Families and children and adolescents: Parents shall 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: Operators in the institutions related to children will guarantee to each child or adolescent the conditions necessary for developing in a suitable family and

community environment that permits the child effective fulfilment 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: Work 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 interinstitutional territorial networks at the local neighbourhood level. Intervention strategies that are carried out jointly with other actors will facilitate reinsertion and reconnection and/or remaining in the family and neighbourhood environment, both of those children and adolescents at

risk of being separated from their home for reasons related to their parents' performance and in all of those situations in which children and adolescents have initiated a sporadic separation from their home, such as those who have initiated the process of living in the streets.

39.The actors involved in articulation: Integration is necessary with all kinds of formal and informal community organisations (hospitals, health centres, schools, nursery schools, churches, community dining halls, community centres, 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 or adolescents (older siblings) without adults in charge of the group, state and civil society organisations must guarantee the inherent rights of the children and adolescents: health, education, identity, leisure, labour 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, labour 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 of Children

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 or adolescent with his/her family of origin, it will be time to plan and execute measures for separating the child or 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 or adolescent**, his or her parents or legal guardians, and his or her potential family protectors and carers, who should be duly informed, taking into consideration the particular needs, beliefs and special desires of the child or adolescent, taking into account the principle of *progressive autonomy*. At the request of the child or adolescent, his or her parents or

legal guardians, 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 or adolescent shall 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 or adolescent and the situation that he/she is going through.

44. Community and extended family: If a child or adolescent can not continue to live with his or her family of origin, despite interventions carried out to that end, a search shall 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 and important people in the life of the child or adolescent (for example, godparents or female teachers) so that the ties with the community in which the child has lived up to the moment and with the spaces in which he or

she is involved (school, club, parish) can be maintained.

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 shall accompany the separation process carefully in order to support the parents/children involved.

The planning process for a permanent residence for the child or adolescent shall 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 could 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.



4.

Application of the Guidelines for the Alternative Care of Children

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 or adolescent a kind of care: The placement of a child or adolescent in a specific type of alternative care is defined through assessment of the particular situation of each child or adolescent, based on which the care process is planned in a personalised, specialised 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

and the why and wherefore of the place of care and their rights and obligations in this situation.

48. Stability in the place of care: Alternative care should be stable, avoiding the circulation of children and adolescents through different locations. The alternative care likewise should guarantee the child or 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 measure lasts.

49. The ability to speak: Spaces for the child or adolescent to express his or her opinion regarding the situation in which he or she finds him/herself should

be promoted. These spaces 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 or adolescent and his or her opinions about such decisions, and to take them into consideration.

51. Supportive process: The child or adolescent and his or her family of origin shall 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 allow the child or 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 minimising the disruption of educational, cultural and social life that separation itself causes.

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

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

55. Educate with respect for the human dignity of the child or adolescent: 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 behaviour of children and adolescents.

56. The maintaining of the ties children and adolescents and the punishment and: Restriction of the contact of a child or adolescent with members of his or her family or with persons significant to him or her shall never be imposed as a punishment or disciplinary measure.

57. Children and adolescents should never

be medicated to control their behaviour: The use of medication or drugs to control the behaviour 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, emphasising what relates to their future insertion 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 stigmatised 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, can not 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 or adolescent is cared for by other relatives, close friends or any other adults without previous ties to them, in a private arrangement agreed either with the parents or the child or adolescent himself/herself.

61. Formalise: It is advisable that informal care arrangements be formalised, 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 carers' motivation and improve their capacity to cope with the demanding tasks involved in looking after children and adolescents in alternative care.

63. Accompanying 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: Carers should encourage and help children and adolescents in care 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 or adolescent should be placed in temporary alternative care, be it either at a family like environment (foster care, kinship care) or in a residential institution. The guidelines to follow 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 or adolescent and the family of origin is not unnecessarily prolonged.

66. Regular reviews and planning: Plans to maintain the separation of the child or 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: Organisations that provide alternative care placements

should be regularly inspected and regulated by the competent authorities.

68. Alternative care and institutional objectives: Organisations 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 carers 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 or 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 or adolescent in cases of transitions or transferences of care settings.

72. Updated individual files and records: Qualified professionals shall create, periodically review and update the records and individual files for every child or adolescent, which 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 or adolescent, as well as his or her parents or guardian, within the limits of the right to privacy and confidentiality of the child or adolescent. Before, during and after consultation of the file, the child or adolescent or his or her family should be offered pertinent counselling.

