Unaccompanied and Separated Children: Providing a Range of Alternative Care Models
Proliferation of Institutional Care …

• Tendency of donors and agencies to create orphanages as a first response to emergencies.

• In the continuum of care, institutional care is an intervention of last resort and temporary solution.
Proliferation of Institutional Care...

• Orphanages set up during an emergency are typically *not* temporary

**Example - Sierra Leone**

• Increasing number of children in residential care since 2005.
• In 2005, there were reported 19 institutions and 48 in 2007 for up to 1,871 children.
• The institutions were set up during the war and post-war period.
• Do not follow any standards, guidelines or care plans.

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Problem of Institutional Care

• During emergency, families take children to orphanages hoping to secure food and basic services - short-term results

• Long-term - orphanages are more likely to have negative effects on emotional support and child development, no matter how well intentioned – especially for babies and young children.

• Risk of abuse and neglect – sexual violence, abduction, trafficking

• Studies show that children living in orphanages often have a surviving parent or family member. (Sri Lanka 80% of children have surviving parent)

• Orphanages and institutions are 6 to 10 times more costly than supporting children in communities and families.

• In an emergency, more difficult to reunite families when children placed in orphanages. Many of these children never return to their families and separation becomes permanent.
What other temporary care can be provided?

• Kinship Care
• Foster Care
• Small Group Homes

• Adoption (not an early intervention)
Guiding Principles

• In emergencies, interim care must be provided for children separated from their families until they are reunited.

• Alternative care arrangements should be explored and determined based on the best interests of the child.

• All placements must be documented to facilitate ongoing tracing and reunification.

• Preferred care options – temporary caretakers from family or community (rather than institutions)
Guiding Principles

• All care arrangements must be screened, monitored, and supported to ensure children are protected
• Work within national laws and community systems
• Family and community-based approach
• Rights based
• If possible and best interest, siblings should be tried to kept together
• Children should be part of the decision-making process and well informed.

• Preserving family unity should be the overarching goal of all programming

• The provision of care should be solely on the best interest of the child
Kinship Care

• Kinship care (*care by relatives*) is the most significant form of out-of-home care globally for children who are unable to live with their parents. The importance of kinship care has only recently begun to be seriously acknowledged, and it is emerging as a policy and practice issue that needs to be addressed in its own right. This form of care remains largely unregulated, with most families organizing alternative care for their children without contact with external agencies and governments.

(Source: Save the Children, UK)
Kinship Care

- In an emergency, some separated children taken up by extended (i.e. Myanmar).
- This should not be disrupted, unless it is best interest of child.
- Facilitate placement and provide appropriate level of family support and monitoring
- Children do better within family setting
- Children within their families increases chances of spontaneous reunification
Foster Care

• *Spontaneous fostering* - The best arrangement is usually when a separated or unaccompanied baby or young child under five is spontaneously taken in by a family from the same community as the child.

• Actively recruiting families willing to take in very young children has also been possible in most of the emergency situations monitored during the past 20 years.
Foster Care

• Preferred care option – temporary caretakers from the community
• Foster care should be priority over residential care in situations where families can be recruited, screened and monitored
• Experience shows that these types of family-based care can be developed even in the most challenging of contexts.
• Caregivers may need extra assistance to ensure children’s protection and material needs?
Guidelines

- Standards and guidelines to guarantee quality of care and child’s rights
- Properly managed with staff that adhere to guidelines and standards
- Rigorous admission procedure and safeguards – child and family assessment; case plan
- Family-like model – small # of children, 1-2 caregivers (caregiver-to-child ratio 1:3 for infants, 1:5 for toddlers; 1:8 adolescents)
- Community-based and integrated into community
- Siblings placed together
- Child-focused and supportive of child participation – set up around needs of children
- Objectives of the homes should be reunification or placements in the community
Adoption

• Adoption (both domestic and inter-country) should not be considered during the emergency phase (i.e. Indonesia example).

• Restricting transporting children to other countries helps prevent further separation.

• Adoption should be considered only after tracing and reunification and all family and community-care options are fully exhausted over a substantial period of time.
Adoption

• *Domestic adoption* must be given priority over inter-country.

• Adoption must be determined on the best interests of the child and undertaken within *national laws and procedures*.
Conclusion

• *Public awareness* - donors and agencies find the concept and image of residential care very appealing, failing to take into account the poor outcomes of this form of care for children.
For more information...

- Visit the BCN website
  www.bettercarenetwork.org

- Sign up for our online email discussion and exchange group!