

GATEKEEPING: ENSURING THE MOST SUITABLE CARE SETTINGS FOR CHILDREN WITHOUT ADEQUATE PARENTAL CARE

USER MANUAL AND TOOLS

 SOS CHILDREN'S VILLAGES INTERNATIONAL

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TABLE OF CONTENTS

INTRODUCTION.....	3
PART I: PROGRAMME LEVEL: IDENTIFYING OUR TARGET GROUP and FINDING OUR PLACE IN THE GATEKEEPING SYSTEM	4
GUIDELINE 1: We identify and regularly review which groups of children belong to our target group.....	5
GUIDELINE 2: We focus on children in different care situations within our target group, to maximize our impact.....	10
GUIDELINE 3: We work according to Board-approved MA gatekeeping guidelines	14
GUIDELINE 4: We properly position ourselves, working with the responsible authorities and other stakeholders for effective gatekeeping	16
PART II: INDIVIDUAL LEVEL: ENSURING THE BEST CARE SETTING FOR EACH CHILD.....	19
GUIDELINE 5: We follow an individualised approach ensuring that decisions are made in the best interests of each child and with the appropriate participation of the child	20
Roles and functions in the gatekeeping process:	22
GUIDELINE 6: We gain a thorough understanding of the situation of the child and his/her family, to determine the best type of care setting and support.....	23
GUIDELINE 7: We regularly review the necessity and suitability of the existing care setting	32
GUIDELINE 8: We prepare and support children, their caregivers and families when the care setting of a child changes	33
GUIDELINE 9: We make sure that a follow-up assessment is conducted in cases of reintegration of children with their families of origin	34
GUIDELINE 10: We keep up-to-date records of a child and his/her family to track progress and inform planning and decision making	36
CONSIDERATIONS FOR THE REINTEGRATION OF CHILDREN AND YOUNG ADULTS WITH THEIR FAMILY OF ORIGIN	37
CONSIDERATION 1: Assessment of the potential for reintegration	38
CONSIDERATION 2: Decision for or against reintegration	39
CONSIDERATION 3: Preparation for reintegration.....	40
CONSIDERATION 4: Reunification	41
CONSIDERATION 5: Follow-up and monitoring after the reunification	42
ANNEX.....	44

INTRODUCTION

The user manual offers readers more information on how to put into practice the ten Gatekeeping Guidelines, as well as links to the accompanying tools. The user manual consists of Part I, outlining what is important on programme level in regard to target group and the role of SOS, and Part II, which explains the gatekeeping process steps when working with children, young adults and families.

These two parts of the user manual are followed by considerations for the reintegration of children and young adults with its family of origin.

This user manual is specifically aimed at programme staff, working with the gatekeeping process in our day to day work.

The following symbols and info boxes are used to highlight important information, links, critical factors and tools throughout this user manual:



Checklist:

Summarizes important factors, criteria or information for this process step.



Link:

Provides a hyperlink to relevant internal or external documents that should be understood and consulted if and when is necessary to complete the process step.



Crucial factor:

Used to emphasize crucial factors that must be taken into account.



Tool:

Indicates a specific tool that supports the implementation of the process step.

At the end of the document, you will find additional supporting tools, the literature list with references and further reading tips.

PART I: PROGRAMME LEVEL: IDENTIFYING OUR TARGET GROUP and FINDING OUR PLACE IN THE GATEKEEPING SYSTEM

Part I looks at what we need to get clear on a programme level, as a foundation for effective gatekeeping. This includes the following guidelines:



We identify and regularly review which groups of children belong to our target group



We focus on children in different care situations within our target group, to maximize our impact.



We work according to Board-approved MA gatekeeping guidelines



We properly position ourselves, working with the responsible authorities and other stakeholders for effective gatekeeping

GUIDELINE 1: We identify and regularly review which groups of children belong to our target group



The need to identify and review our target group

In each location, we need to clearly identify and regularly review which groups of children belong to our target group, based on a careful assessment of the different care situations of children in that location.

The target group of SOS Children's Villages are children without parental care, or at risk of losing it, who are living in vulnerable circumstances. In other words, these are children who are living in inadequate care situations. These are situations where:

- Child is living without caregiver. There is an absence of quality care. The child's well-being and development is at serious risk.
- Child is living with caregiver, but there are shortfalls in quality care. The child's well-being and development is at serious risk and/or there is a high risk of separation.
- Child is living with caregiver, but there are shortfalls in quality care. The child's well-being and development is put at risk over time and/or there is an increasing risk of separation if left unattended.
- Child is living with alternative caregiver, receiving consistent quality care, but there may be a more suitable care setting.

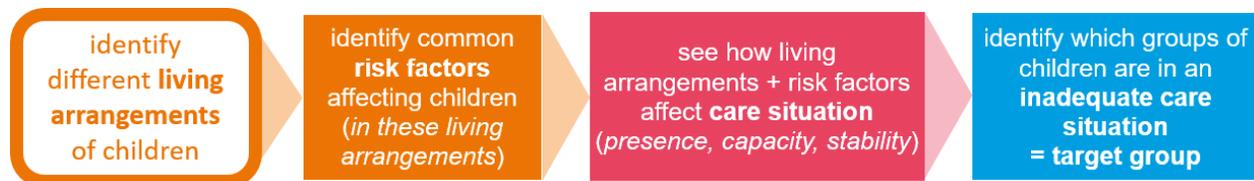
Which specific groups of children are living in these care situations can vary from location to location, as well as over time.

The purpose of the assessment is to gain clear picture of which groups of children are currently living in these care situations, according to the local context.

This assessment needs to be reviewed regularly, in case there are any significant changes in the make-up of our target group, which may require us to re-consider which groups of children we work with or to adapt the programme design. As such, this is normally done as part of the **Needs Assessment** within the RBM programme cycle.

Steps to identify our target group

To assess which groups of children are living in inadequate care situations, we need to take the following steps:



a. Identify different living arrangements of children

The living arrangement refers to **who the children are living with**. Most importantly, whether children are living with a caregiver and who the caregiver is. For the purposes of overall programme management, this can be simplified to the following scenarios, at the same time, we should always keep in mind the relationship of the caregiver to the children:

- Two adult caregivers
- One adult caregiver
- A sibling caregiver
- Living in residential care
- No caregiver / child alone

b. Identify common risk factors affecting children

In each location, we should be able to identify common risk factors that influence the vulnerability of children and their families. Typically, these fall under the following categories:

- **Health issues:** Including health issues of children or caregivers, e.g. illness of children, illness or frailty of caregivers, physical or mental disabilities.
- **Household poverty:** In terms of the balance between family resources and what is required to meet their development needs, e.g. insufficient and unstable household income, lack of access to essential services and government social support.
- **Socio-cultural factors:** Relating to the social and cultural environment in which children live, e.g. caregivers struggling with parenting skills, challenges due to family set-up (caring for orphans, many children, divorce, remarriage, etc.), lack of social support network, discrimination against children or caregivers (unmarried caregiver, ethnicity, faith, sexual orientation, etc.).
- **Psycho-social factors:** Relating to issues of psychological and emotional well-being, and trauma, of children and caregivers, e.g. traumatised children or caregivers, neglect or abuse, children with behavioural issues, previous separation of children and caregiver.
- **Political, natural and economic environment:** External events, which families may struggle to cope with and government find it challenging to adequately respond, e.g. natural disasters such as flooding and fire, civil conflict or war, economic crisis and internal displacement.

c. See how living arrangements + risk factors affect the care situation of children

Taken together, the particular living arrangements of children and the risk factors they are faced with will affect the following key aspects of their care situation:

- Whether there is a caregiver **present** and who this is
- Whether this caregiver has the **capacity** to provide adequate care
- Whether the care that is provided is **stable and consistent**

At each location, we need to analyse what combinations of living arrangement and risk factors put children in an inadequate care situation.

In doing so, it is important to consider how, if at all, the living arrangements in combination with the risk factors affect:

- The *presence* of a caregiver?
 - ▶ Is a care situation inadequate because there is no caregiver? or only one? or because the caregiver is not an adult? or because it is not the parent? etc.
- The *capacity* of the caregivers to provide care?

- ▶ Is a care situation inadequate because the caregiver lacks the capacity to provide quality care? and, if so, how serious are the capacity gaps? and are these gaps that can be filled?
- The *consistency* or *stability* with which care is provided?
 - ▶ Is a care situation inadequate because the *quality* of care that the child receives is not *consistent* on a day-to-day basis, and/or there are lapses in the quality of the care that is provided? (e.g. caregiver has psychological issues)
 - ▶ Is a care situation inadequate because caregivers are sometimes *absent*, affecting the quality of care provided? (e.g. caregiver is regularly absent overnight to earn an income, without organising another form of care)
 - ▶ Is a care situation inadequate because the care situation is *unstable*? In other words, is there a realistic risk that the living arrangement or the capacity of the caregiver to provide care may change in the near future (e.g. caregiver is terminally-ill, or elderly and frail)?

To get a clear picture of how adequate a care situation of children is, it is important to look at *all three* key aspects – of presence, capacity and stability - *together*.

d. Identify which groups of children are in an inadequate care situation

Based on this analysis, we should be able to describe which combinations of living arrangement and risk factors put children in an inadequate care situation and so make them part of the target group in that particular context.

This can be expressed as follows:

- Group of children in living arrangement ,a', facing risk factors ,w' and ,x''
- Group of children in living arrangement ,b', facing risk factors ,y' and ,z''
- etc.

For example:

- Children have been physically abandoned by their parent(s) and their family of origin is unknown.
- Children have been removed from the care of their parent(s) by the responsible authorities and require an alternative care placement.
- Children are living with both parents, but in a home where there is domestic violence.
- Children are living with a single parent, where the mother and child are discriminated against as the child is born 'out of wedlock', and the mother lacks sufficient knowledge and skills to be able to provide quality care and to cope with their situation.
- Children are living with at least one adult caregiver, but they are grandparents who are frail, are struggling with parenting due to the generation gap, and are unable to generate a stable income.
- Children are living with one or both parents, but are living in poverty.
- Children are living in residential care, where they are not receiving individual attention or an opportunity to develop reliable relationships with a stable caregiver.