75. Right to privacy and confidentiality: Professionals and carers 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 or adolescent in care.

76. The voice of the child or adolescent regarding the care received: The children and adolescents in care should have access to a known, efficacious and impartial mechanism by which they can 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 encourage and facilitate 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: Organisations 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: Organisations 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 or adolescent with the community and fostering his/her biological, psychological and social development. Only in very exceptional circumstances the provision of such services could take place inside the alternative care facility if that is the case should be for a temporary period with justifiable reasons.

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

82. Selection criteria of caregivers: All professionals and carers involved in the provision of alternative care to 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 carers take the responsibility to look after a child or 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 shall be offered continuous support and guidance by qualified and experienced professionals, through the alternative care process.

87. Functions and responsibilities of the caregivers: Caregivers (a designated carer or entity) should:

- a. Ensure protection of the rights of the child or adolescent and, in particular, ensure that the child or adolescent has appropriate care (accommodation, health care, developmental opportunities, psychosocial support, education and language support).*
- b. Ensure that the child or adolescent has access to legal representation and other kinds of assistance, if necessary, that the child or 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 or adolescent.*
- d. Liaise with the various organisations and professionals that provide services to the child or adolescents.*
- e. If appropriate, assist the child or adolescent to seek his or her relatives.*
- f. In cases where repatriation or family reunification is recommended carers shall ensure that this is done in*

the best interest of the child

g. Carers shall facilitate and help the child or adolescent to keep in contact with his/her birth family.

88.Code of conduct for workers: Each organisation 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 mechanism.

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 carers should encourage and 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 shall be supervised by the appropriate qualified

professional.

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

Residential care

96.Limitations of the use 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 or adolescent in alternative care, an in such instances the residential facility should provide special care and benefits to his or her development.

97.Children older than 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 or adolescents in order to guarantee that they can provide the best quality and the individual attention necessary in alternative care.

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

102.Liaising with the family and community services: Residential care institutions shall liaise with all other community services and programmes, 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 participate actively in different community activities to support their possibilities of social inclusion and socialisation with their peers.

104.Leaving care 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 or adolescent in the process as well as all other actors involved in the matter.



5.

Application of the Guidelines for the Alternative Care of Children

5. Promoting family reintegration and/or providing stable solutions

Once the decision to terminate the placement in alternative care has been made children and adolescents must be provided with a stable and permanent solution. This section presents the standards that must be taken into account when promoting family reintegration and/or stable solutions.

105. Responsibility to maintain family ties
Operators and the competent government agencies are required to guarantee the preparation, the support and the supervision of regular contact between the child or adolescent and his/her family, when appropriate, specifically with the aim of family reintegration.

106. Family ties: It is the duty of caregivers to guarantee the continuity and strengthening of the family ties of the child or 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 or adolescent in the termination of alternative care: The process of termination shall include, as throughout the

alternative care process, the active participation of the child or adolescent.

108. Deciding and planning reintegration: Once reintegration of the child or adolescent into his or her family environment has been considered and decided, further actions shall be planned to be carried out in an articulated way, 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 or adolescent, 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 and the specific tasks of the family and caregivers should be agreed and outlined in a formal written agreement, with the acknowledgement of

all involved parties.

110. The process of family reintegration:

The process of reintegration in the family should be gradual. The child or adolescent should be heard and 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 or adolescent and the family of origin:

Those responsible for providing alternative care to the child or adolescent should offer adequate facilities for supervised contact between the child or 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 carer:

Parents, relatives or any of those in charge of caring for a child or adolescent should have full access to all existing social welfare benefits (universal public policies or target ones) that could help satisfy basic needs of the group and regain the possibility of being a carer.

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 shall begin

while the child or adolescent is still in alternative care. It should be supported and accompanied in an articulated way by the professionals and governmental and/or non-governmental operators 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 articulate actions with other professional teams and governmental or non-governmental organizations to facilitate community reintegration.

116. Monitoring during and after

reintegration: Once the child or adolescent has been reintegrated into the family and community environment, the monitoring and supervision process shall start and be accompanied by qualified professionals for the duration of time determined by the competent authority, which shall 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, in emergency (natural or man-made disasters) and/ or when a child or 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 to prevent these.

