

MINIMUM STANDARDS FOR
TEMPORARY CHILD PROTECTION
CARE FACILITIES AND FOSTER
CARE, IN COUNTRIES OF TRANSIT/
DESTINATION DURING THE
PROCESS OF FAMILY TRACING
AND ASSESSMENT /BIA/BID
AND/OR AS ALTERNATIVE CARE
IN COUNTRIES OF ORIGIN*

2022

CONTEXT

Family-based care is undoubtedly accepted as the preferred option for any vulnerable child in any context, but in many settings, especially in migration situations where a child is undergoing a best interests determination, this option may not be available and thus group care will need to be considered. These guidelines draw upon a number of well-established sources (see Annex 1), notably the 2009 Guidelines on Alternate Care, and provide a framework for the provision of temporary care for children, based on minimum standards, for state or non-state actors in charge of these. The second section of the guidelines addresses minimum standards for foster care. It is important to note that these guidelines are written in the context of best interests determination procedures, and a distinction should be made between temporary care to be provided pending implementation of a solution, and long-term alternate care that might be required for a child whose parents or extended family cannot be traced, or for whom family reunion has been determined not to be in the child's best interests.

In all cases, whether temporary or long-term care facilities or foster care, the following general principles are of particular importance:

- Non-discrimination¹
- Best interests of the child as a primary consideration in all matters affecting them²
- The right to life, survival and development³
- Right of the child to express his or her views freely⁴

There are two contexts in which unaccompanied or separated child migrants may be in need of temporary care. The first is in countries of transit or destination. The agency that identifies the child and its governmental and non-governmental partners should ensure the prompt and appropriate placement of each newly identified child at risk in a foster family or temporary care facility. In view of their exceptional vulnerability, as confirmed through the completion of a Best Interests Assessment (BIA), it may be concluded that a child needs to go through the Best Interests Determination (BID) process. This process will involve tracing of the child's family in the country of origin or other third country, as well as in the transit/destination country, and an assessment of their capacity and willingness to reintegrate the child back into the family (Family Tracing and Assessment (FTA)).

The process of conducting a BIA can take some time, especially for a child who has been abused, traumatised, become addicted to drugs, involved in criminality etc. Such a child will take time to build trust for the caseworker before sharing critically important information that can support the BID process. Provision of a safe and stable environment during this process is essential, not only to facilitate communication, but also to help the child adjust to life once a sustainable solution in his/her best interests has been determined.

The second situation relates to temporary care in countries of origin following return. For many migrant children, reintegration with the family in the country of origin may be determined to be in their best interests. In some cases, however, safeguarding and other issues might be identified at the time of the FTA that make this solution either not in the child's best interests, or not feasible in the short term.

¹ Convention on the Rights of the Child, Article 2

² Convention on the Rights of the Child, Article 3

³ Convention on the Rights of the Child, Article 6

⁴ Convention on the Rights of the Child, Article 12

*See Annex 1 for sources.

In the case of children for whom reintegration into the immediate or extended family is determined not to be in their best interests, alternative care must be identified as part of the BID process so that the available options can be considered by the BID Committee/Panel⁵ in reaching a decision.

For some children, however, the determination is not so clear cut, and while a child is ready to return to the country of origin, and this has been determined to be safe to do and in the child's best interests, it might not be feasible to reintegrate immediately into the family. This might be because of family health issues, absence due to seasonal migration, on-going conflicts that need time to resolve successfully, economic factors or a variety of the above. In such circumstances it may be determined that it is in the child's best interest to return to temporary care in the country of origin, pending reintegration into the family, rather than to remain in the transit or destination country.

The following guidelines thus refer to temporary care provision in both situations. These guidelines are based on the UN Resolution "[Guidelines on Alternative Care for Children](#)" (2010). Further information on operationalizing the Guidelines on Alternative Care can be found in the accompanying document: [MOVING FORWARD: Implementing the 'Guidelines for the Alternative Care of Children'](#).

MINIMUM STANDARDS OF TEMPORARY CARE FOR VULNERABLE CHILDREN ON THE MOVE

1. Aims:⁶

- To provide temporary care and protection for vulnerable children on the move, with the aim of tracing family and achieving sustainable reintegration in the best interest of each child as quickly as possible;
- To contribute actively to the child's reintegration into the family or, if this is not possible, to secure his/her stable long-term care in an alternative family setting, including through fostering or adoption where appropriate;
- To address the children's immediate physical and mental health needs, provide adequate nutrition, exercise, informal education and entertainment in a clean, structured and homely environment, with the support of trained and experienced staff;
- Through this day to day support, to work to enhance each child's resilience and self-confidence as a key step towards achieving sustainable reintegration.