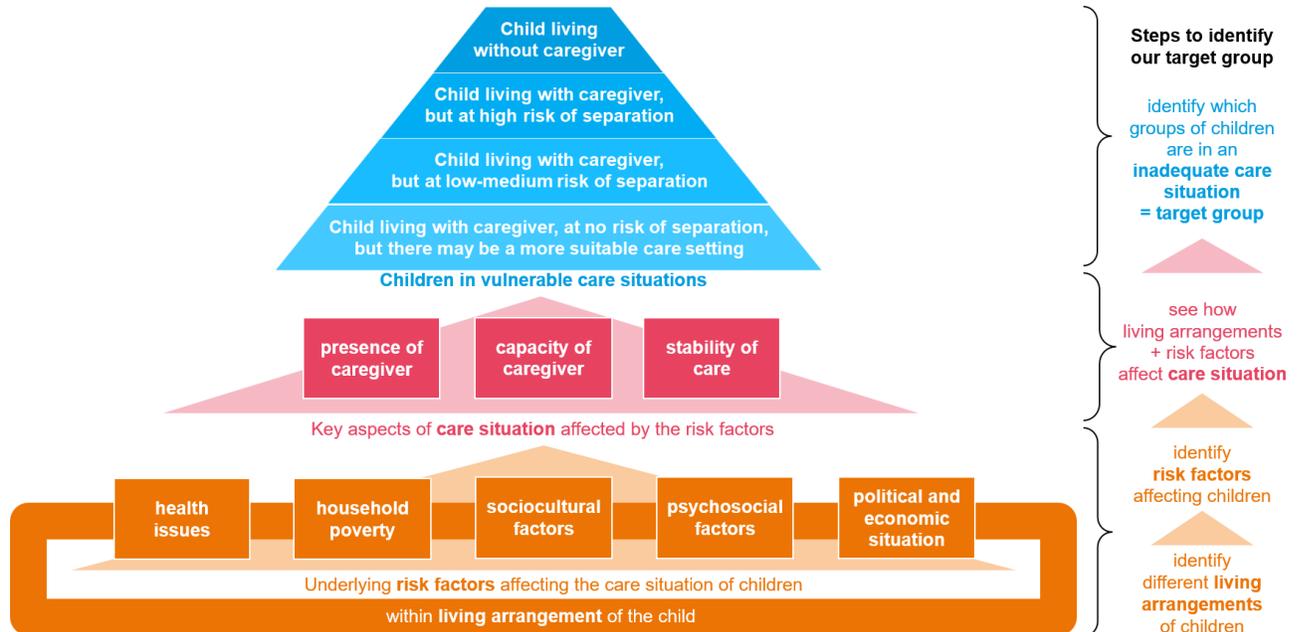
NB: The above scenarios are simply illustrative examples from particular contexts and cannot be applied everywhere.

This analysis should not only provide information on which groups of children are in our target group in that particular context, but also about the main issues affecting their care situation.

It should be noted that, just as some groups of children are considered to be living in an inadequate care situation and so are part of our target group, there are other children who are not. These are children who are either (i) not without parental care nor at risk of losing it, or (ii) not in vulnerable circumstances. For instance, our target group does not include children who have lost the care of their parents, but who are not

in vulnerable circumstances, such as when they are being well cared for a member of their extended family who has the commitment and capacity to do so. Also, if children are vulnerable, but not due to their care situation, such as being in poor health due to a lack of accessible and quality healthcare, they are not considered to be part of our target group.

Overview of steps to identify our target group



Assessment of the target group

For identification of the target group as a whole, an assessment should be done for each programme location as part of the RBM programme cycle. More specifically, it should be done as part of the Needs Assessment. It should be based on available quantitative and qualitative evidence, including relevant data held by local authorities and other stakeholders. Further data may be gathered, for example using participatory methodologies or surveys.



Needs assessment

RBM user guide and toolkit (needs assessment) can be found on the RBM collaboration workspace: https://sosc.v.sharepoint.com/sites/WS_000067/SitePages/Welcome.aspx



What do we mean when we talk of the 'target group'?

When we refer to our *target group*, we refer to **the specific group of children we aim to reach through our programme**. In other words, it is the group of children whose lives we want to have an impact on, through everything that we do. This means that, while other

children, families, people or organisations may *benefit* from our programme, the primary objective of our programme should always be about making an impact in the situation of our target group.

Who our target group is and *who we work with*, in order to impact on the situation of the children in our target group, *can be different*. In fact, most often we reach our target group by working with and through other stakeholders: We provide direct support to the child's parent or other caregiver, so that he/she is better able to care for and support the development of the child; we work with other stakeholders who have a role to play in strengthening the situation of the child, such as responsible authorities, community-based organisations and other service providers.

Also, the approaches we take to achieve this intended impact can vary, from direct (e.g. direct provision of care) to indirect (e.g. legislative change). Whatever the approach, however indirect, this does not change the fact that *all actions should be geared towards impacting the situation of our target group*.

It is important to note that this use of the term 'target group' is *the way SOS understands the concept of target group*. Different external stakeholders, including donors, may have different terms when they refer to a 'target group'. Whenever interfacing with an external stakeholder, it is therefore good to make sure to translate what we mean to what they understand.

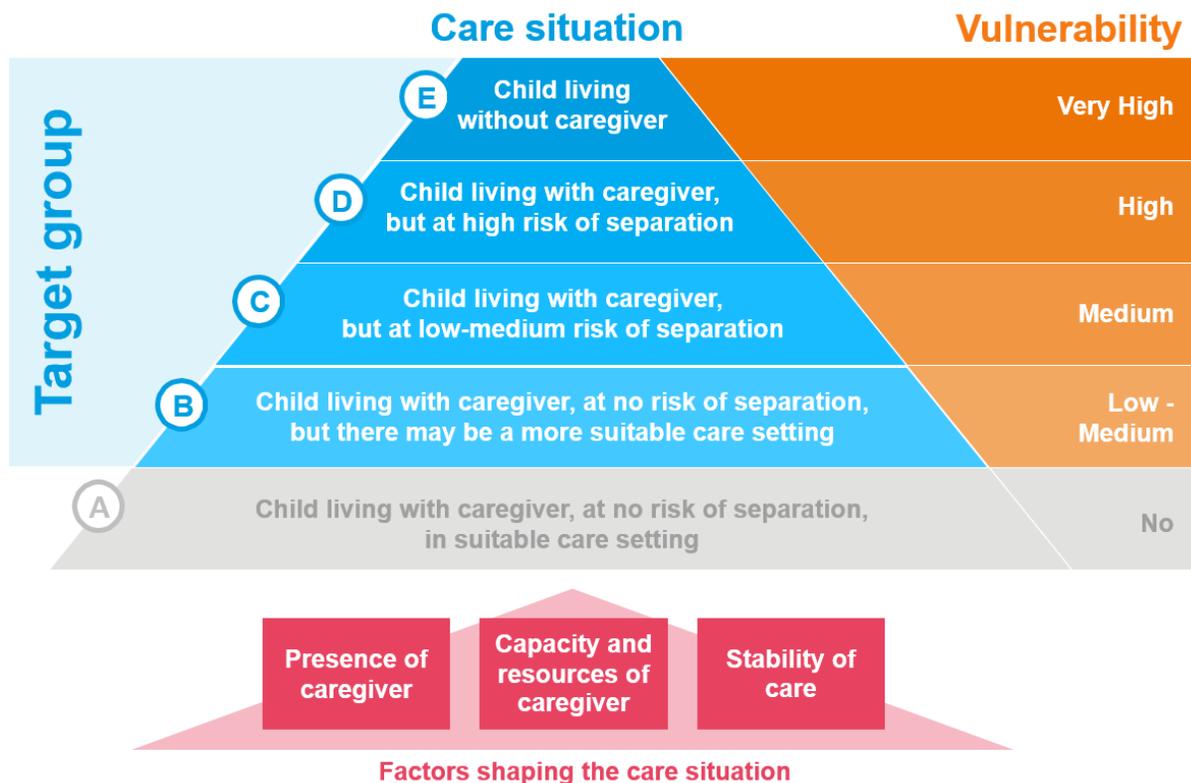
GUIDELINE 2: We focus on children in different care situations within our target group, to maximize our impact.



Steps to identify which children to focus on in our target group

a. Assess the vulnerability of different groups of children (in the target group)

Just as care situations differ, so does the level of vulnerability that children experience. Even within our target group, different groups of children will be exposed to higher or lower levels of vulnerability that put them at varying levels of risk of losing adequate parental care. As shown below, depending on the nature of the care situation – in terms of presence of caregiver, capacity of caregiver and stability of care – different levels of vulnerability and risk can be identified.



Some groups of children who are living without adequate parental care will, nevertheless, be at no immediate risk of separation from their caregiver (B-C above), although their situation may get worse over time if nothing is done to prevent this from happening. Other groups of children will be at high risk of separation (D), with the very real possibility that they may have to face one of the following situations in the near future:

- Children are removed from their family by the responsible authorities, because their safety and well-being is put at risk within the family.
- Children are placed in specialised care.
- Parents (or family) abandon or leave their children.
- Children run away.

- Children lose their parents due to health issues or death.
- Children and parents are separated due to circumstances beyond the child and family's control (including natural disaster, conflict, as well as social and cultural discrimination).

Of course, other groups of children will already be without a caregiver (E), having experienced one of the above situations and now be left with no quality care at all.

In order to be able to prioritize which children to focus on within our target group, we first need to determine the different levels of vulnerability and risk of these groups of children.

Taking the examples from the previous section, the different groups of children within our target group can be categorized according to their varying levels of vulnerability, as shown below:

Group of children	Care situation	Vulnerability
<ul style="list-style-type: none"> ▪ Children have been physically abandoned by their parent(s) and their family of origin is unknown. ▪ Children have been removed from the care of their parent(s) by the responsible authorities and require an alternative care placement. 	Child living without caregiver	Very High
<ul style="list-style-type: none"> ▪ Children are living with both parents, but in a home where there is domestic violence. ▪ Children are living with a single parent, where the mother and child are discriminated against as the child is born 'out of wedlock', and the mother lacks sufficient knowledge and skills to be able to provide quality care and to cope with their situation. 	Child living with caregiver, but at high risk of separation	High
<ul style="list-style-type: none"> ▪ Children are living with at least one adult caregiver, but they are grandparents who are frail, are struggling with parenting due to the generation gap, and are unable to generate a stable income. ▪ Children are living with one or both parents, but are living in poverty. 	Child living with caregiver, but at low-medium risk of separation	Medium
<ul style="list-style-type: none"> ▪ Children are living in residential care, where they are not receiving individual attention or an opportunity to develop reliable relationships with a stable caregiver. 	Child living with caregiver, at no risk of separation, but there may be a more suitable care placement	Low - Medium
<p>NB: Again this is simply an illustration of how it can work, based on the given examples, and it cannot be taken as a 'blueprint' for all programmes. The specific groups of children within our target group and their levels of vulnerability must be determined in each location, according to the local context.</p>		

b. Determine with which groups of children we can have the greatest impact

Considering the following, we need to take informed decisions on which specific groups of children to focus on within our target group, depending on the:

- Varying levels of vulnerability of the different groups of children (within our target group).
- Numbers of children in each group.
- Suitability of our services (and those of others) to address the situation of the children.
- Availability of resources

With the goal of maximizing our impact, we need to strategically focus our attention across different groups of children within our target group. Certainly, we need to give sufficient attention to children living in the most vulnerable care situations (A-B). Whilst at the same time, balancing this with sufficient attention to children living with lower levels of vulnerability (C-D), where we are able to make a significant difference in preventing them from falling into the most vulnerable care situations.

Continuing with the examples used in the previous sections, we may make the kind of strategic choices shown below, in deciding which groups of children to focus on:

Choice	Group of children	Care situation	Reason
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Children have been physically abandoned by their parent(s) and their family of origin is unknown. 	Child living without caregiver	<ul style="list-style-type: none"> very high vulnerability high need for the care services we offer little, or no, alternative
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Children have been removed from the care of their parent(s) by the responsible authorities and require an alternative care placement. 		<ul style="list-style-type: none"> very high vulnerability high need for the care services we offer little, or no, alternative
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Children are living with both parents, but in a home where there is domestic violence. 	Child living with caregiver, but at high risk of separation	<ul style="list-style-type: none"> high vulnerability other service providers with greater expertise in working with domestic violence
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Children are living with a single parent, where the mother and child are discriminated against as the child is born 'out of wedlock', and the mother lacks sufficient knowledge and skills to be able to provide quality care and to cope with their situation. 		<ul style="list-style-type: none"> high vulnerability only a few small local NGOs offering very limited support opportunity to build sustainable and quality support in partnership
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Children are living with at least one adult caregiver, but they are grandparents who are frail, are struggling with parenting due to the generation gap, and are unable to generate a stable income. 	Child living with caregiver, but at low-medium risk of separation	<ul style="list-style-type: none"> vulnerable need for parenting skills expertise (which we have) few organisations work with the elderly
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Children are living with one or both parents, but are living in poverty. 		<ul style="list-style-type: none"> parents generally having reasonable parenting skills there are other service providers focussed on poverty alleviation
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Children are living in residential care, where they are not receiving individual attention or an opportunity to develop reliable relationships with a stable caregiver. 	Child living with caregiver, at no risk of separation, but there may be a more suitable care placement	<ul style="list-style-type: none"> able to address the care needs of these children without significant additional programme investment

NB: Again this is simply an illustration of how it can work, based on the given examples, and it cannot be taken as a 'blueprint' for all programmes. The specific groups of children within our target group and which ones we focus on must be determined in each location, according to the local context.