The specific standards presented here derive from the Guidelines for Alternative care 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.

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

117. Equal treatment: Unaccompanied or separated children and adolescents shall be provided the same levels of protection and care as the children and adolescents

who are nationals of the respective country.

118. Initial assessment: All efforts should be made to gather all available information in order to make an initial risk assessment of the situation of the child or 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 or 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. Victims 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 victims, supervised contact with family members only when carefully planned and advised, non contact with the aggressors, etc).

121.Adequate provision of care: The particularity of each child or adolescent with regard 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 or adolescent and determine the reasons why he or she is in a country other than that 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 to communicate frequently 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 carer and to ascertain if the child or adolescent will accept the person as his/her main carer. If appropriate, a suitable agency can take responsibility for the child or adolescent providing the adequate protection and care. In all cases, it should be guaranteed that the return is safe. A child or adolescent should never be returned in an arbitrary or compulsory way.

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

126.Removal as the last resource: the removal of a child or 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 or 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 personalised and respectful care to children and adolescents should they be accommodated in a transitory manner in mass accommodation arrangements, guaranteeing in first place the provision of food and lodging. A mechanism should be designed immediately for the children and adolescents to move to family care 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 register filiations, 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 in regards to all information that is registered

129.Prevention of unnecessary separation: Once the moment of greatest crisis is 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: All 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 victims of emergency situations (natural or man-made catastrophes) should be provided 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.

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 force majeure relating to health or safety. In such cases, they should be accompanied by their parents or any other caregiver known to them, when circumstances so allow. 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, thus to facilitate their reinsertion.



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 or adolescent: Arts. 6 & 7
2. Listen to them: Arts. 6 & 7
3. Make them understand: Art. 6
4. The family of the child or 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. Evaluate, 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 operators of institutions related to these child-headed households: Art. 37
- 20. The child or adolescent who acts as “head of household”: Art. 37
- 21. When a child or adolescent is relinquished or abandoned: Art. 42
- 22. When the family (or one of the parents, or the person in charge of the child or 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 or 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 deinstitutionalisation

- 28. Those who work in care institutions: Arts. 133 & 134
- 29. The residential institutions: Art. 23
- 30. Elimination of large residential centres: Art. 23
- 31. Each unnecessarily institutionalised child or 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 or 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 or 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 behaviour: Art. 97
- 58. Special needs, appropriate care: Arts. 87 & 132
- 59. Adolescent autonomy: Art. 135
- 60. Prevent stigmatisation: Art. 95

Modes of alternative care

Informal foster care

- 61. Formalise: 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. Authorisation 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 or 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 or 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 or 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. Personalised 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 or 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 or 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 shall 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

**8.**

8. GLOSSARY

→ **Articulation spaces:** These spaces emerge from the agreements among the institutions that work within and outside of the community territory. They are ad hoc spaces (working meetings, periodic meeting agenda, interinstitutional work events, etc.) or formalised 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 them 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 with their age, gender, ethnicity, language, etc.). Appropriate care is planned and developed taking into account the individuality of each child and adolescent, and it must adjust to

their needs and must be provided when necessary.

→ **Best interest of the child or 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, colour, 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 operators 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 favours the inclusion of all citizens in their territorial environment and reduces the possibility of social exclusion and/or marginalisation. This prevents, among other things, the institutionalisation 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 in 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 or adolescent possesses a set of personal attributes that differentiates him or her from others, just as the conditions that have led to being deprived of parental care are individual.

→ **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 and ludic language and their simple and direct or complex and indirect communications. In order to achieve this, appropriate moments and spheres have to be enabled for children to express themselves freely. This has to have effects, so each one of the expressions with relation to every day life must be taken into account, particularly during the decision-making process.

→ **Participation:** The participation of children and adolescents starts with the 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 or 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 degree 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 by 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 marginalised.

→ **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 links (ties) with those who were significant to the children and 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 UN 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 centres in emergency situations, and all other short and long-term residential care facilities including group homes.

→ **Schools for parents:** Spaces where parents or persons who must 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 every day 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 allow to guarantee to meet all the needs are necessary. The counterpart of "special needs" are 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 or 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 this should be respected, without discrimination and providing appropriate options 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 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 its duration, stable alternative care is the one that provides the child with safety and that does not mean a threat but that provides the child with 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 reflection 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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