2. Management:

2.1 The care facility should be registered with the appropriate authorities and be independently inspected at regular intervals (normally twice yearly, but more frequently if there are specific complaints or problems reported/identified). To ensure the durability of the facility, it could benefit from support from a state or non-state extra budgetary programme.

⁵ Implementing Guidelines on Alternative Care May 2019. Centre for Excellence for Looked-after Children in Scotland. International Social Service (ISS), Oak Foundation, SOS Children's Village International and UNICEF.

⁶ See Annex 1 for References

- 2.2 The governmental or non-governmental organisation responsible for managing the temporary care facility should have written policy and practice statements, consistent with the [Guidelines on Alternative Care](#), setting out clearly their aims, safeguarding policies⁷, methods and the standards applied for the recruitment, monitoring, supervision and evaluation of qualified and suitable carers to ensure that those aims are met.
- 2.3 There should be a staff Code of Conduct, consistent with the Guidelines, that defines the role of each professional and of the carers in particular and includes clear reporting procedures on allegations of misconduct by any team member.
- 2.4 The Code of Conduct should be clearly displayed in the premises. It is the responsibility of the management to ensure that all staff members, including guards and others not directly interfacing with the children, have received appropriate training and have read, signed and confirmed their understanding of the Code of Conduct at the commencement of their employment.
- 2.5 A designated manager is responsible for the overall functioning of the care facility or forms of alternative care, and for the safety and wellbeing of the children.
- 2.6 Staff members and caregivers are vetted and receive training/information on child protection procedures, childcare responsibilities and the individual needs of the children in their care before taking up their position in the facility. They should be familiar with the available guidance on child protection case management.
- 2.7 Staff and formal caregivers should receive regular supervision and support. The temporary care facility management should provide its staff with written information on their policies and practices.
- 2.8 The appropriate authorities must be notified promptly (within 24 hours) of the movement of a child in or out of the care facility.
- 2.9 Only visitors authorised by the designated manager, or by the parents/legal guardian of a child, are allowed to visit the children. These visitors should be required to provide identification if they are unknown to the staff and nevertheless register upon entry/exit of the facility. Guards, cleaners and all staff should be fully and regularly briefed on who is allowed to enter the facilities and who should be excluded.
- 2.10 The safety of the children is a shared responsibility of all centre staff.
- 2.11 Children in the facility should have access to a person of trust in whom they may confide in total confidentiality. It is important to ensure that caregiving staff include women as well as men, in all shifts, day and night, to ensure that children feel comfortable with them. The children should also have access to a known, effective child-friendly and impartial mechanism whereby they can notify complaints or concerns regarding their treatment or conditions of placement. This might be a complaints box, or a safe space, and the process should be clearly explained to each child on arrival in age-appropriate language and bearing in mind that some children might not be able to read or write.

⁷ [UNICEF Policy on Conduct Promoting the Protection and Safeguarding of Children](#). Executive Directive, CF/EXD/2016-006, 1 July 2016

2.12 Any complaint e.g. of abuse, criminal activity etc should be brought immediately to the attention of the management of the facility, responsible state entity and programme manager if/when applicable. A protocol for investigating complaints and for addressing the needs of any child impacted by the alleged abuse should be clearly detailed in the Code of Conduct.

3. Legal Responsibility for the Child:

3.1 In situations where a child has left, or been removed from the care of his/her parents or where the child's parents are absent, in another country or are incapable of making day-to-day decisions in the best interests of their child, and the child has been placed in temporary care pending family tracing and a best interest determination, a designated individual or competent entity should be vested with the legal right and responsibility to make such decisions in the place of parents, in full consultation with the child.

3.2 The national authorities should ensure that a mechanism is in place for designating such an individual or entity.

4. Location and Size of the care facility:

4.1 The care facility should be located in a safe area and within the local community. The facility should not be established within 50 kilometres of an active military area or other hazardous sites that could put the children at risk. Provision should be on a par with community standards and norms and be child friendly in its layout and furnishing with access to play areas both inside and outside. It should be constructed in a way that prevents access to unauthorised visitors, and in particular, smugglers or traffickers. Guards (unarmed) are generally required for residential facilities and should be carefully vetted and trained to ensure they fully understand their specific role in protecting vulnerable children.

4.2 Facilities should be child friendly and organized around the rights and needs of the child, in a setting as close as possible to a family, with a small group of children living together under the care of male and female caregivers or house parents. Each child should have his/her own bed with mattress, raised from the floor, and adequate, secure and accessible storage space for personal possessions. Bedding should be comfortable and cleaned regularly. Every effort should be made to ensure that the facilities provide safety and security for the children, especially in terms of supporting their physical and mental health. For example, bedrooms should be ventilated and have fans and/or heaters, depending on the climate while mosquito nets should be allocated to each child where malaria is present.