We also have to recognise that the services we are able to offer, based on our expertise in care, may not be the most suitable to address the situation of all children without adequate parental care. There shall be some children who, although they are without adequate parental care and are living in vulnerable circumstances, require a type of support and/or specialised services for which we do not have the relevant expertise. In such cases, strengthening families, or offering a family-like form of alternative care, such as SOS Children's Villages specialises in, would not effectively meet the needs of these children; as a different kind of support would be required to reintegrate them into society, or to enable them to receive quality care. In such cases, we would refer children to other expert organisations, who have built up specialised expertise to deal with the particular care situations of these particular children. Typically, this includes:

- child soldiers;
- children in detention;
- street children who have been living on the streets *for a long time*
- children with *severe* disabilities who require life-long care.

It can also be that, while we may indeed be able to address the situation of a particular group of children, another service provider may similarly be able to do it and it would make sense for us to let them do so, so that we can use our resources to reach yet another group of children. This would particularly be the case where the other service provider has stronger expertise in a required area of service.

The specific groups of children to be reached through the programme needs to be determined on a national and local level, during programme design and during regular review and planning processes. In doing so, we take into consideration inputs from all relevant stakeholders, so that we can take a well-informed decision on which groups of children to focus on.



Ensure non-discrimination when focusing on specific groups of children

When identifying our target group and the specific groups of children we are to focus on, we should never discriminate against children based on gender, ethnicity, faith, health status, sexual orientation or special needs. However, this does not mean we should not specifically focus on particular groups of children if this enables us to maximise our impact within our target group as a whole.



GUIDELINE 3: We work according to Board-approved MA gatekeeping guidelines

Working within the existing system

The **gatekeeping process** focuses specifically on the process of referring children and families to appropriate services or care arrangements, with the aim of preventing unnecessary alternative care and finding the most suitable alternative care option when needed.

As such, it is part of the broader national child protection system in a country. The **child protection system** is the comprehensive set of laws, policies, procedures, and practices designed to ensure the care and protection of children, through both preventive measures and effective responses.

The **government is ultimately responsible** for the functioning of the child protection system, including the gate keeping process. This means it is the government who is responsible for making the final decision about a child's placement in alternative care, be it with the input or advice of other stakeholders. *A gatekeeping process is therefore not a process that can be owned or run by SOS Children's Villages.* It is however a process we need to work and engage with in order to deliver our services.

How the gatekeeping process is organized can be different in different countries. This can range from a well-functioning gatekeeping process driven by government, to a poorly functioning one, to no gatekeeping process at all.

Depending on what is in place in a particular context, SOS Children's Villages will need to adapt the way it works with this system, in order ensure its services are necessary and suitable for the target group.

Each member association works according to locally adapted gatekeeping guidelines (MA Board-approved gatekeeping guidelines). These MA guidelines are based on an understanding of how gatekeeping works in the country in policy and practice, including strengths, weaknesses and gaps. MAs adapt their work to the national gatekeeping process and contribute towards its improvement.

Assessing and understanding the gatekeeping process

To effectively work in a particular context, we need to *understand* the gatekeeping process with which we need to work. To understand this process, we need to do regular **assessments**.

An assessment of the gatekeeping process is expected to be done **at national level** as part of **the Child Rights Situation Analysis (CRSA)**, at least every 5 years. Within the CRSA, this assessment is done as part of the overall assessment of the national child protection system.

National level				
CRSA				
National child protection system			Situation of the target group	other topics
national gatekeeping process	other aspects	other aspects		

An assessment of the gatekeeping process should provide **an overview** of *what* is in place, including local and informal practices, *how it is being implemented*, and *who* the main stakeholders are. It should also provide insight into the main factors influencing the gatekeeping process.

Assessment of national gatekeeping process	
What is in place	Review of policies, legislation, process, systems, local & informal practices
How is it put into practice	Review of implementation
Who is involved	Stakeholder analysis
Influencing factors	Review of context

As such, an assessment of the gatekeeping process should provide insight into the following areas:

- The national legal and policy landscape related to the gatekeeping process;
- The role of the government in the gatekeeping process, its services and resources;
- The role of other key stakeholders in the gatekeeping process, including who is responsible or who is involved. These can include, but are not limited to:
 - ▶ National and local authorities
 - ▶ Civil society organisations
 - ▶ Community based organisations
 - ▶ NGOs, INGOs
- Relevant social and cultural practices influencing this process on a national and local level; how the gatekeeping process and relevant services are implemented in practice at a national and local level.

As far as possible, information gathered for this assessment should be based on available evidence. Country-level data is typically obtainable from government entities, although availability varies from one country to the next. Also, other expert stakeholders could be a source of information. Where available information is not sufficient, or not reliable, additional data should be collected by SOS.

Information obtained at national level through the CRSA should inform whether any further assessments are required **at location level**. This could be the case when the system, including the gatekeeping process, is decentralised and organised differently in each location. Also certain challenges and contextual factors influencing the process may be different in different areas of the country. This type of information should be collected as part of **the needs assessment** on location level, which takes place as part of the Results Based Management (RBM) cycle, at least every 3-5 years.

Location level				
Needs Assessment				
Local child protection system (specifics)			Situation of the target group	other topics
local gatekeeping process	other aspects	other aspects		

As part of each assessment **an analysis** should be made of the *functioning* of the child protection system as a whole, and the gatekeeping process in particular. To do this, we need to look beyond the facts and analyse *how well the process* of referring children and families to appropriate services or care arrangements *is working*. This means understanding the gaps, strengths, challenges and threats to the system, as well as opportunities for improvement. Different methods, among which a SWOT, can be used to make such an analysis.

Some questions for reflection could be:

- Considering all aspects, what quality gaps are there in the gatekeeping process vis-a-vis UN Guidelines and SOS gatekeeping policy support document, part II?
- What are the reasons for these quality gaps? Are not all necessary laws and policies in place, and why not? Or is there a gap between policy and practice? How and why so?
- Does the government take on its responsibility? If not, is this a capacity and/or resource issue?
- What challenges are there in the current system or what challenges are to be expected considering certain developments, policies etc.? Are there any issues that may weaken the system in the near future?
- What are the strengths? What improvements are to be expected considering certain developments, policies etc.?
- etc.

Staying informed:



Aside from the formal assessments, it is important to note that also through our day to day work we should stay actively informed of all developments, changes and challenges in the system. As such, formal assessments should provide a more comprehensive overview, but should ideally **not reveal any big developments the SOS team was not**

already aware of.

Assessment of the gatekeeping process



1. CRSA (to be further developed)
2. Needs assessment (to be further developed)

To be found in the RBM user guide and toolkit on the RBM collaboration workspace:
https://soscv.sharepoint.com/sites/WS_000067/SitePages/Welcome.aspx

GUIDELINE 4: We properly position ourselves, working with the responsible authorities and other stakeholders for effective gatekeeping



Strategising on the role of SOS Children's Villages

Once we know how gatekeeping works in a particular national and/or local context, we can strategise on how SOS can and should work with this system. This means reflecting on what role we should and could play and who to work with in order to accomplish this. Such a reflection should take place, both on a national level and a location level.

This means reflecting on questions such as:

- What is the minimum we *need* to do to ensure we can deliver our services in a quality manner to those children in need of these services?
 - ▶ How can we work within the current system to ensure processes are followed in a quality manner?

- ▶ How can SOS Children's Villages take the quality gaps into account to ensure the best interests of the child are met throughout the gatekeeping process?
- What else *could* we do? How or to what extent can we actually build up and/or strengthen the national (or local) gatekeeping process?
 - ▶ Should SOS Children's Villages get involved on a higher level to advocate for a stronger gatekeeping process?
 - ▶ Can SOS Children's Villages play a role in strengthening the gatekeeping process?
- *With whom and how* do we work to accomplish the above?
 - ▶ How do we use or build the relationship with the government to accomplish this?
 - ▶ How do we use or build the relationships with which expert stakeholders to accomplish this?

This role of SOS Children's Villages depends on a number of things.

On the one hand, this role depends on the **legal position** of SOS Children's Villages and what types of care and services we are mandated to offer or support.

Beyond SOS Children's Villages' legal position, the role of SOS Children's Villages depends on the **strength of the gatekeeping process**.

Where there is a well-functioning gatekeeping process, the role of SOS Children's Villages in the gatekeeping process will be more 'limited' to that of a service provider. If a system is weak or poorly functioning, SOS Children's Villages has to progressively take on a stronger role in working with and/or advising the government to address quality gaps to ensure the best interests of the child are met throughout the process.

The extent to which SOS Children's Villages is able to take its role also depends on our **relationship with government** and how well SOS Children's Villages has been able to position itself. Be it as a quality service provider or as an expert technical advisor. At the same time, depending on the role we take, this relationship with the government may take different forms and require SOS Children's Villages to balance 'having a good relationship' with being a 'critical advocator'.

Finally, our role also depends on **the role of other stakeholders**. Where other stakeholders are taking on a certain role, SOS Children's Villages may decide to take on a complementary role. At the same time, it may also make sense to take on a similar role, in order to create a stronger impact together.

Possible roles of SOS Children's Villages

As such, different scenarios could include:

- **SOS Children's Villages as a service provider**
SOS Children's Villages works with children and families referred to them by authorities. Authorities decide in which care option a child and/or family is supported (e.g. SOS family-like care, foster family care, family of origin). As the service provider for a particular case, SOS case workers will provide advice to individual cases, based on the *content* of the case, as per their social contract with the government. This is often the extent of our role in well-functioning gatekeeping process.
- **SOS Children's Villages as a technical advisor in individual cases**
SOS Children's Villages not only advises on the *content* of the case as a service provider, as described above, but also supports and/or advises the government on *the process* to follow in individual cases. This means SOS Children's Villages is also focusing on *how* a child is actually taken through the gatekeeping process. This role will likely need to be much stronger the weaker or poorly-functioning a gatekeeping process is.

- **SOS Children's Villages as a technical advisor on a system level**
SOS Children's Villages provides technical support to strengthen particular aspects of the gatekeeping process. In any system, there is room for improvement. However, the weaker the system the more likely and necessary it will be for SOS Children's Villages to play a role in strengthening the gatekeeping process. This could therefore be a role we take in any system, although it may be more relevant in weaker or poorly-functioning gatekeeping process.
- **SOS Children's Villages as an advocator**
SOS Children's Villages advocates for quality improvements to the system at large. This could therefore be a role we take in any system, although it may be more relevant in weaker or poorly-functioning gatekeeping process.



Combining and changing roles:

Naturally there can be a combination of different roles. Also roles of SOS Children's Villages can change, expand or reduce over time, depending on developments in the system, or changes in the roles of government and other stakeholders. It is also good to note that the role of SOS Children's Villages at a national level may be different to that on a location a level, as well as between locations.

PART II: INDIVIDUAL LEVEL: ENSURING THE BEST CARE SETTING FOR EACH CHILD

Part II looks at the steps we need to follow in order to ensure the best care setting for each individual child. This part looks at the issues of target group, gatekeeping, care placement and support with individual children and families. This includes the following guidelines:



We follow an individualised approach, ensuring that decisions are made in the best interests of each child and with the appropriate participation of the child



We gain a thorough understanding of the situation of the child and his/her family, to determine the best type of care setting and support



We regularly review the necessity and suitability of the existing care setting



We prepare and support children, their caregivers and families when the care setting of a child changes



We make sure that a follow-up assessment is conducted in cases of reintegration of children with their families of origin



We keep up-to-date records of a child and his/her family to track progress and inform planning and decision making

GUIDELINE 5: We follow an individualised approach ensuring that decisions are made in the best interests of each child and with the appropriate participation of the child



This guideline is important throughout the whole gatekeeping process: Whenever we work with children, young adults and families, we use a case by case approach. We follow a clear process to determine what is in the best interests of the child or young adult and make sure their appropriate participation.

In doing so, we make sure that the following key concepts are in place:



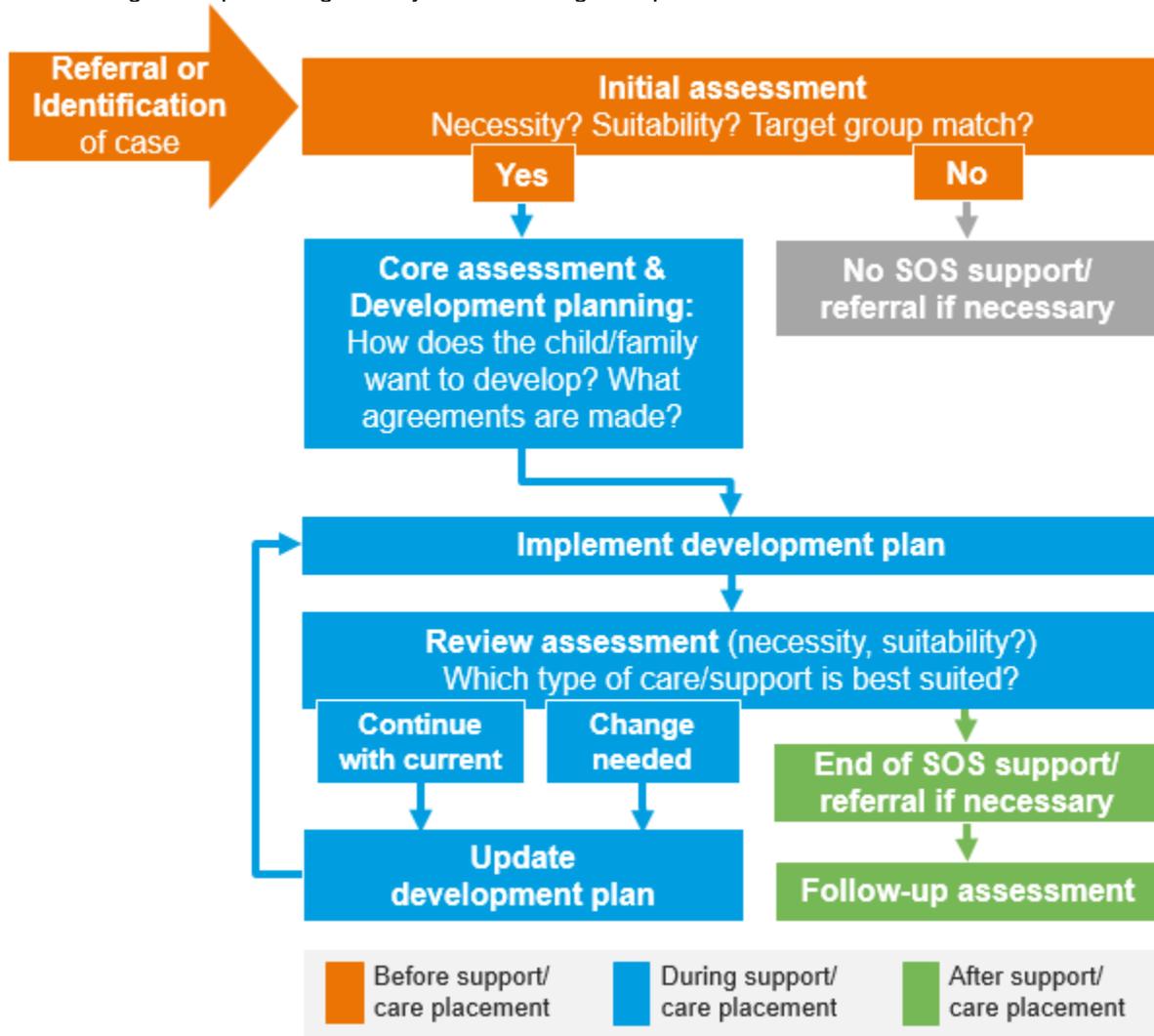
Key concepts

The gatekeeping procedures shall ensure that children and young adults are given the opportunity to grow in the most suitable care setting. We do so, by following a set of key concepts:

1. **Best interests of the child:** The best interests of the child form the basis for all decisions and actions before, during and after care placement.
2. **Necessity:** Preventing unnecessary alternative care placements by focusing on family strengthening whenever possible and in the best interests of the child. Together with the responsible authorities and other partners, we ensure **no child is removed from his family and placed in alternative care if not absolutely necessary**. We ensure that a child can stay in his/her family of origin as long as this is in the child's best interests. We make sure that the necessity for alternative care is regularly reviewed.
3. **Suitability:** Providing appropriate and supportive care that corresponds to the rights, specific needs, circumstances and best interests of each child, following established minimum standards. **A thorough analysis to determine the most suitable care setting is conducted**. While in alternative care placement, we regularly **review the suitability of the placement** whether the child is still in the most suitable care setting and explore reintegration to the family of origin if this is in the child's best interests.
4. **Participation:** Making decisions on care placement that take account of each child's opinion and best interests. We ensure that the child participates in an age-appropriate way, and the voices of the family of origin and other stakeholders (such as other relatives, teachers, psychologist...) are taken into account. Depending on the child's age, he/she is part of the decision making and the planning process.
5. **Stability:** Ensuring that a child in the given care placement always has reliable and continuous attachment to a stable caregiver and that a family is supported continuously by an assigned case worker.
6. **Safety:** Create a safe and secure environment for children. If a child is at risk or in an emergency situation we make sure first that the child is not exposed to any harm.

Gatekeeping as part of the case management approach

Gatekeeping must be seen as part of a wider case management approach of arranging and coordinating relevant services for children and families. **Case management** includes completion of different stages starting from referral, assessment, development planning, implementation, review, closure and follow-up. Case management generally follows a cycle of steps to identify and respond to the needs of children and young adults without adequate parental care. While not always the same for every child/young adult, the case management process generally moves through the phases described below:



Gatekeeping is not about whether and how to provide services, but about necessary steps to take in order to make the decisions regarding the care setting throughout the case management process. Gatekeeping follows the main case management steps. Gatekeeping is not a one-time exercise. We do gatekeeping before supporting a child/young adult or family through our programme work, regularly while supporting them and finally by following up after the support or care placement has ended. In doing so, we make sure that the gatekeeping process follows the main case management steps respecting existing laws, policies and procedures of the national care protection systems:

Roles and functions in the gatekeeping process:

Depending on the national child protection legislations and the capacities of local child protection system one of the two following responsibilities in the gatekeeping process are usually assumed SOS Children's Villages:

a. Overall responsibility for the gatekeeping process

This model is the most comprehensive and applied in the cases when there are no child protection authorities who are entitled by law or do not have sufficient resources and/or commitment to perform gatekeeping responsibilities. In this case, the SOS case worker assumes primary responsibility for assessing the needs of the child/young adult and his/her family. He/she conducts the assessment of the child's needs, develops and supports the SOS family in implementation of the plans, monitors and evaluates the case progress, and prepares for the case closure. In addition, the SOS case worker assists in connecting children/young adults with the state and/or community resources and coordinates the delivery of essential services provided by other service providers in order to accomplish the objectives specified in the plan. If certain services are missing, they can be provided by the SOS programme directly in order to ensure that the child's needs are addressed in a comprehensive way. The SOS case worker can be seen as an advocate working with and/or on behalf of the child/young adult to obtain services and resources that would not otherwise be provided. In addition, the SOS case worker provides the child/young adult and caregivers with the information necessary for coping with problem situations and assists them in practicing new behaviours and skills.

b. Delegated responsibility for a part of the gatekeeping process

This model is applied when national child protection legislation allows child protection authorities to sub-contract or delegate a part of their gatekeeping responsibilities to other care provider organisations. In such cases, there is close collaboration between the child protection authority and SOS Children's Villages as a service provider. Thus, responsible authorities keep entire responsibility for gatekeeping implementation, while the SOS Children's Villages and other service providers may support the authorities at certain stages, i.e. core assessment of children, planning, delivery and coordination of services, reporting to the child protection authorities and so on.

The child protection authority is responsible to ensure that the needs of the children and the challenges faced by them in care are addressed through regular monitoring and reports provided by organisations to which the case is contracted out or delegated. This is then taken by the child protection authority as a basis for a decision to reunify the child with his/her family of origin, prolong the duration of service provision in SOS Children's Villages or refer the child to another provider or close the case.

Thus, the child protection authority may act as the interface between the child, SOS Children's Villages, family of origin, other service providers, as well as other institutions to ensure that the efforts of all involved are well coordinated and directed towards the fulfilment of an overall goal set by the child protection authority.

When a child/young person is referred to an SOS Children's Villages by the child protection authorities it is possible that more than one case worker performs case management tasks (i.e. case manager/case worker from the state child protection department and the SOS case worker). It depends on the national legislation and the signed agreement which explains the division of tasks between case workers from different agencies and how responsibilities will be divided between all service providers involved in the case. It is important that the child/young adults and involved people understand the division of roles and responsibilities between case workers from different organisations.

GUIDELINE 6: We gain a thorough understanding of the situation of the child and his/her family, to determine the best type of care setting and support



Referral or identification of a child without adequate parental care

Children without parental care or at risk of losing parental care can be referred through a variety of pathways. Staff members in child protection and other organisations and institutions, responsible authorities or a community member might identify a child or young adult in need of adequate care. In some cases, the child or their family might present themselves directly (self-referral).

Assessment & Determining best interests

Assessment is the process of building an understanding of the care situation of the child or young adults. Assessments shall be undertaken by a multi-disciplinary team. The purpose of gathering and analysing information is to form a professional judgement and to determine the best interests of a child/young adult and his/her family.