4.2.1 As already noted, in accordance with international standards, placement of a vulnerable child in family-based care, whether on a temporary or long-term basis, is the preferred option. In the case of temporary care, this option might not be available and might instead involve a facility that includes a number of units where children, especially siblings and friends, live together under the care of trained adults in a family-like setting. When considering long-term alternate care for a child who is unable to reintegrate in their (biological or extended) family, whether in the country of origin or destination, every effort must be made to identify placement in foster care and/or other type of family-based care⁸.

⁸ For more information please see: [Fostering Across Borders, EU Stakeholders Meeting Report, September 2019 \(IOM\)](#)

4.2.2 In contexts where family type facilities are not available, every effort should be made to ensure that the facilities provide a child friendly environment. Such facilities should be considered as providing temporary care while family tracing is conducted and a BID process undertaken, but a child should normally not remain in such facilities for more than two months.

4.3 In terms of space per child, in the absence of a global standard specific to childcare facilities, it is proposed that the minimal usable floor space per person for a tornado community safe room⁹ – 20 square feet – would seem to be a reasonable guide. In addition to living space, there should be adequate outside play areas, free from physical dangers and debris, where children can run around and play together.

4.4 If the facility is to care for both boys and girls, of different age groups, clearly identifiable separate sleeping and sanitation facilities must be provided.

4.5 Siblings should be kept together unless determined not to be in one or other child's best interests. Siblings should be given the opportunity to share the same room as appropriate, depending on their age and the layout of the temporary care facility.

⁹ Safe Rooms for Tornadoes and Hurricanes Guidance for Community and Residential Safe Rooms FEMA P-361, April 2021 Fourth Edition

5. Staffing:

5.1 Carers should understand the importance of their role in developing positive, safe and nurturing relationships with children, and should have the skills to achieve this. Physical discipline or abusive language will be prohibited and reported. Caregivers should use positive, non-violent forms of discipline when required.

5.2 Children should receive individual attention regularly beyond survival needs. Carers should be deployed within the care setting in such a way as to effectively protect the rights and needs of each individual child.

5.3 There should be a sufficient number of carers in a temporary care setting to allow individualized attention to be given to each child, and, where appropriate, the opportunity for a child to bond with a specific carer. This will normally be the child's designated case worker/carer who will follow through the BID procedure.

5.4 International norms vary, but it is generally recommended that an individual caregiver should be responsible for a maximum of 8 children in a residential facility, where all the children are over 8 years of age¹⁰.

5.5 More individual attention is required for younger children so the number falls to five children per caregiver for children under the age of 8.¹¹ Particular care is required in the case of infants and very young children who cannot be left alone and need sufficient physical affection, attention, and stimulation and thus the ratio falls further.

5.7 Child to caregiver ratios apply 24 hours a day and 7 days a week and alternative cover should be available in times of illness or absence. **There should thus be an average of 3 caregivers (on rotation) for 5-8 children, according to their ages¹².**

5.8 The gender of carers is an important issue to be considered. To ensure that children feel safe, a female carer should be responsible for looking after sleeping and bathing facilities for girls.

6. Admission:

6.1 Whether in the host country or country of origin, admission criteria for temporary care facility should stipulate that only unaccompanied children whose families have not yet been traced or have not been found following a family tracing, or children whose families are currently unable or unwilling to look after the child, should be placed in temporary care.

6.2 A best interest assessment (BIA) should be conducted to identify the circumstances of the child and whether the child meets the admission criteria, and whether the placement meets the needs of the child. Relevant authorities should then be notified of the child's admission.

6.3 A child who is identified as being in need of international protection or who has indicated the wish to apply for asylum should be referred immediately to UNHCR and transferred into their care as soon as possible.

¹⁰ Interagency Working Group on Unaccompanied and Separated Children (2013) Alternative Care in Emergencies Toolkit. Chapter 4.

¹¹ Ditto

¹² Ditto

6.4 Children should be informed on arrival about the rules of behaviour for children living in the care facility and what their rights and responsibilities are while resident. Each child should have a copy of the Children's Code of Good Practice available in multiple languages depending on the setting, and fully illustrated for use by children unable to read or write.¹³

7. Health:

7.1 Carers should promote the health of the children for whom they are responsible and should make arrangements to ensure that medical and psychosocial care, counselling and support are made available as required.