There are two types of assessment that shall be conducted:

Assessment	Objectives	Input and Sources
a. Initial assessment	<p>All efforts should be made to gather all available information in order to make an initial risk assessment of the child's or young adult's situation. This initial assessment should give details about the care situation and the reasons why the child/young adult is without adequate parental care and the social conditions of the family.</p> <p>Leading questions:</p> <ul style="list-style-type: none"> ■ Is the child/young adult exposed to immediate risks and harm factors? ■ What are the current living arrangements of the child/young adult? ■ Do the child/young adult and his/her family qualify to participate in our programme? ■ Which type of care setting is best suited? <p>The information is used as base for decision making if the child/young adult and his/her family qualify to participate in our programme and to determine the most suitable type of care setting (i.e. SOS family-like care, foster family care, family of origin etc.).</p>	<p>Input:</p> <ul style="list-style-type: none"> ■ All documentation that guarantees the identity of the child or young adult ■ All documentation that describe the child's or young adults's living arrangements, (caregiver's presence, capacity and stability) ■ All documentation that describe the child's, young adult's well-being (i.e. educational, medical records) <p>Sources:</p> <ul style="list-style-type: none"> ■ Responsible authorities ■ Age-appropriate interviews of child/young adult ■ Interviews of family and community members ■ Teachers/early childhood education (ECD) practitioner
b. Core assessment	<p>Through the core assessment we want to establish what support is necessary to facilitate effective development of the child</p>	

	<p>and his/her family. We consider all areas of the child's well-being, capacity and development and conduct the following assessments:</p> <ul style="list-style-type: none"> ▪ Individual assessment of the child, young adult ▪ Family assessment ▪ Community assessment <p>The information is used as base for the development planning of the case.</p> <p>This assessment is normally done after taking decision on the most suitable care setting.</p>	<ul style="list-style-type: none"> ▪ Health professionals ▪ Organisations making the referral, and any other significant adults in the child's or young adult's life
<p>NB: Depending on the child's or young adult's situation as well on the national child protection system in place, the responsible authorities may conduct a formal initial assessment and provide enough information or not. If information is not sufficient to take informed decisions, we conduct the initial assessment to gather all necessary information.</p> <p>The core assessment is normally carried out after the child, young adults and/or his/her family have been registered as SOS programme participant(s). Only once we have engaged the child, young adult or family, managed his/her behaviour and provided unconditional care/safety, we can begin with the core assessment. SOS Children's Villages will take the lead in conducting the core assessment with close support and collaboration with the responsible authorities, community based organisations and other relevant stakeholders.</p>		

a. Initial assessment and decision-making

(1) initial assessment

The initial assessment of a child and a family should take into account the child's immediate safety and well-being. It should consider the immediate risks and harm factors, and also the protective influences and capacity of the child and family to deal with the present circumstances.

This should take place ideally **within the first 72 hours** following referral or sooner if the child is in urgent need (e.g. in a life-threatening situation). Exceptionally, the completion of the initial assessment could be extended, if more time is needed to collect important information, but the child's safety and immediate needs go first. In practice, initial assessments are often carried out as part of the registration process (see step d. below).

Immediately after identification of referral of a case, the gatekeeping process shall be launched based on internal procedures. This process ensures that the child/young adult or family belong to our target group and needed resources are in place. If needed the programme conducts its own initial assessment or complements missing and additional information of a child/young adult and his/her family in order to make an informed decision.

Use age-appropriate interview techniques to include the child/young adult in the assessment and conclude the assessment by discussing:

- Whether the child, young adult or family qualify for our programme (see below)
- Their best interests and what type of SOS care and support is best suited (see below)
- What next steps to plan with the child/young adult and their family (see core assessment and development planning)

Risks and urgent needs must be addressed immediately.

(2) Determine whether child/young adult or family qualify for our programme

We need to assess if the child/young adults and his/her family qualify to participate in our programme. As explained in [Part 1](#), not only should a child/young adult be part of our target group, he/she should be in one of the groups of children (within our target group) who we have decided to focus on in that particular programme location. This is so that we can achieve the greatest impact in the lives of children in our target group, with the available resources.

In each programme, we should have a list of the groups of children who we have chosen to focus on in that particular location. To identify if a child is in one of these groups, we take the following steps:



Review of the living arrangements and risk factors, and how these affect the situation of the child and family, is done in consultation with the responsible authorities and other relevant partners.

In the end, however, we have to decide as SOS Children's Villages if we are able to accept the child/young adult and his/her family to receive services provided by our programme (whether these are family strengthening or alternative care services). Of course, in cases where we are legally obliged by the responsible authorities to accept a child into alternative care, then we must comply. It should be emphasized that the decision of a child/young adult's **placement in SOS alternative care is always taken by the responsible authorities** in accordance with the national legislation and based on the agreement between the authorities and SOS Children's Villages.



Initial child assessment, initial family assessment

Please see [ANNEX](#)
These tools are supported by PDB2



(3) Determining the best interests

Identifying the most appropriate response for a child/young adult without parental care or at risk of losing it generally requires carefully balancing many factors. Decisions on resettlement or local integration are likely to have a fundamental and long-term impact on the child. Before taking such a decision a best interest determination (BID) must be carried out to ensure sufficient focus on the child's rights when choosing:

- **the most appropriate response and**
- **the right timing if change is necessary**

This analysis must be done based on information collected during the initial assessment.

If, when undertaking the best interest determination, it is not possible to determine which response is in the best interests of the child, the temporary care arrangements should be maintained and the case reviewed. This must be done in one year at latest.

If already separated from family, family reunification, whenever feasible, should generally be regarded as being in the best interests of the child. Once the family is traced, family relationships verified, the willingness of the child and the family members to be reunited has been confirmed, and the child is not exposed to abuse and neglect, the process should not normally be delayed by a BID procedure. For more information

on reintegrating children with its family of origin, please go to chapter '[consideration for reintegration of children and young adult with the family of origin](#)'.



Best interest determination (BID)

For further information on [best interest determination](#), please see: UNHCR Guidelines on Formal Determination of the Best Interests of the Child, May 2006

Following the determination of the most suitable care setting for the child, all the required legal formalities should be undertaken to enable the guardian of the child to be legally responsible. This process ensures the legal placement (caregivers other than biological parents).

In situations where the child's parents are absent or are incapable of making day-to-day decisions in the best interests of the child, and the child's placement in alternative care has been ordered or authorized by the responsible authorities, 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.

Such legal responsibility should be attributed by the responsible authorities and be supervised directly by them or through formally accredited entities. Accountability for the actions of the individual or entity concerned should lie with the designating body.

(4) Registration

After the initial assessment of a child and/or his/her family of origin and the best interest determination we register their basic data and the results of the initial assessment (risk factors, target group information etc.) and best interest determination (type of care setting and support) in our internal registration system which complies with personal data protection standards (see more details with [guideline 10](#)). The registration should be completed **within no longer than two days after the initial assessment**.

Registration of children and families in the Programme Database



When entering a child or a family into the programme database, information is captured on the adequacy of the care situation, including background data on initial living arrangement and the underlying risk factors. The Programme Database (PDB2) system supports the saving of **initial assessment** and **registration** (basic data needed for registration and statistical information).



Registration

Please see [ANNEX](#)
These tools are supported by PDB2



b. Core assessment

The core assessment follows the initial assessment and provides a more **in-depth view of the child's and/or family's situation**. Ideally this should be carried out **within 14 days after the initial assessment** at the latest. Through the core assessment we want to establish what support is necessary to facilitate effective development of the child/young adult and his/her family.

A core assessment addresses the central or most important aspects of the needs of a child/young adult and his/her family and the resources from SOS Children's Villages and the community to respond appropriately to these needs within the wider family and community context. It is intended to provide information on what is

happening to children/young adults during SOS care placement or families while being supported through an SOS family strengthening programme and the wider context of the community in which they live. The result is a clear understanding of a child/young adult's and their family's needs, currently available resources of the formal/informal support system, as well as gaps in needs and resources and as such serves as a solid foundation for the formulation of an Individual and/or Family Development Plan. In addition, the assessment can provide a baseline of information against which a child/young adult's and family's future development can be measured.

Individual core assessment of children/young adults

- establish what support is necessary to facilitate effective development of the child and his/her family
- consider care, food security, accommodation, health, social and emotional well-being, education and skills, livelihood, protection and social inclusion
- use age-appropriate interview techniques to include the child/young adult in the assessment
- use the outcome of the core assessment to create a development plan

Family core assessment

- take into account the ability of the parents/caregivers to protect the child and to respond to their needs
- consider the way in which the family functions and the presence of other supportive adults
- use the outcome of the core assessment to create a development plan



Community assessment

- Consider social and cultural context
- Take into account the availability of assistance for the family and the child/young adult, protective mechanism in the community and access to educational facilities, health care, security and child protection networks

(1) Individual core assessment for children and young adults

The individual core assessment looks beyond just the child's basic, immediate needs. In addition to the initial assessment where we consider risks, harm factors and immediate needs, the core assessment identifies all areas and strengths of the child's well-being, capacity and development. It should also cover the child's personal and developmental characteristics, family and social environment, medical history and any special needs.



Core assessment and eight SOS well-being dimensions

The information gathered for the core assessment shall be linked to the eight dimensions of well-being. These eight dimensions are:

- Care
- Food security
- Accommodation
- Health
- Social and emotional well-being
- Education and skills
- Livelihood
- Protection and social inclusion

How long a core assessment takes will vary according to the context, availability of information as well as the needs of the individual child. Rushing an assessment may mean that crucial information is missed, while taking too long may mean that the child is left in a vulnerable situation. The outcome of the core assessment is the basis for the development plan.



Child core assessment

Please see [ANNEX](#)
These tools are supported by PDB2



(2) Tracing of the family

In case the family of origin is unknown, we need to trace the family first. Responsible authorities in partnership with SOS should formulate clear policies to address situations where a child has been abandoned anonymously, which indicate whether and how family tracing should be undertaken as possible.

Good tracing is proactive but the safety of the child and his or her family comes first. We consider carefully how to share information across key stakeholders involved in tracing while maintaining confidentiality and the safety of individuals. Never disclose, on a photograph or a list, the current location of the child to a stranger. We should display only the minimal information about a child in public and private places. Family tracing can be done through:

- Going to the last known address of the family;
- Contacting relatives and neighbours who might know the family;
- Consulting institutions or organisations that might have information on the family;
- Visiting shelters and camps where the family might be;
- Checking hospitals, mortuary and cemetery records which might contain information on the family.
- Mass tracing through display information about child in public and private places, photo tracing, radio broadcasting or tracing through newspapers

(3) Family core assessment

To get a better understanding of the family we conduct a formal family core assessment. It offers us an opportunity to sit down with a family and develop an understanding of who they are. This assessment will be done for families receiving SOS family strengthening services (including families who have been separated from their child who is now living in alternative care). It is essential that the family assessment includes components about the daily life of the family as well as the environment in which they live. The information collected needs to detail a family's strengths, culture, routines, and goals. As an information gathering tool, the family core assessment focuses on the family routines and the child's abilities, needs, and supports. It should also focus on the resources the family uses to support child development. The family core assessments typically assess:

- Family members' development needs
- Parenting/caregiving capacity
- Social and cultural context
- Community & wider family influences
- Economic factors

It should be linked to the eight SOS well-being dimensions.

Through active listening, feedback, and sharing information, a family assessment is able to capture the life of a family and informs service delivery needs. It should engage family members (including children) in conversations with each other or with the professional to consider the present, the future, successes, and challenges.



Family core assessment

Please see [ANNEX](#)
These tools are supported by PDB2



(4) Community assessment

Communities are typically defined by a geographic area. However, they can also be based on shared interests or characteristics such as religion, race, age, or occupation. People within a community come from different backgrounds and have unique cultures, customs, and values.

The community assessment aims to identify the availability of assistance for the family and the child, and other protective mechanisms in the community. This assessment should be reviewed regularly (at least once a year).

The community assessment shall contain the following:

- Assessment of the surrounding community environmental factors such as access to educational facilities, health care, security and child protection networks.
- Assessment of the family standing in the community.
- Assessment of community support networks and key stakeholders.



Community assessment

Please see [ANNEX](#)
These tools are supported by PDB2



Development planning

The overall purpose of a development plan is to **safeguard and promote the interests of the child**. This plan should be based on the assessments and identify what should happen to meet the identified needs, who should do it, and when the actions should take place.

The development plan sets out how on a day-to-day basis the child will be cared for and supported, and the arrangements for matters such as contact, medical care, education/training, as well as details of the child's family of origin. SOS Children's Villages will take the lead in drawing the development plan with close support and collaboration with the responsible authorities, community based organisations and other relevant stakeholders.

Planning shall be conducted together with relevant stakeholders through consultative meetings and discussions. The overarching aim of these consultative meetings is to draw an **individual development plan** for each individual child.

a. Planning meeting

An effective way of collecting all necessary information to draw up a development plan is to conduct a planning meeting with all relevant stakeholders.

- It is crucial to organise firstly a meeting between the child/young adult and the SOS parent (mother) in her role as supporting resource.
- Another formal meeting with all relevant stakeholders will follow to discuss about the child development need.
- For the review meeting, the group of participants will be smaller.



Planning meeting stakeholders

This planning meeting will involve a discussion on the child's care and development needs, including physical health, education, psycho-social and emotional needs and how these are to be met. The participants of a planning meeting may include (but not limited to):

- The child (if appropriate)
- The parent(s) or extended family members
- The case worker
- The SOS mother/SOS parent/foster carer
- Programme coordinator(s), programme director
- The supervising social worker from relevant authorities
- Any other relevant professionals, e.g. educator, youth development co-worker
- Anyone else considered appropriate or who will have a role in the placement

For the child that will grow up within the family of origin, a **family development plan** must be developed if the family is supported through SOS family strengthening services (parental or kinship care supported through family strengthening). For the child in alternative care, the referral authority (or SOS) renders services to family of origin to enable them to be able to adequately care for the child in the future.

In case a child is living in an alternative care setting and prepared for reunification with his/her family of origin, an individual child and a family development plan have to be set up (for more information on reintegration see chapter '[Considerations for the reintegration of children and young adults with their family of origin](#)').

b. The individual development plan for children and young people (IDP)

The individual development plan is a dynamic process of recording decisions and setting goals with the involvement of the child/young adult. The IDP summarizes the child's (young adult's) **developmental needs** (education, health, psychological, social, emotional, physical), short term targets, long term plans and aspirations which contains or refers to the **child's record of achievement**.

For young adults in family-like care, foster care or small group homes the leaving care plan will be part of the IDP process. For young adults, a **leaving care plan** sets out the route to the future and captures their goals, wishes and needs for support as well as how those will be met on their journey to self-reliance. Thorough participation is at the heart of the leaving care planning process to ensure that young people are the authors and leaders of the steps they will set to transition out of care with the best possible outcomes when it comes to their life after care.

Individual development plans should be updated at least once a year. The case worker is responsible for coordinating and compiling the plan.

Leaving care plan



For further information on how to set up a leaving care plan and the necessary case management steps involved, please see: <https://www.sos-childrensvillages.org/prepare-for-leaving-care>



Individual development plan

Please see [ANNEX](#)
These tools are supported by PDB2



c. The family development plan (FDP)

For the child that will grow up within the biological family (parental or kinship care supported through family strengthening), the working document necessary needed to make an efficient monitoring of the family progress is the family development plan. The FDP is a working document developed jointly with the family (including caregivers, children, other family members and other relevant stakeholders) and the programme team. It specifies the contribution of SOS and the family in view to fulfil the needs of the child(ren), the goals and on the other hand, the duration of the support. It is like an agreement between involved parties and is reviewed once a year.



Family development plan

Please see [ANNEX](#)
These tools are supported by PDB2



Children and families in emergency situations

The present user manual should continue to apply in emergency situations arising from natural and manmade disasters, including armed conflicts, as well as any situation where a child is at immediate risk.

In individual **emergency situations** (vulnerability level = very high), the **assessment may be a relatively quick and straight forward process concentrating on basic needs** (for example food and shelter). Where there is an immediate risk to the child (for example the child is living with the perpetrator of abuse or violence), immediate intervention will be prioritized before a core assessment and development plan is developed.

In emergency situations (i.e. armed conflict, epidemic or natural disaster) make sure first that the child is not exposed to any harm. In case of separation from his or her family, we make efforts to reunify the child with the family by tracing the family and prepare the reunification.

For further info, please refer to the minimum standards for child protection in humanitarian action:
<http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>

Implement development plan

The provision of care and support services to children and families is not described in detail in this user manual which focuses on the gatekeeping process. The implementation phase includes all necessary steps to support a child or young adult during care or a family while supported through family strengthening services. The development plans (IDP and FDP) are the leading documents throughout this phase. Regular reviews of achievements and adjustments of necessary support are necessary and will be described in the review phase below.



Strengthen relationship with the family of origin

Throughout the implementation of alternative care it is important to strengthen the child's/young adult's contact and relationship with its family of origin. Facilitate and encourage visit to parent/s or member/s of extended family (if in the best interest of the child/young adult).

GUIDELINE 7: We regularly review the necessity and suitability of the existing care setting



Review assessment

Any care placement and support provided to a child and its family must be subject to 'regular reviews' to determine its continuing appropriateness. The whole purpose of the review is to **examine the necessity and suitability of the current care placement and the support provided**, to improve the quality of including, in particular, the child's return to his/her parents or extended family if in his/her best interests.

Any change of care setting as a result of a regular review must be determined and managed in accordance with relevant provisions, notably regarding proper preparation and the procedures to be respected. After a child is placed into alternative care, regular reviews allow care professionals to monitor the child's well-being and adjustment. Case reviews include: assessing family support services to determine if they are meeting needs, engaging with other stakeholders who can give insights into the child's adjustment, and encouraging children and family members to share their views and concerns (individually and confidentially to ensure their full views are heard). Any issues should be addressed immediately by appropriate follow-up, such as linking the child or family to relevant services.

The **regular review assessment** should be done **every 12 months** at least. In detail this entails regular review of:

- Core assessment and development plan (IDP and/or FDP) information
- The necessity (is the alternative care placement genuinely needed?) and suitability (is the care appropriate for the child?) of the care placement
- Provided support and agreements between SOS, the child/young adult, the family of origin and relevant stakeholders

A dedicated committee with clear roles and responsibilities should conduct the regular review. This committee should be guided by clear terms of reference. The National office programme team could support the committee (by being part of the team or ensuring quality outcomes).

Outcome of the regular review:

- If the outcome of this regular review shows that it is in the best interests of the child and/or his/her family of origin to continue the care placement and/or the support, we go back to the planning phase, plan accordingly and continue with the adaption of necessary support and the care placement.
- If the outcome of this regular review shows that there is a more suitable care option for the child (reintegration with the family of origin, transfer to a different care setting outside of SOS Children's Villages etc.), we prepare the child and his/her family of origin for the change (see below [preparing](#)

[for and support change](#)). This must be done in partnership with the responsible authorities that are ultimately responsible for taking these decisions.

There are a number of key elements that should be considered when reviewing the necessity and suitability of a child's care placement. These include but are not limited to:



Applying the key elements of necessity and suitability

There are a number of key elements that should be considered when reviewing the necessity and suitability of a child's care placement. These include but are not limited to:

Question 1: Is the alternative care placement genuinely needed?

- Address social factors that can provoke family breakdown (e.g. discrimination, stigmatisation, marginalisation...)
- Improve family support and strengthening services
- Consult with the child, parents and the wider family to identify other relevant care setting
- Ensure a robust gatekeeping system with decision-making authority

Question 2: Is the care appropriate for the child?

- Ensure the current care settings meet minimum quality standards
- Promote and facilitate appropriate contact with parents/other family members

Necessity and suitability of care placements



For further information on the key elements of necessity and suitability, please see: <https://www.alternativecareguidelines.org/Portals/46/Moving-forward/Moving-Forward-implementing-the-guidelines-for-web1.pdf>

GUIDELINE 8: We prepare and support children, their caregivers and families when the care setting of a child changes



Prepare for and support change

Key to the success of a change of placement process is the planning and support that is in place to provide the correct guidance to the child, his/her caregivers and the family. This would require that his/her individual development plan is formulated looking at both the developmental and care needs moving forward. We need to develop a family development plan that focuses on the development and capacity building needs of the family to successfully care for the child being placed in the new care setting. Once this is in place the change of placement can take place with the designated staff providing the agreed support to the child and family. The keys stakeholders required in this process are: the child, the caregiver (may be SOS parent), the family, other support network and the programme.

Due to the disruptive nature of a change of care setting, **it is crucial that all attempts be made to ensure that the change is carried out as smoothly as possible**. The support that will be provided can take on the following forms: Childcare and parenting skills development, livelihood support, education service, nutrition

service, health service, psychosocial support or any other form of support that will be necessary to allow the child to successfully reintegrate back with their family and the community or to change to a different care setting.



Preparation for change is crucial

The preparation of the child, caregivers and the family starts as soon as it has been decided that another care setting would be more suitable for the child. How long this period of preparation lasts depend on each individual case. Together with relevant stakeholders, we support the child, his caregiver and family before, during and after to the new care setting (for as long as he is programme participant). Also the length of the support provided after the child has changed care setting depend on the type of new care setting as well as the capacity of the family to care for the child.

GUIDELINE 9: We make sure that a follow-up assessment is conducted in cases of reintegration of children with their families of origin



End of SOS support/referral

Most often we end SOS support when the goals of the child and family, as outlined in the development plan, have been met, the child is safe from harm, their care and well-being is being supported, and there are no additional concerns. Other reasons SOS support can be stopped are:

- The family, young adult no longer want support
- The regular review outcome showed that there is a more suitable care setting for the child or young adult and referral to another organisation is in the best interests of the child or young adult

The referral of a case indicates that the full responsibility for coordination of the development plan, follow up and monitoring of the child, is being handed over to the responsible authorities or another organisation. When transferring a case, you will need to put in place a clear plan for hand-over to the receiving stakeholder, and clearly communicate this to the child and the family.

Follow-up assessment

Generally, it is recommended to follow-up on any case that was supported through SOS Children's Villages no matter if it's a child who was in one of our alternative care settings or a family supported through family strengthening services. But **for children who have been reunified with her/his family of origin this is a mandatory step**. A follow-up assessment of the child's care situation is conducted three to six months after support has stopped and can be repeated as required (if applicable and in line with national regulations).

After a child has been reunified with its family of origin or changes to a different care setting (e.g. referral to other care provider), we make sure that we follow-up on the suitability of the new care setting and on the child's and family's well-being. Before conducting a follow-up assessment with a child and/or a family we need their consent. This consent must be received if possible in written during the preparation for ending any support services to a family or preparing a child for reunification or change to a different care setting.



Follow-up assessment

The follow-up assessment should be conducted in the family's house and community if possible. This will allow getting the best overview of the child's and family's situation. The case worker should follow a structured process to conduct the assessment.

The following process should be followed:

- Review all observations made throughout the follow-up support phase.
- Consider with the child and family the overall progress they have made against the planned objectives.
- Consult with other service providers (including psychologists, educators, teachers, members of the community, etc.) to obtain a broad range of perspectives; and carefully assess the likelihood and potential severity of risks to the child.

The child or young adult should be sensitively informed that the case worker's visits will soon end, and when that will happen. A final step to close the case is a final assessment with the child or young adult and the family of origin. This final visit in the community should be documented and the outcome shall be shared with relevant stakeholders.