7.2 Each child should have a physical and psychological health check on arrival with appropriate follow up and treatment as required. Following this, there should be regular visits by/to health workers to assess the physical and mental health and nutritional status of any child with specific problems and to provide vaccination and other primary health care services as well as referral to specialised care including dentistry, optical and reproductive health as needed.

7.3 Any child found to be severely ill or with a contagious disease should be transferred to community hospitals for urgent medical treatment. The child must be registered before being transferred to hospital and his/her details retained and prevention of separation measures taken.

7.4 Health records should be kept in each child's file and be regularly updated. The health record should accompany the child when s/he leaves the centre.

7.5 First aid kits should be available and maintained in each facility and staff should be trained in how to administer first aid including psychological first aid.

8. Nutrition:

8.1 Good hygiene is essential for storage, preparation and cooking of food. A sufficient amount of food and clean drinking water should be available, and balanced nutritious meals prepared.

8.2 Staff members responsible for food preparation should be trained on the nutritional requirements of children at varying ages and stages of development. They should also have an understanding of which local foodstuffs contribute to a balanced diet and ensure these are available for the children. Children should be involved in the choice, preparation and serving of the food.

8.3 Meals should be eaten at regular intervals throughout the day and children should be encouraged to regard mealtimes as a social time, relaxed and enjoyable.

8.4 The needs of a child with special dietary requirements due to religious or health issues should be taken into account.

9. Sanitation:

¹³ See Retrak Ethiopia's Code of Good Practice in Annex 2

9.1 The international standard is one shower/toilet for the use of six to eight children and these should be separate from staff facilities¹⁴. There should be proper flush system latrines with water, according to availability.

9.2 Latrines or other arrangements for the sanitary disposal of faeces must be located well away from water sources, cooking and eating areas and be kept clean at all times.

9.3 Adults responsible for childcare should respect and promote their right to privacy, including appropriate facilities for hygiene and sanitary needs, with private and safe areas for toileting, bathing and dressing, respecting gender differences¹⁵ and interaction.

9.4 Boys' and girls' showers and latrines should be in separate and well-lit places.

10. Activities:

10.1 Providing structured activities is a key component in the recovery of children who have been through family separation, exploitation and trauma and will assist in their successful transition to sustainable reintegration.

10.2 Where possible, they should have access to formal, non-formal and vocational education in accordance with their rights, in educational facilities in the local community. Where this is not feasible, informal education should be provided on a daily basis within the facility, following a clear timetable.

10.3 Sports and play are also an important element in a child's recovery and should be programmed on a regular basis, and available as and when the child wishes, with necessary equipment and space provided.

10.4 Carers should ensure that the right of every child, including children with disabilities, living with or affected by HIV/AIDS or having any other special needs, to develop through play and leisure activities is respected and that opportunities for such activities are created within and outside the care setting.

10.5 Children should be allowed to satisfy the needs of their religious and spiritual life, including by receiving visits from a qualified representative of their religion, and to freely decide whether or not to participate in religious services, religious education or counselling.

10.6 The child's own religious background should be respected, and no child should be encouraged or persuaded to change his/her religion or belief during a temporary care placement.

11. Family tracing and Identifying Sustainable Solutions:

11.1 As soon as a child is taken into temporary care, all reasonable efforts should be made to trace his/her family and re-establish family ties.

11.2 In order to assist in planning the future of an unaccompanied child in a manner that best protects his/her rights, information on his/her family and community of origin should be obtained and an assessment

¹⁴ [EASO Guidance on Reception Conditions for Unaccompanied Children: Operational Standards and Indicators](#). EASO Practical Guides Series, December 2018. Page 57.

¹⁵ Refer to IOM Guidance on Inclusive Facilities for Migrants with Diverse SOGIESC, prepared by Jennifer Rumbach, Global LGBTIQ+ Focal Point, 30 July 2020

made of any risk the child might face in returning to the family. The assessment should also look into any obstacles to the child's sustainable return, and possible steps that could be taken to address such obstacles.

11.3 The confidential nature of the information collected on a child's family, should be respected by all concerned. Systems should be put in place for safe forwarding and storage of information. Information should only be shared among duly mandated agencies as part of the BID Procedures.

11.4 All those engaged in tracing family members, or primary legal or customary caregivers should operate within a coordinated system, using standardized forms and mutually compatible procedures, wherever possible. At the local mission, country or regional level SOPs should be developed for internal purposes and to ensure coordination with other agencies. They should also ensure that all actions are guided by the principle of Do No Harm and to ensure the protection of the child. The validity of relationships and the confirmation of the willingness of the child and family members to be reunited must be verified in each case.

11.5 No action should be taken that may hinder eventual family reintegration, such as adoption, change of name or movement of a child to places far from the family's likely location, until and unless all tracing efforts have been exhausted.