After the exit from the programme a 3 months observation period/assessment period will start. Once this period has ended, existing int. sponsorships will be cancelled and the sponsors informed.



When a follow-up assessment is not possible

We acknowledge that in some cases a follow-up assessment cannot be conducted:

- If the child, young adult or family does not agree to conduct a follow-up assessment
- If the child, young adult or family is not accessible (e.g. moved abroad or the child has been adopted)
- If the child, young adult has changed to a different alternative care setting from another care provider



Follow-up assessment

Please see [ANNEX](#)
These tools are supported by PDB2



GUIDELINE 10: We keep up-to-date records of a child and his/her family to track progress and inform planning and decision making



The **records of children in alternative care and children and families supported through family strengthening services must be complete, up to date, confidential and secure**. The case records must include information on the details of the care placement of each child and the support provided to families. These records should follow a child and a family throughout the time that they are benefiting from SOS programme services (alternative care and/or family strengthening) and be reviewed and updated regularly until case closure. The monitoring system, which follows the case management and gatekeeping process and provides tools to track the child's and family's development is the Programme Database (PDB). **MA's using the PDB must keep the child and family records up-to-date in the database system**. The other MAs that are not using PDB can use masterlist with basic information on the child and the family.



Programme Database as monitoring system

In the PDB, the up-to-date records of children and families must include:

- Initial assessment and registration (basic data needed for registration and statistical information)
- Core assessment information
- Development plan information (IDP and FDP)
- Change of care placement
 - ▶ Transfer to different care setting
 - ▶ Change of support services to a family of origin
 - ▶ Information if a child is planned to be reunified with its family of origin
 - ▶ Exit information from an SOS programme
 - ▶ Follow-up information for children who have been reunified with its family of origin

It is important that staff is able to use the Programme Database system at both the programme and national level. This means that those operating the system should be trained. Such training should include exercises in analysing actual data from the system and using it for individualizing support provided to participants, as well as contributing to programme learning.



Tracking information in the Programme Database



Mandatory information to be stored in the Programme Database is highlighted in the supporting tools (see list of tools in [ANNEX](#)).

For further information on the Programme Database, please see:
https://soscv.sharepoint.com/sites/WS_000180

CONSIDERATIONS FOR THE REINTEGRATION OF CHILDREN AND YOUNG ADULTS WITH THEIR FAMILY OF ORIGIN

Reintegration of children and young adults with their family of origin should not be seen as a single, one-off event, but rather a **longer term process** with different phase, including extensive preparation and follow-up with proper support services provided to families and children at each step of the way. Over that period, the ultimate goal of reintegration is not just the sustained placement of the child with the family of origin but also concerns the path to a happy, healthy adulthood.



How to make sure the required level of quality for reintegration of children with their family of origin?

Additionally to the key concepts mentioned at the beginning of Part 2, we agree on the following statements about the required level of quality for reintegration processes:

- To ensure that reintegration is successful, it is as vital to **invest in families as it is in children**.
- We acknowledge the importance of **family unity to child well-being** and development. This means that it is fundamental to explore as a first priority reintegration of children with their families of origin other than looking for other alternative care.
- We recognize that in order to make the reintegration processes safe, effective and then sustainable, it has to be **embedded in an existing child protection system**. This mean that as an organisation we may not work towards reintegration alone; it is vital that we work with the responsible authorities (which is ultimately responsible for taking the decisions) and other stakeholders for the sake of creating synergy to mobilize resources (financial and human). Depending on the national gatekeeping system and implementation partners, the role of SOS Children's Villages in the reintegration process must be clearly defined.
- As part of reintegration processes it is also vital to build on the strengths that exist in all contexts and to find creative ways to **support children's reintegration that responds to local realities**; for example, through the use of community groups, trained volunteers and also by adopting appropriate approaches to reintegration.
- **Adequate resource** (financial & human) need to be committed so as to realize positive effects in the short as well as in longer term on the individual child and family. It is also vital to be flexible when committing fund so as to allow reintegration processes to occur at each child's own pace and should not set targets which encourage rushed reintegration or focus on quantity over quality.
- **Linking alternative care and family strengthening competences** in well-coordinated multidisciplinary teams ensures that everyone supporting the child/young adult during reintegration with his/her family of origin works together and there are no overlaps as well as gaps in the provided services. These teams are time-efficient, resource-effective and create shared responsibility and investment. In the frame of reintegration such a team may consist of several professionals with different backgrounds who can be employed by SOS Children's Villages (i.e. caregiver, physician, psychologist, pedagogue, speech therapist, etc.) as well as professionals from other organisations or service providers (i.e. responsible authorities, schools, partner's NGOs etc.).
- After reunification it is vital that the case worker evaluates the child's well-being during a **follow-up assessment**, identifying and quickly responding to any signs of abuse, violence, exploitation or neglect.
- A **safety plan** must be developed with children so that the children know who to contact if they face harm once reintegrated or if the reintegration breaks down.



Children and young adults with special needs

It is important to consider children who have special needs and who are at higher risk when being placed back into their community.

Special considerations need to be taken to ensure that if a child with special needs that can affect his/her path to autonomy is going to be reintegrated, the community and family are able to provide the appropriate care and support. If this is not possible, a more suitable care setting needs to be found. In these cases we refer the child with special needs to another service provider who is best placed or more suitable to provide such support or services.

To ensure that reintegration is successful, we follow the gatekeeping process as described in Part II above. The following five considerations need particular attention when assessing, preparing and reunifying children and young adults with their family of origin:

CONSIDERATION 1: Assessment of the potential for reintegration

Reintegration is an ongoing consideration for each child in alternative care. The possibility of reintegration must be regularly reviewed as explained in Part II. The outcome of this regular review is necessary for taking a grounded decision whether a child or young adult can be reunified with her/his family of origin or not. The outcome and a following recommendation must be shared with all involved stakeholders (e.g. responsible authorities).

In order to ensure that the child's assessment is effective, the case worker will need to consider three areas for assessment (in practice these areas will be looked at in combination):

Assessment of the child/young adult

Beside the information collected from regular core assessment, development plan and regular reviews (as described in Part II), one important step is to assess the child's readiness for reintegration. This is essential to the success of the intervention.



Child's readiness assessment

The case worker (SOS reintegration team and any other stakeholders needed for the specific case e.g. responsible authorities, NGOs, CBOs) will assess the following:

1. Assessment of the child's readiness (this would entail assessing the child's strengths, weaknesses, developmental stage, self-concept and image) for reintegration.
2. Based on the assessment of child's readiness, develop a plan to mitigate weaknesses.
3. Monitoring of the child's progress on implementation of the designed plan.

Assessment of the family of origin and confirming eligibility

In case the family of origin is unknown, we need to trace the family first. More information on [family tracing](#) can be found in Part II. We need to make sure that the family of origin is committed to provide the child with appropriate care. Therefore the case worker and any other stakeholders needed for the specific case e.g. responsible authorities, NGOs, CBOs) will assess the following eligibility criteria for reintegration:

- The child is willing to be reunified with his/her biological parents or member/s of extended family.

- The biological parents or members of the extended family are emotionally and psychologically stable and free from terminal illness that may hamper them to provide appropriate care & protection.
- The reunification will ultimately serve the best interests of the child.

Additionally to the information gathered in the core assessment and development plan (as described in Part II), the following requires consideration:



Assessment of the family of origin

- Assessment of the original reason for separation and if this has been resolved.
- Assessment of the current family structure.
- Assessment of the current living circumstances of the family unit i.e. physical structure, access to basic resources and willingness to care for the child.
- Assessment of parental skills and family stability, financial sustainability.
- Assessment of support needed to ensure a successful reintegration.
- Development of a plan to support the integration of the child.

More details on [assessment of the family](#) can be found in Part II.

Assessment of the surrounding community

The third area of assessment would be to understand the community and the resources and possible safety risks that exist. More information on the [community assessment](#) can be found in Part II.

Once the assessment has been completed successfully, we move to the next step, namely taking a decision for or against reintegration.

CONSIDERATION 2: Decision for or against reintegration

After assessing the potential for reintegration, a decision whether or not reunification is in the best interests of the child or young adult must be taken. This decision must take into account the individual child's circumstances, strengths, vulnerabilities and developmental needs and the likely availability and acceptability to the parents/older children of any services that may be necessary to **ensure that care is improved and sustained**.

When taking this decision we aim to engage the child, the parents (or caregivers), case worker and other professionals. The final decision must be taken by responsible authorities and the reintegration team. In case the final decision will be taken by authorities we shall communicate our recommendation to them. In these cases we have a supporting and advising role to play, even if we find the decision inadequate and/or other obstacles exist, making it impossible to fulfil all rights simultaneously. Sometimes, we may need to make difficult choices about which rights to prioritise in the short term, whilst still maintaining the eventual goal of fulfilling them all.

Once the decision is made to re-unite the child with its family, the reintegration must be planned as a developing process. The process will be supervised and supported as well as evaluated in follow-up assessments.



Informing the department of sponsorship and 'individual giving' (IG) on the planned reintegration

In cases of planned reintegration of children with their family of origin, this information must be saved in our case management systems (Programme Database). Immediately after the decision was taken (or communicated to SOS Children's Villages by the responsible authorities) that the reintegration process shall start, we need to update the child's record in PDB (activate the 'reintegration process started' checkbox and enter the planned date for reunification).

Informing the department of sponsorship and IG of the conducted reunification

Once the reunification has happened (the child has left the SOS programme and is living now with his/her family of origin), we confirm this to the department of sponsorship and IG by exiting the child from the programme in PDB (even if the acknowledgement form from the responsible authorities is still pending). From this moment on the child will be in a 'pending' status in the int. child sponsorship programme for a period of three months. After these three months, the child will be finally cancelled from the int. sponsorship programme.

CONSIDERATION 3: Preparation for reintegration

Reintegration should be considered as a longer term process with different steps including extensive preparation and follow up. It should not be considered as one-time event or operation. For the sake of putting a realistic timeline the recommendation is that a **minimum of three months** if contact has already been established between a child and his/her family of origin, and if there is no such contact established prior to starting the reunification process then the recommendation would be a **minimum of six months**. In general, it is still crucial deciding on an appropriate timeline case by case as this depends on the situation and needs of the child/young adults.

A professional preparation for reintegration is vital to ensure a successful reintegration. The main objectives of this preparatory step are the following:

- Facilitate conditions for the reintegration of children with their parents and members of the extended family and promote their all rounded development.
- Support parents and/or members of extended families to re-assume their responsibility to provide appropriate care and support for their children.

Facilitate conditions for children's adjustment in the community and create opportunities in which children can interact in the community life, learn socio-cultural values and norms of the community for their proper development and reintegration.

Putting in place a **reintegration plan** for each child (as part of the individual child development plan) is a good strategy so as to address the needs of child and family. Having a clearly articulated plan can be vital for managing expectations and facilitate successful reintegration processes. Therefore, it is essential and should also be taken as obligatory to have such plan in place.

Preparing the reintegration plan involves working with the family of origin on necessary support to clearly agree on any support the family will need to ensure a successful reintegration. Where possible, especially where dynamics are complex, it is recommended to use methods such as a family conferencing meeting is organized involving the child and family members where children and family members come together to develop a plan for the child with the facilitation of professionals.



Preparing a child for reunification with its family of origin

- Notify the child about the findings of the family tracing to keep the child psychologically prepared for the reintegration/reunification process.
- Offer counselling to the child and SOS mother/parent (SOS family) to avoid possible adjustment problems. It is advised that SOS mothers/parents have been trained on how to deal with grief as it will seem like a loss as the child leaves.
- Offer psychological, economic and legal advice and counselling to the family creating awareness as to the nature and rationale of child-family reunification, to avoid any possible post-reunification adjustment problems.
- Provide medical check-up and treatment for the child.
- Facilitate and encourage visit to the family of origin before reunification
- Collect the child's transcript and other educational evidences from schools to enable smooth transition of his/her enrolment after reunification.
- When necessary, materials such as bed, blanket, bed sheets etc. shall be ready.
- Provide necessary appliances for children with disabilities, if any.

CONSIDERATION 4: Reunification

With the reunification of a child or young adult with his/her family of origin care formal guardianship of the child/young adults pass back to his/her family of origin and its community. It may take place at the SOS family home, in the family of origin's home, or in a neutral location. Since this event is emotionally challenging for children, it is recommended that they be given as much control over it as possible: choosing the case worker to accompany them, choosing how the event should be organized and who shall be involved, choosing what to wear, etc.

Consider the following three areas when preparing the reunification of a child with its family of origin:

- **Finalize arrangements**

The point of reunification becomes the opportunity to finalize arrangements of necessary support services for the child and the family of origin (e.g. involvement in an SOS family strengthening programme or provision of family strengthening services) or specific support is agreed upon, enrolment with the new school, nursery or health service providers. Negotiate with the main caregiver of the family of origin the use of available funds (int. money gifts), if available. If no agreement on the use of these funds can be reached, we can hold the money in trust for the child until they legally become adults.

During this phase all court orders (if applicable) are completed and the physical change of care placement takes place. The information about the concluded reunification shall be shared with relevant stakeholders.

- **Transfer of care back to family of origin**

As far as possible, parents or caregivers should state in writing their willingness to resume responsibility for the child and that they understand the implications of this. Where required, the case worker submits documentation to the appropriate authorities (e.g. child welfare authority) for formal approval.

- **Farewell and celebrating the child's return**

Children benefit from receiving proper support to say farewell to their SOS family and friends and to discuss how they might stay in touch. If appropriate and the child/young adult gives his/her consent, a simple farewell party or ceremony may help the child to say goodbye. This farewell can be organized in the SOS Children's Village or a welcome party in the community, the child will be returning to, if appropriate.

Support during and after reunification:

The way the care setting, in which the child is placed after reunification, is prepared will affect the child's ability to settle in her/his new environment. The more effectively the environment is set up the less insecurity and fear is experienced by a child. We need to ensure that the care placement setting is conducive to the child's needs.

The following services may be provided during and after the reunification of a child with its family of origin (but not limited to these):

- Ensure that children have access to essential services required fulfilling their survival and development, protection and participation rights. This includes educational, nutrition, health and psycho-social support; improvements of living conditions.
- Support the family to build their capacity to protect and care for their children. This includes supporting caregivers to develop their parenting knowledge and skills; to secure a stable source of resources (e.g. income and food production) to provide for their children's development needs now and in the future; and to manage their resources efficiently.
- Strengthen support systems for vulnerable children and their families within the community. In particular, support is given to community members (from the target group, relevant service-providers or other concerned members of the community) to self-organise so that they are able to develop and sustain their own responses to the needs of vulnerable children and their families.

A reunion agreement should be signed between the family and the organisation in the presence of the responsible authorities. This reunion agreement should outline who and how necessary support for the child and his/her family are provided, until when monitoring and follow-up will take place and when the support will end (self-reliance targets).

CONSIDERATION 5: Follow-up and monitoring after the reunification

It is essential that **we carefully monitor children on their return to families**. Face-to-face visits are important, though this can also be partially done through calls. Communities can assist with monitoring, but a case worker must also be involved.

Children, families and communities will need different forms of follow-up support which may include the continuation of: support to address the root causes of separation, such as parental skills, assistance accessing basic services such as health and education or therapeutic support and mediation. Addressing the root causes of separation within the family and community is vital for preventing re-separation.



Follow-up on a child after being reunified with its family of origin

A follow-up assessment of the child's care situation is conducted three to six months after reunification of the child with his/her family of origin and can be repeated as required (if applicable and in line with national regulations and depending on the reintegration plan)

It should focus on three areas of intervention:

- **Monitoring and follow-up** - It is vital that each child's safety and well-being is monitored carefully after reunification. Follow-up implies a routine check in session with the child/young adult to inquire on concerns the child/young adult may have and is mandatory for children who have been reunified. Additionally we need to monitor the use of available funds (int. money gifts) to make sure it is used according to made agreements (reintegration plan).
- **Mentoring and counselling** – Reintegration for a child/young adult can be very stressful and requires support on an emotional level. The role of the mentor is to be a role model to child/young adult that allows them to experience the life change that is taking place in a safe space but also provided the opportunity for role modelling to allow for life guidance.

- **Support services** – Specific and necessary support after reunification may be delivered directly by SOS case workers (SOS family strengthening and or alternative care case workers) or through referrals to other service providers, though SOS case workers should always coordinate the assistance provided.

We must make sure that the support after reunification is properly planned and budgeted for. If the reunified child and the family need further support and monitoring, the family ideally will be supported through family strengthening services.

Where problems are discovered, it is important that staff is able to take action. Action may include more regular monitoring of the family and child or greater support to the family and child (e.g. increased counselling, more support for parental skills, more support to schooling or more effective economic strengthening).

ANNEX

Supporting tools

Draft versions of supporting tools are ready and can be found on:

https://soscv.sharepoint.com/sites/WS_000180/Wiki/Assessment%20paper%20forms%20-%20by%20case%20management%20steps.aspx. Final versions will be ready in 2019.

Literature list and further readings

During the development of the gatekeeping policy support document and the user manual the following internal and external resources were used:

- **Alternative Care in Emergencies Toolkit (2013):** Interagency Working Group on Unaccompanied and Separated Children published by Save the Children on behalf of the Interagency Working Group on Unaccompanied and Separated Children.
 - ▶ https://www.unicef.org/protection/files/ace_toolkit_.pdf
- **Ageing out of care: from care to adulthood in European and Central Asian societies (2010):** SOS Children's Villages International Innsbruck, Austria
 - ▶ <http://www.sos-childrensvillages.org/getmedia/460cd5c3-887e-4e54-87f5-734f5370b927/Folder-Ageingoutofcare-RZ-screen.pdf>
- **Child at risk - the target group of SOS Children's Villages (2016):** SOS Children's Villages International, Author: Valérie Jans
 - ▶ https://collaboration.sos-kd.org/Workspaces/WS_000083/Shared%20Documents/Publications/Research-and-Positions/SOS_TargetGroup_internal.pdf
- **Inter-agency guidelines on case management and child protection: Child Protection Working Group (2014),** Geneva Switzerland
 - ▶ <http://cpwg.net/wp-content/uploads/sites/2/2014/09/Interagency-Guidelines-for-Case-Management-and-Child-Protection.pdf>
- **Guidelines on determining the best interests of the child UNHCR (2008).** Geneva, Switzerland
 - ▶ <http://www.unhcr.org/4566b16b2.pdf>
- **Guidelines on Case Management Procedures for FBC,** SOS CV international Office CEE/CIS, March 2015
 - ▶ [SOS collaboration platform](#)
- **Guidelines for the Alternative Care of Children: United Nations Framework (2010):** SOS CVI and ISS
 - ▶ https://collaboration.sos-kd.org/Workspaces/WS_000083/Shared%20Documents/Publications/External%20framework/101203-UN-Guidelines-en-WEB.pdf
- **Guidelines for the alternative Care of Children, United Nations, General Assembly (2010)**
 - ▶ <https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Care%20of%20Children%20-%20English.pdf>
- **Guidelines for kinship care, foster care and supported independent living in Liberia (2014):** Government of Liberia, Ministry of Health and Social Welfare
- **Guidelines on Children's Reintegration (2016):** Inter-agency group for Children's Reintegration
 - ▶ <https://bettercarenetwork.org/sites/default/files/Guidelines%20on%20Children%27s%20Reintegration%20DIGITAL%20.pdf>

- **Making Decisions for the better care of children: Country Case Studies**, Better Care Network and UNICEF, October 2015
 - ▶ <https://bettercarenetwork.org/sites/default/files/Making%20Decisions%20for%20the%20Better%20Care%20of%20Children.pdf>
- **Moving forward. Implementing the guidelines for the alternative care of children (2012)**: 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: Authors: Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. Geneva, Switzerland.
 - ▶ https://collaboration.sos-kd.org/Workspaces/WS_000083/Shared%20Documents/Publications/External%20framework/Moving-Forward-implementing-the-guidelines.pdf
- **Policies and Procedures for Children's Residential Centres (2010)**:HSE Dublin North East
 - ▶ <http://lenus.ie/hse/bitstream/10147/87082/1/PoliciesProcdsChildResCentres.pdf>
- **Position Paper on Migrant and Refugee Children (2016)**: SOS Children's Villages International Brigittenauer Lände 50, 1200 Vienna, Austria
 - ▶ https://collaboration.sos-kd.org/Workspaces/WS_000083/Shared%20Documents/Publications/Research-and-Positions/Migrants-and-Refugees-PositionPaper.pdf
- **Retrak: Standard Operating Procedures: Family Reintegration** (2013) Metropolitan House, Station Road, Cheadle Hulme, Cheshire, SK8 7AZ, UK
 - ▶ <https://www.retrak.org/content/uploads/2015/05/Retrak-Family-Reintegration-SOPs-revised-Apr-2015.pdf>
- **When Care Ends: Lessons from peer research (2012)**: SOS children's Village International: Innsbruck, Austria
- **Working towards sustainability, Community Empowerment in Family Strengthening** (Guidance for programmes in Africa & Middle East)
 - ▶ <http://www.sos-childrensvillages.org/getmedia/80a754d9-8832-4a16-9e7e-11ece55b23e0/PeerResearch-European-Report-WEB.p>
- Building self-reliance: Family empowerment in family strengthening

Other useful links for further readings

- **Better Care Network**, <https://bettercarenetwork.org/>
- **United Nations Convention on the Rights of the Child (UNCRC)**:
 - ▶ [Full text of the convention: http://www2.ohchr.org/english/law/crc.htm](http://www2.ohchr.org/english/law/crc.htm)
 - ▶ [Child friendly version: http://www.unicef.org/voy/media/rights_leaflet.pdf](http://www.unicef.org/voy/media/rights_leaflet.pdf)
 - ▶ [Check for the UNCRC in your language at http://www.unicef.org/voy/explore/rights/explore_2781.html](http://www.unicef.org/voy/explore/rights/explore_2781.html)
- **African Charter on the Rights and Welfare of the Child**
 - ▶ <http://www.africa-union.org/child/home.htm>
- **Quality4Children Standards (Q4C)** - <http://www.quality4children.info>
- **Council of Europe & SOS Children's Villages International**: "Children and young people in care – Discover your rights"-
 - ▶ http://www.coe.int/t/transversalprojects/children/News/enfants%20institution/text%20flyer_en.asp
- **Social services workforce** - <http://www.socialserviceworkforce.org/resources/compendium>
- **SOS Children's Villages International** - <http://www.sos-childrensvillages.org>
- **International Social Service** - <http://www.iss-ssi.org/>
- **NGO Group for the Convention on the Rights of the Child** - <http://www.childrightsnet.org/>
- **Child's Rights Information Network (CRIN)** - <http://www.crin.org>
- **Better Care Network** - <http://crin.org/bcn/>
- **United Nations Children's Fund (UNICEF)** - <http://www.unicef.org>