11.6 Should family reintegration prove impossible within an appropriate period or be deemed contrary to the best interests of a child, other long-term options should be considered, such as adoption, foster care or appropriate residential care, including group homes and other supervised living arrangements depending on the age and maturity of the child.

11.7 The available options for each child should be carefully considered in the context of a best interest determination procedure, by a multi-disciplinary panel, before a decision is made.

11.8 Particular care needs to be taken in deciding on long-term placement of children who are at on-going risk, including survivors of trafficking. Temporary care facility staff will be trained on working with trafficking survivors, and these children will have been referred to/have had access to comprehensive health checks and legal assistance as part of the BIA process.

11.9 In some countries, a child who has been trafficked and/or been sexually abused, might need to remain in temporary care until the court case has been completed and a judgement given. The details of any involvement of family members in the child's trafficking will be an important element considered by the BID Panel and will clearly influence any best interest decision made in terms of long-term reintegration and care.

12. Leaving the Temporary Care Facility and Follow up:

12.1 Before leaving the temporary care facility, each child should have a care plan with identified support and assistance, based on the best interest decision and formed in collaboration and consultation with the child, his/her family and other key stakeholders.

12.2 Staff should ensure follow-up for an agreed period to ensure sustainability and to provide a safety net.

MINIMUM STANDARDS FOR FOSTER CARE

While family-based care is the preferred option for children of all ages, it is often difficult to identify such provision for all migrant children needing temporary care.¹⁶ Since the majority of unaccompanied migrant children are in their mid-teens, in most cases, temporary care in a child protection facility that is set up and run, in accordance with minimum standards, will provide them the support and care needed while undergoing the BID process. Younger children, and children with special needs, on the other hand, will need the close individual care provided by a foster family.

Once back in the country of origin, a young child who is unable to reintegrate with his/her family, whether temporarily or in the long term, will also benefit from the individualized care provided by a foster family. Other options, such as supervised group care, may be more suitable for older, more independent children who cannot reintegrate into their families. Such options are, however, a last resort option and will need to be considered carefully in the BID process in order to identify a sustainable reintegration solution that is in the best interests of the child.

Foster care is therefore an important option to be considered both in countries of transit and destination, and in countries of origin. All foster care-settings must meet general Minimum Standards in terms of, for example, living conditions, safeguarding and access to basic services (such as education and health). The Minimum Standards should reflect the key principles enshrined in the UN Convention on the Rights of the Child.

A range of guidelines exists on minimum standards of foster care, and these are referred to in the attached bibliography. Key points are presented below:

1. Aims:

Foster care is temporary family care for children who are unable to live with their parents or guardians. The overall goal of foster care within the context of migration is to find a safe and stable care arrangement that limits the disruption in a child's life. The three required outcomes of foster care are safety, stability and the promotion of child wellbeing.

2. Types of foster care:

2.1 Formal foster care typically occurs when a court grants the State the right to take temporary custody of a child and to arrange for relevant foster care arrangements accordingly. The State's child protection authority is responsible for the oversight of the foster care placement and ensures that the placement is safe and meets state foster care regulations and child welfare laws.

2.2 Informal care on the other hand is a private and temporary arrangement between a child's parents or other party responsible for the child and a third party who may be a family member or friend or someone of the same ethnic group or country of origin. This arrangement is not overseen by the State or a family court. There is no change in legal responsibility, which remains with the child's parents or those currently responsible for the child.

¹⁶ See Annex 1 for references. Much of the guidance included here is derived from the Manual on Foster Care for UASCs, SUKA Society, Malaysia, April 2018

2.3 In the context of migration, such care arrangements are generally informal, whether in the country of transit/destination or in the country of origin and must therefore be reviewed by the BID Committee/Panel to ensure that the arrangement is in the best interests of the child.

2.4 In countries where there are no formal foster care programmes, UASC are generally referred when they are identified by various UN agencies, community-based organizations or non-governmental organizations, and in some instances, State authorities. UASC needing safe placement and caregiver relationships are referred to foster care agencies. These foster care agencies will assess, match and place UASC under the care of carefully selected foster parents. In the absence of reputable foster care agencies, IOs/NGOs/CSOs might also be responsible for identifying, training and monitoring foster families, especially in the context of foster families within migrant communities.

3. Foster Care Agencies:

3.1 There are a number of components in foster care that foster agencies are responsible for. Some agencies will work only with foster parents while others only provide case management of unaccompanied and separated children. It is of paramount importance that there is clear delineation of roles in terms of support provided to foster parents, case management of unaccompanied and separated children, and relevant monitoring and evaluation of the placement and overall programme goals.

3.2 National regulations to govern foster care normally apply, but in the absence of such regulations, foster care agencies should have their own guidelines, policies and standards to run their foster care programmes. These guidelines, policies and standards should be in line with international conventions and minimum standards to provide legitimacy in lieu of State prescribed standards of care.

3.3 To run a foster care programme effectively, the foster care agency must be adequately funded and have sufficient number of trained caseworkers to carry out its duties. The foster care agency should also have a structure with clear supervision and accountability of foster care personnel.

4. Selection of Foster Families:

4.1 The screening process is essential to the identification of persons who are suitable to care for children. If conducted properly, it will rule out applicants who have history of abusive, neglectful and exploitative behaviour.

4.2 The recommended step for screening is to verify the background of a person by conducting a law enforcement background check. However, in the context of migrant, asylum seeking, stateless or refugee children, the availability and access to this process is frequently limited. Therefore, the use of secondary verification options such as written recommendations from community organisations that the person belongs to, from UNHCR if the person is registered as a person of concern, from religious institutions and embassies, should be considered.

4.3 Prospective foster parents who are interested in playing the role of foster parents are screened and verified by relevant stakeholders. The verification process helps reveal if there are any reasons for concern for safety and whether the prospective foster parents have the potential to fulfil the roles and responsibilities of foster parents.

4.4 Apart from the personal attributes of the prospective foster parents, it is important to ensure that the home is suitable to welcome a foster child or children. The foster home should be able to comfortably accommodate all who live there including where appropriate any suitable aids and adaptations when caring for a child with disabilities or other special needs/vulnerabilities. It should be in line with local standards and maintained to a good standard of cleanliness and hygiene. Outdoor spaces, which are part of the premises, should be safe and secure.

5. Training and Supervision of Foster Parents:

5.1 Prospective foster parents should successfully undergo a training programme which will prepare them, both in theory and practice, to understand and develop the basic knowledge and skills required to meet the needs of children under their care. The training programme will also help the prospective foster parents to understand the fostering process and the expectations and benefits that comes with their participation in the programme. There should also be clear guidance regarding the accountability of foster parents for protecting the child placed in their care. The training programme should include the following topics:

- Basic listening and communication skills
- First aid and guide to healthy living
- Keeping children safe
- Dealing with strong willed children
- Helping children with trauma
- Psychosocial development of a child, particularly related to teenagers
- Maintaining healthy parent-child relationships and developing positive parenting skills

5.2 Continuous training for the foster parents should be offered regularly throughout the period the child is placed under the foster parents' care. As part of the continuous training, a regular support group meeting for foster parents facilitated by a trained person in the foster care programme should be organised to provide a platform for the foster parents to share, support, and learn from one another.

5.3 Foster parents and foster care personnel play a central role in safeguarding children and promoting positives outcomes for them. As such, regular supervision, training and evaluation must be in place to ensure that foster parents and foster care personnel are effective in the work they do for children. The foster care programme, through regular, thorough and timely supervision, training and evaluation, supports the foster parents and foster care personnel to ensure that children placed under their responsibility have been cared for, reasonably meeting all the standards in the Minimum Standards of Care.

5.4 With regard to monitoring, initial visits should be conducted after the first week, and followed up on a monthly basis, or more frequently if there are any concerns. In cases where a child remains in foster care for the long-term, monitoring visits should be conducted at a minimum four times a year with approximately three months' intervals until the child turns 18, or until the foster care ends. Visits can be organised as well as impromptu. Monitoring should include an opportunity for foster carers and the child to share their views on any needs and problems that should be addressed, both separately and together.

6. Selection of Foster Placement:

6.1 As far as possible, it is in the child's best interest that the child is placed with foster parents who share similar culture, tradition and religious preferences. Where this is not possible, the foster parents should ensure that the home environment offered is sensitive to the child's culture, tradition, language and religious preferences.

6.2 Prior to the placement of each child, the foster carer should be provided with all the information held by the fostering service that they will need to carry out their role effectively. The information is provided in a clear, comprehensive written form and includes the support that will be available to the foster carer. It is very important to recognise the sensitivity of some of the information and data protection, and the importance of confidentiality. It has to be regulated carefully and not used to block the provision of the needed information.

6.3 The placement should be discussed with the child in advance and they should be given information about the foster care system and their rights, including how to raise any complaints or concerns they might have. In making decisions about where a child should be placed, the best interests of the child should be a primary consideration and his/her consent should be taken into consideration, and his/her wishes and feelings taken into account.

6.4 Siblings should not be separated from each other in care placements unless there are compelling reasons for doing so. Where they are separated, regular and appropriate arrangements should be put in place for them to have contact with each other.

6.5 Clear procedures should exist for introducing children into the foster care placement, to the foster carer and to others living in the household. These procedures should cover planned and, where permitted, emergency/immediate foster care placements. They help children understand what to expect from living in the foster home.

7. Contact with family, family tracing and transition to family reunion

7.1 For unaccompanied children in transit/destination countries, placement in a foster family will normally be a temporary arrangement while tracing and assessment of their biological family takes place in the country of origin. During this time every effort should be made to allow the child to resume or retain contact with the biological family.

7.2 For unaccompanied children who have returned to the country of origin following a BID decision but are not yet been able to reintegrate with their families, foster care might also provide a temporary care arrangement. This might be because of difficulties in tracing the family, or other concerns about the safety of the child that need to be resolved before reunification can take place.

7.3 In such situations, the foster parents will need to be able to reassure the child that every effort is being made to trace his or her family, but that in some cases this might not prove successful, especially if the family itself has also been on the move.

The foster parents will thus need to support the child's emotional and mental challenges as he or she deals with the uncertainty of being an unaccompanied and separated child, and the fact that it is not always possible to trace his or her family.

7.4 Foster parents should also support the child if it is decided that it is not to their child's best interest that he or she is to be reunited with his/her family, although responsibility for informing the child of such a determination lies with the caseworker. Relevant stakeholders will need to support the foster parents by facilitating access to mental health professionals as and when needed.

7.5 A child who has entered foster care after a period of living alone, without support, and experiencing a range of abuse and trauma, is likely to develop a strong attachment to the foster parent(s) and thus will need to

be prepared for the separation that will occur when s/he leaves to join his/her family. If the process takes place in the country of origin, every effort should be made to facilitate a direct handover of the child from foster parent to natural parent. If the child is travelling from a transit/destination country to reunite with his/her family in the country of origin, the process should be managed carefully and sensitively, with a suitable escort accompanying the child, and arrangements made wherever possible for the parent(s) to meet the child on arrival.

ANNEX 1 – REFERENCES

Alternative Care in Emergencies (ACE) Toolkit Extended Guidance

By Louise Melville Fulford for the Interagency Working Group on Separated and Unaccompanied Children. Save the Children 2013

A Home Away from Home for Refugee and Migrant Children. UNICEF. Advocacy Brief August 2016

EASO Guidance on Reception Conditions for Unaccompanied Children: Operational Standards and Indicators. EASO Practical Guides Series, December 2018

Guidance on Minimum Standards for provision of Foster Care for Unaccompanied Migrant Children. Fondazione l'Albero Della Vita Onlus, February 2019

IOM Guidance on Inclusive Facilities for Migrants with Diverse SOGIESC, prepared by Jennifer Rumbach, Global LGBTIQ+ Focal Point, 30 July 2020

Manual on Foster Care for Unaccompanied and Separated Children. SUKA Society in collaboration with UNHCR Malaysia, April 2018

Minimum Child Protection Standards for identification of unaccompanied children to be relocated from Greece to other countries in the European Union. IOM, UNHCR and UNICEF, April 2020

MOVING FORWARD: Implementing the 'Guidelines for the Alternative Care of Children' Centre for Excellence for Looked After Children in Scotland (CELCIS) at the University of Strathclyde; International, Social Service (ISS); Oak Foundation; SOS Children's Villages International; and United Nations Children's Fund (UNICEF) 2012

PROTECTING CHILDREN ON THE MOVE. A guide to programming for children affected by migration and displacement. Save the Children. 2018

Quality Standards of Care for orphanages in Jammu and Kashmir

Government of Jammu and Kashmir

Resolution adopted by the General Assembly [on the report of the Third Committee (A/64/434)] 64/142. Guidelines for the Alternative Care of Children. 24 February 2010, Sixty-fourth session, Agenda item 64

ANNEX 2 – SAMPLE CODE OF GOOD PRACTICE FOR CHILDREN AT TEMPORARY CARE FACILITY

RETRAK ETHIOPIA: The following is the Code of Conduct we expect children to follow while at the Retrak program. Retrak Ethiopia stands to provide the best possible environment for children who are part of the Retrak project. Children deserve to be given enjoyable, safe, and supporting opportunities, free of abuse of any kind. The children have rights which must be respected and responsibilities that they must accept. The children should be encouraged to take up their responsibilities to treat other children with fairness and respect while staying in Retrak.

Children in Retrak are entitled to

- Be listened to
- Be safe and to feel safe
- Be treated with dignity, sensitivity and respect
- Have a voice in the organization
- Participate on an equal basis
- Be happy, have fun and enjoy their play time
- Make complaints and have them dealt with fairly and promptly
- Get help when exposed to bullies and any form of abuse

Children in Retrak should always

- Speak politely, keeping the volume of their voices as low as possible while still allowing people to hear them.
- When receiving something, say "Thank you."
- Treat each other with respect and fairly at all times even when things go wrong
- Do their best
- Ask permission before speaking in life skills and the classroom
- Speak the truth
- Abide by the rules set down by yourself and the organization
- Behave in a manner that avoids bringing the program into disrepute.
- Talk to staff if they have any problems.

Children should never:

- Be dishonest or cheat
- Use violence or physical contact to achieve their own desires
- Shout or argue with staff
- Harm other children or their property
- Bully or use bullying tactics to isolate other children
- Use unfair or bullying tactics to gain advantage
- Take banned substances

If a child fails to follow the code of conduct

- The child will be given appropriate behavioural discipline set by the children and organization

ANNEX 3 – SAMPLE CODE OF CONDUCT FOR STAFF WORKING AT TEMPORARY CARE FACILITY FOR CHILD MIGRANTS

This Code of Conduct has been designed to uphold and promote the highest standards of ethical and professional conduct among all staff working at the transit centre, in whatever capacity. The objective of the Code is not to punish or sanction but to raise awareness and provide guidance for staff conduct. Moreover, this document is intended to protect co-workers and affiliated persons from false allegations of inappropriate behaviour towards children.

PLEASE NOTE: All organizations working with and for children should have protection and child safeguarding policy in place as well as a code of conduct. The below serves as an example only.

RESPECTFUL AND RESPONSIBLE CONDUCT

- I am committed to empathetic and non-violent behaviour in action, language and gestures.
- I will respect the basic rights of all, regardless of gender, age, ability, health, language, ethnicity, race, colour, religion, caste, sexual orientation and any other aspects of identity or personal characteristics.
- I will act fairly, honestly and tactfully and will treat all children, youth, co-workers, and affiliated persons with sensitivity, tolerance, dignity and respect.
- I will respect the national law and local culture, traditions, customs and practices that are in line with UN conventions. Therefore, I will not take part in any form of discrimination, harassment, or abuse (physical, sexual or verbal), intimidation or exploitation, or in any other way infringe the rights of others.

PROFESSIONAL CONDUCT IN RELATION TO CHILDREN

- I will endeavour to promote the welfare of all children and contribute to the development of each individual child to reach their full potential.
- I will contribute to the creation of a loving and caring atmosphere for children. I will treat children with respect, justice and understanding and extend to them the benefit of moral guidance, self-discipline and appropriate instruction.
- I am aware of being a role model for children and youth and therefore commit to displaying respectful and responsible behaviour. I recognise equal opportunity and will treat all children equally, including the promotion of gender equality.
- I will conduct myself in a way that safeguards children and youth from all forms of discrimination, abuse, mistreatment and neglect.
- I will not initiate or become involved in sexual relationships with children. I am aware that such a relationship will lead to legal consequences. Mistaken belief regarding the age of a child is not a defence.
- I will not exchange money, employment, goods, favours or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour.
- I will not hire children as 'house help' (domestic workers) or for any work that is likely to be hazardous or interfere with the child's education, or that may be harmful to the child's, physical, mental, social, spiritual or moral development.

- I will report all concerns regarding actual or potential child abuse, mistreatment or any other violation.
- I will keep data about the children and youth confidential (e.g. information on their family background, health status, etc.).

PROFESSIONAL CONDUCT IN RELATION TO OTHER ASPECTS OF WORK

- I understand that I must not ask for or invite any personal payment, service or favour from others, in return for our help, support, goods or services of any kind.
- I will not work under the influence of intoxicating substances such as alcohol or any other substances that might impair my ability to do my job.
- I will ensure good and constructive working relationships with all co-workers. I will not allow any personal relationships with my co-workers to have a negative impact on my work, other co-workers or the working environment in general.
- I am aware that children, youth and adults look up to me as a person in authority. I must not use that position for my own benefit or for the benefit of my family or friends.
- I will perform my job in an environmentally responsible manner in order to be a good role model for children and youth in this regard, and to pass an intact and healthy environment to the next generations.

SIGNATURE AND COMMITMENT

I have carefully read and clearly understood this Code of Conduct. I am aware that I am expected to uphold the standards of behaviour described in this Code of Conduct at all times. I fully appreciate its context and contents. By signing this Code of Conduct, I commit myself to aspire for and maintain the required conduct as a precondition of my service.

I have received and hereby sign a copy of this document; a copy of the signed document will be filed in my personnel file.

Name:

Date:

Signature:

Location: