

**POLICY ON**  
**CHILDREN WITHOUT CAREGIVERS**

**MINISTRY OF GENDER, CHILD AND**  
**SOCIAL WELFARE**

**SOUTHERN SUDAN**

## DRAFT

This policy document was developed in August 2007 for the Ministry of Gender, Social Welfare and Religious Affairs, Department of Child Welfare, Southern Sudan.

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Materials and sources of information adapted for the development of this policy include;

- Draft UN Guidelines: For the Protection and Alternative Care of Children without Parental Care: Submitted by International Social Service and UNICEF in collaboration with the NGO Working Group on Children without Parental Care and revised by the Committee on the Rights of the Child at its May 2006 Session.
- The UN Hague Convention on Adoption 1993
- The UN Convention on the Rights of the Child
- Draft Child Bill 2007 of Southern Sudan

Sudan has experienced over 21 years of civil war between the southern and northern parts of the country. In January 2005 the Common Peace Agreement, (CPA) was signed which led to the agreement for Southern Sudan to have its own government, (GoSS) and to develop its own governance, governmental structures, economy, civil society, infrastructure and livelihoods for the people and children of Southern Sudan.

Southern Sudan and the majority of its citizens have been severely affected by the armed conflict and it has left much of the country with very limited infrastructure and a lack of basic health, education and social welfare services. Families with children are especially vulnerable to the effects of displacement, poverty, limited access to education and health facilities, a lack of housing and sanitation and a lack of psychological and welfare structures and services.

Children are the most vulnerable group and families facing hardship and extreme poverty are resorting to extreme measures to provide for their family, either expecting children to work to pay school fees, (although primary mandatory education is free in Southern Sudan) or food for the family. Many orphans face the prospect of living in extended family units where they are often treated less favourably than the birth children and either having to undertake household chores from the time they wake until they go to sleep or to beg or work within the markets. In addition many street children report that the reason they left the family unit is down to abusive or violent adult behaviour and a lack of care and nurture.

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Accurate data, (at the time of writing) is not currently available on the actual numbers or gender or ages of the children living in Southern Sudan without an adult family caregiver and therefore dependent on their own resources to clothe, feed, educate and provide shelter and nurture for themselves. Several studies have been conducted in various states within Southern Sudan over the preceding years on the situation of the children living on the streets or in markets, but no actual data have been gathered on the numbers, the ages, ethnicity, root causes for the children being in the markets and what could be done to prevent the children leaving their families and what can be done to protect the children from exploitation and abuse and provide alternative forms of care, education and vocational skills training.

Despite this there is a plethora of anecdotal evidence that large numbers of children, primarily boys are living and working in the markets and streets of the larger cities. These street children and those children left orphaned by the war or by the death of their parents by natural causes and children unable to live in their birth families due to neglect, abuse or exploitation are the subject of this policy document.

### **Glossary**

**Adoption** – the legal court process whereby a child is legally made a child of a family that they were not born into. Once a child is adopted he or she becomes a permanent child of that family;

**Adopters** – adults who through the legal process of adoption take on the role of mother or father to the child;

**Adult** – human being over the age of 18 years old;

**Authorised Person** – professional that by right of his/her job is responsible for the protection and welfare of children; nominally this would be a social worker, but other professionals may undertake various roles as decided by legislation or government policy or guidance;

**Boarding School** – an educational school that also provides residential accommodation for children. Children will return to the care of their parents or families at weekends or at the end of each scholastic term. Children continue to be the responsibility of their parents.

**Caregiver** – an adult that has the responsibility to provide care, nurture and protection to a child, whether that child is a natural child of the person or not;

**Care Plan** – individual plan of action to meet the developmental, physical, educational and psychological needs of an individual child. Each plan is regularly reviewed by a multi-disciplinary team with the child and his/her family members and caregivers;

**Child** – a male or a female person up to the age of 18 years old;

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**Children’s Panel** – a multi-disciplinary group of trained professionals, young person, foster care and adopter in each State that decides on the most suitable placement for a child that does not have an appropriate adult caregiver.

**Formal care** - all forms of residential or foster care ordered or authorised by an administrative or judicial authority or an authorised person or body;

**Foster Care** – the temporary care of a child in a family that is not related through birth;

**Foster Carer/Parent** – adult person that is trained and supported to care temporarily for an unrelated child in their family;

**GOSS** – Government of Southern Sudan

**Informal care** - any private arrangement whereby the child is looked after at least overnight by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly authorised person or body;

**Institution** – residential unit, home, orphanage, centre, shelter, emergency shelter, refuge, reformatory, that houses children without the day to day care of a member of their birth family. Residential institutions usually house large numbers of children, (more than 10) and work on a system of routines and communal living rather than providing individual care and attention for each child;

**Kafala** – “Islamic duty to save any abandoned child, and provide appropriate care and financial support for such children, which does not allow for inheritance or carrying the same family name of the caregivers.”

**Key Worker** – person who provides guidance, support and assistance to young people to develop their life skills, adapt to living in a community, to find employment and to form positive relationships within his/her community.

**Kinship care** - family-based care within the child’s extended family or with close friends of the family known to the child, whether formally or informally arranged;

**Market Child** – child that lives and/or works in the commodities markets in a city or town;

**MOGSWRA** - Ministry of Gender, Social Welfare and Religious Affairs;

**MOSD** – Ministry of Social Development in the 10 States of Southern Sudan

**Orphan** – child that has no living mother or father;

**Parent** – birth mother or birth father of a child and includes any guardian or person who is liable by law to maintain a child or is entitled to his or her custody;

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**Parental responsibility** - all the duties, responsibilities, rights, powers, and authority which, in accordance with law, the parent of a child fulfils those responsibilities in a manner consistent with the evolving capacities of the child;

**Residential care** - care provided in any non-family-based group setting;

**Review** – (statutory) multi-disciplinary meeting at regular intervals to review the welfare and progress of each child. The meeting at which decisions can be made to change the child’s placement or to work on specific areas of development identified as requiring action.

**Sibling** – brother(s) or sister(s) of an individual child;

**Small Group Home** – apartment, house or shelter that is in the community and where a small group of children live in a family style environment. A small number of consistent care staff work with the children to integrate them fully into the community activities and to develop the children’s life skills and independence. Each child has an individual care plan and key worker to advocate for him or her.

**Step-parent** – woman or male married to the birth father or birth mother of the child;

**Street Child<sup>1</sup>** – child that lives on the streets and has no family home to live in;

**Street Child<sup>2</sup>** – child that has a family and a family home to live in, but has chosen to live on the streets through family abuse, neglect or exploitation or disagreement with his/her family;

**Street Child<sup>3</sup>** – child that lives with his or her family on the streets as family has no formal housing;

**Supportive Semi-independent Living** – supported accommodation for young people unable to live in a close family environment. Assistance is provided to each young person on a personal basis according to individual needs.

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This document is the property of the Ministry of Gender, Social Welfare and Religious Affairs and the Department of Child Welfare within Southern Sudan and is the policy to be abided by when deciding matters pertaining to children in Southern Sudan who are identified as being temporarily or permanently without primary caregivers.

### **PURPOSE**

1. The Policy on the Care of Children Without Caregivers are founded on, and seek to enhance the practical effects of, the provisions of international human rights law, including the United Nations Convention on the Rights of the Child, the Comprehensive Peace Agreement, the Interim Constitution of Southern Sudan and the draft Child Bill 2007 of Southern Sudan as well as of the developing body of knowledge and experience in this sphere as reflected in other instruments and norms relating to the rights, interests, well-being and protection of children.
2. Against the background of these texts, the Policy is:
  - a. directed towards supporting all efforts to keep children within, or return them to, their family of origin and, where this is not possible or in the best interests of the child, to identify and provide the most suitable forms of alternative child care, under conditions that promote the child's full and harmonious development, as part of an integrated national child protection policy;
  - b. designed to assist and encourage the government of Southern Sudan (GOSS) departments and State Ministries of Social Development to assume their responsibilities and obligations in these respects;
  - c. equally designed to be made known to all concerned with child care, in both the public and private sectors, including civil society, and at all levels, and to be taken fully into account by them in their policies, decisions and activities.

### **FUNDAMENTAL PRINCIPLES**

1. Every individual child and young person should be given the opportunity to develop into a self-reliant, responsible and participating member of society; through living in a supportive, protective and caring environment that promotes his/her full potential. Children with inadequate or no parental care are at special risk of being denied such a nurturing environment.
2. Children must be treated with dignity and respect at all times and must benefit from effective protection from abuse, neglect and all forms of exploitation, whether on the part of caregivers, peers, or third parties, in whatever care setting they may find themselves.



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3. All initiatives and approaches falling within the scope of the present policy must respect the principle of non-discrimination, on account of age, ethnicity, ability or disability, HIV/AIDS of status of birth and should take due account of the gender perspective.
4. The GOSS and the State Ministries of Social Development should pay particular attention to groups of children in need of special support, including children with disabilities, children associated with drug abuse, children living on the street, orphans, those from a minority background, unaccompanied and separated children, children of migrant workers and children infected with or affected by HIV/AIDS.
5. The GOSS and the State Ministries of Social Development should pay special attention to ensuring that children from a minority background, as well as their families, are provided with culturally-based support and care services, and that social workers have adequate training to work effectively with them.
6. The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. Ensuring that families have access to the necessary forms of support in their care-giving role is the responsibility of the GOSS.
7. Where the child's own family is unable or unwilling, even with support, to provide adequate care for the child, or abandons or relinquishes the child, the GOSS is responsible for ensuring appropriate alternative care, with or through competent local authorities and community organisations. It is the role of the GOSS to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the alternative care placement provided.
8. The GOSS and the State Ministries of Social Development will in due time develop and implement comprehensive child welfare and protection policies, with attention to the improvement of existing alternative care provision, reflecting *inter alia* the principles contained in this Policy and instituted at every level of government.
9. All decisions related to alternative care for a child or sibling group, including those regarding family preservation and reintegration initiatives, the forms and contexts of alternative care, and after-care support, should be made on a case-by-case basis. They should be grounded in the best interests and rights of the child concerned and should respect fully his/her right to be consulted and to have his/her views fully taken into account in accordance with his/her evolving capacities, and on the basis of his/her access to all necessary information.
10. The provision of alternative care should never be undertaken with the primary purpose of furthering the political, religious or economic goals of the providers.

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11. Decisions regarding children in alternative care, including those in informal care, should have due regard for the importance of ensuring children a stable home and consistent caregiver, with permanency generally being a key goal.
12. Financial and material poverty alone, or conditions directly associated with such poverty, should never be a justification either for the removal of a child from parental care or for receiving a child into alternative care, but should be seen as a signal for the need to provide appropriate support to the family.
13. Attention must be paid to promoting and safeguarding all other rights of special pertinence to the situation of children without parental care, including but not limited to access to education, health and other basic services, the right to identity, language and protection of property and inheritance rights.
14. Recognising that most children without parental care are looked after informally by relatives or others, the GOSS should devise appropriate means, consistent with this policy, to ensure their welfare and protection while in such informal care arrangements.
15. No child should be without the support and protection of a legal guardian or other authorised person or recognised responsible adult at any time.
16. Use of residential care should be limited to cases where this setting is specifically appropriate, necessary and constructive for the individual child concerned.
17. In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided only in family-based settings.
18. No new large child care facilities (institutions) should be established and alternatives should be actively developed in the context of this policy and an underlying belief that family based care is in the best interest of all children.
19. The GOSS and State Ministries of Social Development should make all possible efforts to allocate sufficient human and financial resources to ensure the optimal and progressive implementation of this policy. When necessary, international assistance should be sought in this regard; the enhanced implementation of this policy, should figure in development co-operation programmes.
20. While the degree to which this policy can be fully and immediately implemented may depend on the economic, social and cultural conditions prevailing in Southern Sudan or individual States, the fundamental principles and overall context they contain should be respected in all cases.
21. The GOSS will ensure that an independent unit has the authority under national law to oversee the implementation of this policy.

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22. This policy should be interpreted as the minimum standards and procedures and GOSS Ministries, State Ministries of Social Development, authorized authorities, professional organisations and others are encouraged to develop national or professionally-specific guidelines that build upon the letter and spirit of this policy.

### **SCOPE OF THE POLICY**

1. This policy applies to the use and conditions of alternative forms of care for all children and youth under the age of 18 years, regardless of the care setting and of its formal or informal nature, with due regard to both the important role played by the extended family and community and the obligations of the GOSS for all children not in the care of their parents or legal and customary caregivers, as set out in the Convention on the Rights of the Child and the draft Child Bill 2007 for Southern Sudan.
2. The principles in this policy are also applicable to children and youth already living in alternative care and who need continuing care or support up to the age of 18.
3. For the purposes of this policy and subject to the exceptions listed in paragraph 4 below, alternative care means a formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by a decision of a judicial or authorised authority, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a caregiver in the absence of the child's parents. This includes informal fostering by family or non-relatives, (kinship care) formal foster care placements, other forms of family-based or family-like care placements, places of safety for emergency child care, emergency shelters in emergency situations, other short and long-term residential care facilities including small group homes, and supervised independent living arrangements for children.
4. For the purposes of this policy, the following definitions shall also apply:
  - a. Children without parental care: All children not living with at least one of their parents, for whatever reason and in whatever circumstances. Children without parental care who are outside their country of permanent residence or victims of emergency situations may be designated as:
    - i. "unaccompanied" if they are not cared for by another relative or an adult who by law or custom is responsible for doing so; or
    - ii. "separated" if they are separated from a previous legal or customary primary caregiver, but not necessarily from another relative
5. The scope of alternative care as foreseen in this policy does not extend, however, to:

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- a. Informal arrangements whereby a child voluntarily stays with relatives or friends for a limited period for recreational purposes and for reasons not connected with the parents' inability generally to provide adequate care;
  - b. Persons under the age of 18 who are deprived of their liberty by decision of a judicial or administrative authority as a result of being alleged as, accused of or recognised as having infringed the law, and whose situation is covered by the *United Nations Standard Minimum Rules on the Administration of Juvenile Justice* and the *United Nations Rules for the Protection of Juveniles Deprived of Their Liberty*;
  - c. Care by adoptive parents from the moment that the child concerned is legally an adopted child and the Adoption Order has been made by the court. The principles of this policy are however applicable to pre-adoption placement of the child with the prospective adoptive parents, as far as they are compatible with requirements governing such placements as stipulated in the Child Bill 2007 and other relevant international instruments as ratified by the Government of Southern Sudan;
6. The GOSS and the State Ministries of Social Development and others concerned with the protection and welfare of children are also invited to make use of this policy's principles in respect of boarding schools, hospitals, camps, the workplace and other places which may be responsible for the care of children at least overnight.

### **SUPPORT AND ASSISTANCE TO FAMILIES**

The UN Convention on the Rights of the Child Article 18; "Parents have joint primary responsibility for raising their child and the State shall support them in this and the State shall provide assistance to parents in raising their child." In addition the Southern Sudan Draft Child Bill 2007 states under Section 13, Right to have Knowledge of and Grow Up with Parents in Family Environment;

1. Every child has the right to live with and be cared for by his or her parents unless it is proven that living with them would:
  - (a) Lead to significant harm to the child;
  - (b) Subject the child to abuse and neglect; or,
  - (c) Not be in the best interest of the child.
2. Without prejudice to subsection (1), above, where an authorized person determines, as a measure of last resort, that it is in the best interest of the child to be separated from his or her parents, the best alternative care available shall be provided for the child and where possible, siblings shall be kept together.

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3. Any child who is separated from one or both parents shall have the right to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interest.
4. Every child who has been separated from his or her parents or guardians has a right to be reunified with them and shall be aided to do so by the authorised organisations.
5. The GOSS and the State Ministries of Social Development will ensure that wherever possible that each child will be enabled to grow up in his or her family as long as that decision is made in the best interest of the child.
6. The GOSS and the State Ministries of Social Development will develop and implement policies designed to support family preservation by: a) preventing the need for alternative child care and b) ensuring that, wherever possible, children in alternative care placements may be reintegrated with their family under appropriate conditions.
7. The Ministries of GOSS will ensure that these policies and those related to alternative care are consistent and mutually reinforcing. They should provide for active co-operation between all relevant authorities, the allocation of appropriate budgets, and the mainstreaming of child and family welfare issues within all ministries directly or indirectly concerned.

### **Maintaining Children with their Families of Origin**

The Ministry of Gender, Social Welfare and Religious Affairs and the State Ministries of Social Development will ensure that adequate services are available to support and assist and preserve children within their families of origin wherever possible.

Community based services will offer children and family services that aim to empower families with skills, capacities, understanding of child developmental needs and tools to enable them to provide adequately for the protection, care and development of their children. Such efforts should draw on the complementary capacities of the GOSS, Ministries of Social Development, civil society, faith organisations, the media, the communities, families and children.

The community based services can include but are not exclusive to the following:

1. A family strengthening approach that may include parenting courses, the promotion of positive parent-child relationships, conflict resolution skills, and opportunities for income generating activities.
2. Support services, including financial assistance and care facilities for parents and children together when necessary, designed to enable particularly disadvantaged and vulnerable families to fulfil their responsibilities to their children. Day care and

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respite provision to support the care of or rehabilitation of children by their parents or families.

3. Counselling and therapeutic approaches to assist individuals recovering from trauma, the war, mental health illness or familial relationship difficulties.
4. Youth policies aimed at empowering youth to positively face the challenges of everyday life and preparing future parents to make positive decisions with respect to their reproductive health and to fulfil their responsibilities in this respect.

Various complementary methods and techniques should be used for maintaining children with their families, varying throughout the process of support, such as home visits, individual counselling, self-help groups within the community, group meetings with other families, family or case conferences, and working in partnership with the child and family concerned. They should be directed towards both facilitating intra-familial relationships and promoting the family's integration within its community.

Support and services should be available to children who choose to remain together with their siblings in a child-headed household following the loss of their parents or caregivers. The GOSS and the State Ministries of Social Development should ensure that such households benefit from mandatory protection from all forms of exploitation and abuse, supervision and support on the part of the local community and its competent governmental and non-governmental services. In particular the children's education, health, housing, participation in decision-making, leisure and inheritance rights should be protected. Special attention should be given to ensuring the head of a child-headed household retains all rights inherent to his/her child status, including access to education and leisure, in addition to his/her rights as a household "head".

### **Children's Panels**

The Ministry of Gender, Social Welfare and Religious Affairs in partnership with the State Ministries of Social Development will ensure that a criterion is developed for assessing the child's and family's situation, including the family's actual and potential capacity to care for the child.

Any child that is deemed to be at risk of harm or abandonment or neglect will be assessed by a qualified, competent and authorised person before any decision is taken regarding his or her need for removal from his or her family or caregiver and placement with an alternative caregiver.

A similar criterion will be developed in the case of a child that is to be reintegrated or placed in a substitute family, whether through adoption, foster care or kinship care.

The State Ministries of Social Development will set up Children's Panels as the decision-making body that will decide where a child will be placed or if reintegration back to the family of origin should be the plan following the assessment by the authorised person.

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The Children's Panel will consist of fully trained senior members of the Departments of Social Development and Child Welfare, Department of Gender, Juvenile Justice or similar structures as Women and Juvenile Departments, Social Work Manager, Adoption Service Manager, Fostering Service Manager, a paediatrician, a lawyer, an adoptive parent, a foster parent and a young person who has been experienced an alternative form of care.

The Children's Panel will sit on a regular basis to make decisions regarding the placement of a child that has been fully assessed and an assessment report being submitted for a decision.

The Children's Panel will have five functions as follows:

1. Decision making as to the most suitable placement for the child following his/her assessment;
2. Decision on the child being eligible for adoption;
3. Decision on the need for a long-term foster placement;
4. Approval of prospective adopters;
5. Approval and registration of prospective foster carers.

Due to the multi-functions of the Children's Panel it will be advisable to set specific dates per month to hold an Adoption Panel and a Fostering Panel per month, so that the authorised person can submit their reports one week in advance of the 'panel' for each Children's Panel member to read prior to the Children Panel's Meeting.

Detailed and precise minutes will be recorded of every Child's Panel Meeting as a means of transparent decision-making.

### **Specific Measures to Prevent Family Separation**

Specific training should be provided to social workers, teachers, health professionals, police and others working with children, in order to help them identify situations of abuse, neglect, exploitation, extreme forms of labour or risk of abandonment with the responsibility for these professionals to refer their concerns to the authorised governmental organisations. All referrals of suspected child abuse or neglect will be investigated by the authorized and competent trained personnel of the authorised governmental organisations

Any decision to remove a child against the wish of his/her parents or caregiver must be made by the competent and authorised government organisation in accordance with applicable law and procedures as laid down in the draft Child Bill 2007 and the relevant policy and criteria.

When the child's sole or main carer may be the subject of deprivation of liberty as a result of remand or sentencing decisions, the best interests of the child should be a primary consideration. Non-custodial sentences and remand measures should be used wherever possible. The GOSS should take into account the best interests of the child when deciding whether to remove children born in prison and children living in prison with a parent. The removal of such children should be treated in the same way as other instances where such

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separation is considered. For younger children, especially those under the age of three years, such removal should in principle not take place against the wish of the parent. Best efforts should be made to ensure that a child remaining in custody with his/her parent benefits from adequate care and protection.

### **CARE PROVISION FOR CHILDREN WITHOUT PRIMARY CAREGIVERS**

For the clarity of this policy it is important to determine who the children are who are defined as those without primary caregivers. There are various situations which may result in a child being left without an adequate and related adult caregiver.

It is important to state that at all times the emphasis is to promote the child's overall care and responsibility for his care, development and welfare to his/her parents, supported by GOSS legislation, policies in line with the UN Convention on the Rights of the Child and the integrated service provision at the community level through the State Ministries of Social Development, other relevant State Ministries and civil society.

#### **Definition of a Child without a Primary Caregiver:**

Children who may be categorised as being without a primary caregiver may include the following;

- a) Orphans – children with no living parent;
- b) Separated Children – children who have become separated from their parents through war, conflict, natural disaster;
- c) Unaccompanied Children – children who have returned or been sent to a location without their parents, family relative or caregiver;
- d) Street Children – children that live on the streets and have no family home to live in; or - child that has a family and a family home to live in, but has chosen to live on the streets through family abuse, neglect or exploitation or disagreement with his/her family;
- e) Child Soldier - Children Affected by Armed Conflict – a child that has been disarmed and demobilised from an armed group following a war or conflict
- f) Child in Governmental Care and Protection – a child removed from the care of his/her parents or caregiver due to abuse, neglect, risk of harm, or exploitation.
- g) Child in Custody or Imprisoned – child who has been accused, charged or found guilty of a criminal offence and who has been placed in a place of detention, imprisonment or confined to a locked institution.
- h) Child-Headed Household – children, usually siblings from one family who have been orphaned or who are separated from their parents and have decided that they wish to remain together and to care for themselves, with the eldest child, (the head) being less than 18 years old.



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### **Definition of a Primary Caregiver:**

A primary caregiver is an adult who has either the legal and biological responsibility for the care, upbringing, development and welfare of the child, (mother or father) or who has been through custom, law or authorisation by a competent and authorised organisation or body given the custody and responsibility to care and protect the welfare and development of the child, (adopter, foster parent, grandparent, aunt or uncle, other relatives, director or care assistant of a residential children's institution).

### **Types of Community Based Family Care:**

To meet the diversity and complex needs, range of ages and gender and types of needs of the children that require alternative forms of family based care there has to be a broad system of services related to all children in each State within Southern Sudan. Therefore each State Ministry of Social Development needs to have detailed statistics and data on the children residing within their state in order that they can plan the appropriate number and types of services that both promote family preservation, reintegration of children back to their family of origin and also meet the needs of those children unable to live with members of their biological family.

The GOSS will ensure that the legislative, policy and financial conditions exist to provide for adequate alternative care options, with priority to family and community-based solutions and give special attention to the situation of girls to ensure that they are treated on an equal basis to boys and that their rights and best interests are promoted and protected.

## **Approval, Registration and Reviewing of Service Providers**

### **Registration**

All government organisations, non-governmental and private organisations engaged in the provision of child related services or alternative care for children within Southern Sudan must be authorised by the Ministry of Gender, Social Welfare and Religious Affairs and/or State Ministries of Social Development prior to offering any service to the public or to children.

### **Criteria**

Criteria for applying for and authorisation to provide community based family forms of care will be developed by the Ministry of Gender Social Welfare and Religious Affairs. Monitoring and review criteria will be developed in accordance with this policy by the Ministry of Gender, Social Welfare and Religious Affairs and State Ministries of Social Development to ensure the standards of professional and ethical competence to provide equitable and appropriate services to meet the rights, needs and developmental welfare of all children and families using the services.

All service providers wishing to provide alternative forms of care for children will need to be able to show that they are conversant with the UN Convention on Child Rights, have suitably qualified or trained and competent staff to undertake the roles as set out in their work plan or business plan, have child protection policies and procedures, have a suitable case

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management system and have a transparent and accountable management structure to oversee the safety and welfare of any child it provides a service to.

### **Review and Monitoring**

All service providers will be subject to the Ministry of Gender, Social Welfare and Religious Affairs and/or State Ministries of Social Development regular monitoring, evaluation and review of their service provision, the internal policies and management of the organisation with regard to the protection, safety and best interests of the child, the qualification and expertise of the staff in accordance with this policy.

### **Complaints**

The Ministry of Gender, Social Welfare and Religious Affairs and/or State Ministries of Social Development will also conduct investigations into any complaint made by a child or on behalf of a child's treatment or receipt of services by any service provider. Failure to cooperate with the representatives of the Ministry of Gender, Social Welfare and Religious Affairs and/or State Ministries of Social Development may result in the withdrawal of approval or registration to provide services to children and/or their families.

### **Informal Care Arrangements for Children**

In regard to informal care arrangements for a child, whether within the extended family, with friends or with other parties, the responsible adult providing such care will inform the relevant State Ministry of Social Development within 14 days of such a care arrangement beginning.

Details of the child, including his/her name, date of birth, mother and father's names, tribe and residential address and the reasons the child has been placed with the informal carer will be provided to the State Ministry of Social Development in which the child has been placed to reside.

The State Ministry of Social Development will undertake a thorough assessment of the child's developmental needs, the child's birth family or most recent caregivers and the informal carers to ensure the child's best interest, rights and developmental welfare is protected and promoted by the informal care arrangement.

Informal carers will receive any support and financial allowances from the State Ministry of Department of Child Welfare that they are eligible for in the same way as formal alternative carers.

The State Ministry of Department of Child Welfare is responsible for the welfare of the child and will monitor him/her on a regular monthly basis especially when the carer is not related or previously known to the child.

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Any child found to be placed in an informal care family that is not meeting his/her best interest or is detrimental to his/her welfare or development will be subject to the Ministry of Gender, Social Welfare and Religious Affairs Child Protection Procedures. This may include the removal of the child to a more appropriate formal family care setting where his/her developmental needs and welfare can be met. Members of the child's birth family will be party to these proceedings and informed of the outcomes of the investigation.

### **DETERMINATION OF THE MOST APPROPRIATE FORM OF CARE**

Decision-making in the best interests of the child should be based on rigorous assessment, planning and review, through established structures and mechanisms. It should be carried out on a case-by-case basis, by suitably qualified persons, preferably as part of a multidisciplinary team. It should involve full consultation at all stages with the child, according to his/her evolving capacities, and with his/her parents or legal guardians, extended family members, clan and tribe and relevant professionals who know the child.

Assessment should be carried out rapidly, thoroughly, and carefully. It should take into account the child's immediate safety and well-being, as well as his/her longer term care and development, and should cover the child's personal and developmental needs, ethnic, cultural, linguistic and religious background, parental or caregivers capacity to provide appropriate care for the child, family and social environment, medical history of the child and his/her parents, and any special needs of the child.

The preparation, enforcement and evaluation of a protective measure for a child should be carried out, with the participation of his/her parents or legal guardians and potential foster carers, with respect to his/her particular needs, convictions and special wishes. At the request of the child, parents or legal guardians, other important persons in the child's life may also be consulted in any decision process, at the discretion of the competent authorised authority.

The resulting Assessment Report should be used as the basis and planning tool for the decision-making multi-disciplinary meeting, (Children's Panel) which will decide the child's future placement that will meet his/her best interests and protect his/her developmental welfare.

Planning and decision-making should take account of, the level of the child's attachment to the family of origin; the family of origin's capacity to protect the child; the child's need or desire to feel part of a family; the desirability of the child remaining within his/her clan, tribe, community and country; his/her cultural, linguistic and religious background; and relationships with siblings. Wherever possible siblings should not be separated or placed in different families or locations as this adversely affects their coping skills and resilience to settle into new and/or unfamiliar family settings. Children who cannot remain with their birth family develop better when placed with their siblings. In any case, siblings should be enabled to maintain contact with each other, unless this is against their wishes or interests.

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To determine the most suitable form of alternative care, the child and his/her parents or legal guardians should be fully informed on the alternative care options available and their implications. This is particularly important in the case of adoption, which is a legal procedure that removes the child from his/her family of origin, severing all ties, responsibilities and inheritance and making him/her a family of a new family for life.

Any decision on the location of alternative family care for the child should take into account the desirability of the child being able to continue in their school, educational choices and leisure activities, thereby avoiding as much disruption and contradictory decision making as possible. The location of the care setting should avoid long distances from the child's habitual surroundings.

All children placed in temporary alternative forms of care have the right to regular and thorough reviews, preferably at least every six months and at the initial stages of care at least three monthly. (**UNCRC Article 25** Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly).

The review meeting at which the child, birth parents, family members, alternative carers, education representative, health representative and any other relevant person should attend will review the child's progress in the following areas of his/her life; the appropriateness of his/her care and treatment, education, health, leisure activities, taking into account notably his/her personal development and any changing needs, changes in his/her family environment, and the adequacy and necessity of the current placement in these lights. The review should be carried out by the qualified and authorised persons from the State Ministry of Social Development.

The plan and decisions must be recorded and should clearly state the goals of the placement, what other alternatives were considered and why this form of placement was decided as the preferred option to meet the best interest of the child. The work and actions to achieve the desired placement should be recorded, along with the person responsible for their implementation, (including actions by the child, and/or family members) and the date by which they should be achieved.

The child should be informed and prepared for any changes of carers, this includes when the child is removed from his/her family and/or any further or subsequent moves, for example from a foster family to an adoptive family. Any move to a child is upsetting and an anxious time so as much information as possible to alleviate a child's anxiety should be given in a format that the child can understand. He/she should also be given the opportunity to ask questions and if possible to meet the new family prior to the move. It is good practice if a trusted family member can accompany the child when he/she first moves from his/her family to unknown alternative family carers.

Where difficulties arise or delays in achieving the required placement occur, the reason(s) why and the alternative decisions or actions taken should be recorded with as much detail as possible.

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The Ministry of Gender, Social Welfare and Religious Affairs will through legislation ensure that any child who has been placed in alternative care in opposition to his/her parents, grandparents or other representative recognised by the court may challenge the placement decision before a court. The authorised person will inform and assist all those involved during the assessment and decision-making procedure of their rights to oppose the removal and placement of the child in alternative family care.

Continual changes in care setting are detrimental to the child's development and ability to form attachments, and should be avoided. Short-term placements should aim at enabling an appropriate permanent solution to be arranged.

### **Permanency Planning**

Permanency for the child should be secured without undue delay through, wherever possible, reintegration in his/her nuclear or extended family or in an alternative stable family setting, including *kafala* and/or adoption.

Permanency planning should be carried out from the earliest possible time, where possible before the child enters the care of the authorised authority or has to be removed from his/her birth family. Exceptions to this are where an emergency occurs due to the child being orphaned through conflict, sudden death of the remaining parent or left without appropriate caregivers. Emergency and/or short term decisions should be made for the immediate care for the child taking into account the age, gender, developmental needs, trauma caused by the sudden loss of the child's parent(s) or caregiver and the availability of extended family members, members of clan or tribe or community members able to provide emergency care and nurture. Each option considered should comprise short- and long-term propositions.

### **Procedure for Admittance to Alternative Forms of Care**

Any child that is deemed to be without an appropriate adult caregiver will undergo an assessment by a competent and authorised person, (usually a social worker employed by the State Ministry of Social Development) in which the child is either residing or has been found.

No decision can be taken as to a temporary or permanent place of care or residence until an initial assessment has been completed and an analysis been made. The analysis will determine the immediate need or not for a short-term temporary placement with a family member or a foster placement. (**UNCRC Article 9** Children should not be separated from their parents unless it is for their own good (mistreatment, neglect). The child also has a right to maintain contact with one or both parents if separated from them.)

A temporary emergency form of care should be provided to every child found not to be in the care of an appropriate adult caregiver. The authorised person will find the most suitable temporary caregiver for the child to ensure his/her welfare, and safety whilst the full assessment is being undertaken.

Firstly the authorised person will ascertain from the child his/her basic details including;

- Name,

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- Age, date of birth,
- Mother and father's names;
- Location of residence of either of the child's parents, (if alive or if known);
- Name of tribe or chief of tribe;
- Name of other relatives or family friends that the child can provide;
- Reasons why the child is not with his/her family members or tribe;
- How long the child has been without an adult caring for him/her;
- Name of school the child usually attends, (if appropriate)
- Is the child hurt or sick or in need of food or medication or clothing or shelter or protection?

Having gathered these initial details from the child the authorised person will try to locate the child's parent(s) or one of the other family members. From the parents or other family members the authorised person will gather the following information;

- Name of person and relationship to the child;
- Age and date of birth;
- Marital status;
- Address and type of residence, eg number of rooms, cooking, water and sanitary conditions;
- Number of adults and children, (including names, ages and relationships) living in the residence;
- Last time they saw the child, what was the child's situation, (upset, family quarrel, child had been physically disciplined);
- Do the parents want the child to be returned to them immediately, sometime in the future, never?
- Do the family members know where the child's parents are if the authorised person has not been able to locate them?
- Other family members, are they willing or able to care for the child on a temporary emergency basis? What forms of support do they need to look after the child?

Once the parents or family members have been located and initially assessed the authorised person can decide whether or not it would be safe for the child to be returned to his/her parents or placed with an extended family member on a temporary basis. Does the authorised person believe he/she understands the problems between the child and his/her parents/family that has left him/her without appropriate caregivers? Are there resources available for the authorised person to provide, (material items, basic food items, finance, counselling, ongoing psychological support), that would enable the child to return home today to his/her family? If the authorised person believes the child may be at continued risk of harm or further abandonment then he/she will need to seek temporary emergency care for the child.

If the authorised person cannot locate the parents or any other family members they should try to locate the Chief of the Tribe or other tribe members to gather any of the above information. Can the Chief of the Tribe assist in identifying a suitable alternative family to care for the child on a temporary basis, whilst further investigations are undertaken?

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In the absence of either of the parents or of any other family member, if the Chief of the Tribe can identify a suitable family friend or family that could care for the child on a temporary emergency basis then the authorised person should undertake an initial assessment of that family as to their suitability to care for the child. Issues to be covered in the initial assessment include;

- Names of all the household members and relationships with each other;
- Ages and dates of birth of each member of the household;
- Tribe, language and place of origin;
- Address of family residence;
- Home conditions; including type, size, number of rooms, sanitary conditions, water supply, beds, standard of hygiene, cooking facilities, kitchen garden, number of animals etc
- How many children are already in the household? How many of the school age children go to school?
- Do any of the children know or have a relationship with the child? Are they friends or do they have arguments or fights?
- Do they adults know where the child's parents are or any other family members?
- When did they last see the parents or the child?
- Was this family aware of any problems of the child's family? Were there frequent domestic arguments or fights?
- Are the main adult caregivers in the household willing to care for this child appropriately on a temporary emergency basis? What support, financial, material, psychological do they need to undertake the care of the child?

The authorised person will evaluate the information he/she has gathered in the assessment of the family and also use his/her observation to see what the relationships are like between the various family members met on this visit. Does the authorised person believe that this family could provide safe and appropriate care for this particular child?

Following the assessment of a child, his/her family, their parenting capacity and the family environment, the authorised person will discuss with his/her Team Manager or Supervisor the alternative options for the immediate care of this child. In order from 1 to 5 they should consider the most appropriate from the information the authorised person has gathered to meet the developmental needs and best interest of the child;

1. Reintegration to one or both of the child's parents;
2. Placement with an extended family member;
3. Placement with a family friend that is known to the child;
4. Placement with a family who is part of the family's tribe and village;
5. Emergency foster care with an unknown carer.

Once the Team Manager/Supervisor and the authorised person have made a decision they should discuss this with the child and his/her parents, if available.

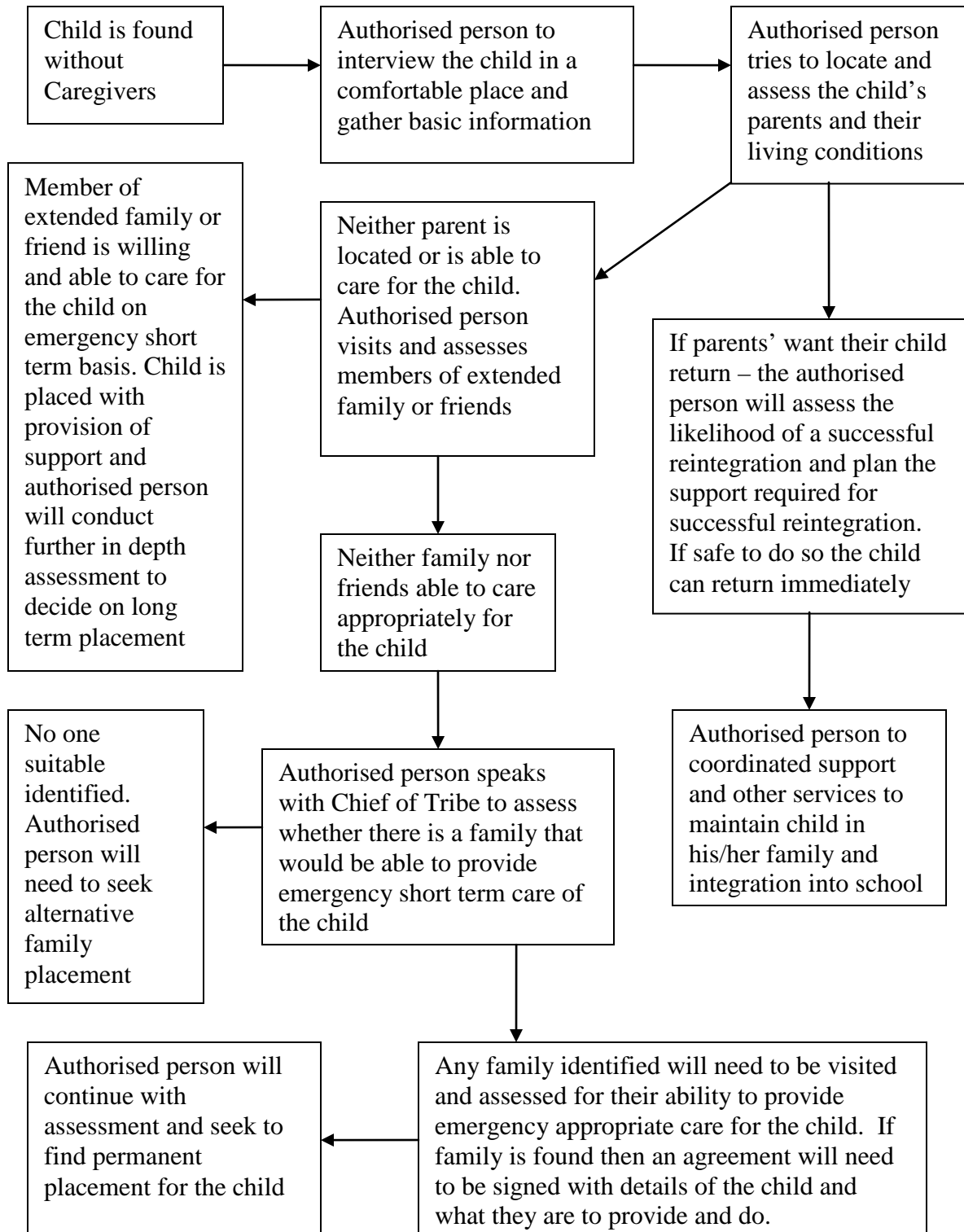
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Following this initial assessment and placement of the child in temporary emergency care the authorised person will undertake a more in depth assessment to enable the multi-disciplinary team, Children's Panel (including the child and his/her parents or extended family members) to make a decision as to the best placement to meet all the needs and best interest of the child. (See Appendix 1 for an Assessment Format and Appendix 2 Assessment Report)

### **Procedure to Follow in Assessing the Need to Admit a Child into Emergency Care**



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The time following a child's acceptance into the care of the State Ministry of Social Development must be used expediently to ensure there is no drift of time and that decisions are made swiftly but after all the available information is gathered and informed decisions

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can be made in the best interest of the child. An authorised person should not believe that once the emergency is over they do not need to act with an appropriate amount of time as the child is safe.

### **Alternative Forms of Care**

Once all the information is gathered and an analysis has been made a multi-disciplinary decision can be made on the plan for the child's future. It is important when making this decision that all aspects of the child's development and welfare is considered and people do not just consider one aspect of the child's situation.

### **Child's Reintegration Back to his/her Family of Origin**

The first consideration that needs to be taken is whether the child can safely return to the care of his/her parents. (**UNCRC Article 9** Children should not be separated from their parents unless it is for their own good (mistreatment, neglect). The child also has a right to maintain contact with one or both parents if separated from them.)

To do this the authorised person and the Children's Panel will need to understand the following and then determine the prospects for successful reintegration.

- a) The reason(s) why the child was originally separated from or left his parents care. Are the child and his/her parents in agreement with the causes or reasons the child left? If one of the parties is denying the reasons or diminishes the effects on the child then further work needs to be undertaken by the authorised person or another competently qualified professional before reintegration will proceed.
- b) Have the caregivers learned different approaches to caring or disciplining the child?
- c) Has the situation in the family changed so that the authorised person and the Children's Panel can be certain that the child will not be harmed in the future;
- d) Is the family able to provide for all the developmental needs of the child?
- e) Does the family have adequate finances to purchase food, clothes, school materials and other basic essentials for the child?
- f) What are the family's living conditions like; is anything detrimental to the child's health or welfare?
- g) Has a school place been registered for the child to attend?
- h) What support mechanisms are in place for the caregivers when they feel overwhelmed or under stress?

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- i) What support services or resources are the authorised person's agency or other professional services going to provide for this family in support of the care of this child either short-term or on a longer term basis?

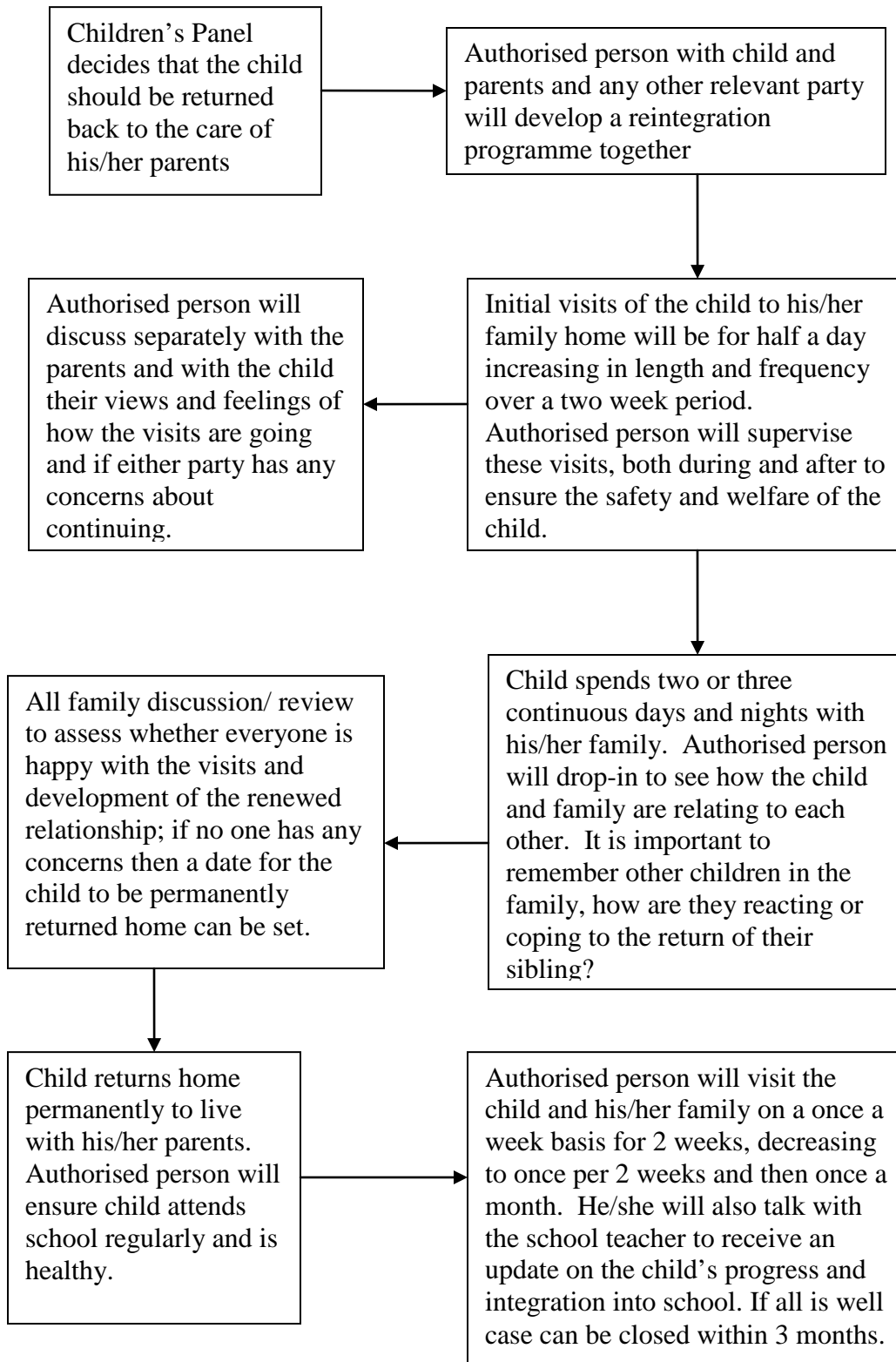
Once all these issues are clearly and satisfactorily answered then a plan of reintegration can be developed with all the relevant parties including the parents and child.

A reintegration plan needs to be drawn up by the authorised person to determine the pace at which family visits and permanent reintegration will occur. A guiding principle is that the older the child and the longer a child has been separated from his/her caregivers the wider and more gaps there will be in their relationship and therefore there will be a need for a longer reintegration programme.

The reintegration process should not be rushed as this is the opportunity to support the parents and child to build their relationship and to work through any difficulties they encounter. The authorised person will at the same time be able to monitor the interactions between all the family members and ensure that there are no areas of concern regarding the child's welfare or safety.

If the authorised person and/or the Children's Panel are not satisfied that the child's safety and welfare can be assured by the child's parents or the parents are both dead then they should consider the potential for the child to be cared for by a member of his/her extended family.

### **Reintegration Plan**



**Placement with a Member of the Extended Family, (Kinship Care)**

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When looking for an able and motivated member of the extended family to care for the child, the authorised person will consider all adult family members of the child's maternal and paternal families. Within this context the term 'extended family member' consideration should also be given to family friends if no family members are available or are willing to care for the child.

If the child has a living parent, then they should be asked to provide details of any member of the extended family who they would feel can care for the child. The child's opinion should also be sought.

The authorised person may consider compiling a Genogram to locate all the family members and their relationships towards the child. (See Appendix 3)

The authorised person will compile his/her assessment report to include the following data and recommendation as to why they believe the family can provide for the child's developmental needs and welfare.

- a) Names and dates of birth and ages of all the household members
- b) The family relationships in this household;
- c) Describe the relationships between this family, the child and his/her parents
- d) What is the frequency of visits or meetings between this family and the parents of the child?
- e) Address of this family household;
- f) The living conditions, including the sanitary, hygiene, cooking facilities, space for the number of household members and the ability to provide additional space for this child;
- g) The motivation of the adult family members to provide a permanent family environment for this child;
- h) What effect will this child joining the family affect the other children already living in the household?
- i) Is the family able to provide for all the developmental needs of the child?
- j) What are the adults' views on education for children?
- k) How are children disciplined in the family? Are children physically punished?
- l) Will the child be expected to work either for the family or outside the family? Will this affect the child's attendance at school?

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- m) Does the family have adequate finances to purchase food, clothes, school materials and other basic essentials for the child?
- n) What support mechanisms are in place for the caregivers when they feel overwhelmed or under stress?
- o) What support services or resources are the authorised person's agency or other professional services going to provide for this family in support of the care of this child either short-term or on a longer term basis?
- p) Parents and extended family members views on the child living with this particular household;
- q) The child's opinion and wishes as to being placed in this family;
- r) Authorised person's recommendation for the child to be placed with this family and their reason why this is a placement in the best interest of the child.

If the Children's Panel recommends the placement of the child with this family then the authorised person, the child, the child's current caregivers and/or parents if alive should develop a plan of integration into this family.

The integration plan needs to consider the age of the child and the previous relationship he/she had with members of the family. If the child has had a close relationship and has spent many visits or stayed with the family then the integration programme can be shorter than where there has been little contact between the two parties. A guiding principle is that the older the child and the longer the child has been without a caregiver he/she will need longer to integrate into a family that he/she has little knowledge of.

The integration process should not be rushed as this is the opportunity to support the family members and the child to build their relationship and to work through any difficulties they encounter. The authorised person will at the same time be able to monitor the interactions between all the family members and ensure that there are no areas of concern regarding the child's welfare or safety.

Once the integration programme has come to its planned end the authorised person, the family members and the child should meet together and decide if the permanent placement should proceed. If everyone is in agreement a date should be set for the child to move in. Alongside this date the authorised person and the caregivers need to arrange a place at school for the child. If the family requires support with the purchase of essential school materials and/or uniform the authorised person's organisation should assist with this thus ensuring the child's right to access education.

The authorised person will visit the child and the family for up to three months after the placement of the child to ensure his/her integration into the family and the wider community

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and tribe. The authorised person will ensure he/she speaks to the child on their own to ascertain the true feelings and views of the child regarding living in the family, education and any other issues raised by the child or other family members. The authorised person will also talk with the child's teacher and any other professional in contact with the child to discuss his/her progress.

If there are any concerns remaining about the child and his/her integration into the family and/or school the authorised person will continue to monitor and support the child and family until the concerns diminish.

If the authorised person and/or the Children's Panel are not satisfied that the child's safety and welfare can be assured by the child's placement with a member of the extended family then they should consider the potential for the child to be placed with a family friend.

### **Placement with a Family Friend**

If there is no suitable extended family member to care for the child then the authorised person should consider to family friends or members of the child's tribe.

If the child has a living parent, then they should be asked to provide details of any family friend or member of the tribe who they would feel can care for the child. The child's opinion should also be sought.

The authorised person will compile his/her assessment report to include the following data and recommendation as to why they believe the family friend or member of the tribe can provide for the child's developmental needs and welfare.

- a) Names and dates of birth and ages of all the household members
- b) The family relationships in this household;
- c) Describe the relationships between this family friend, the child and his/her parents
- d) What is the frequency of visits or meetings between this family friend and the parents of the child?
- e) Address of this family household;
- f) The living conditions, including the sanitary, hygiene, cooking facilities, space for the number of household members and the ability to provide additional space for this child;
- g) The motivation of the adult family members to provide a permanent family environment for this child;

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- h) What effect will this child joining the family affect the other children already living in the household?
- i) Is the family able to provide for all the developmental needs of the child?
- j) What are the adults' views on education for children?
- k) How are children disciplined in the family? Are children physically punished?
- l) Will the child be expected to work either for the family or outside the family? Will this affect the child's attendance at school?
- m) Does the family have adequate finances to purchase food, clothes, school materials and other basic essentials for the child?
- n) What support mechanisms are in place for the caregivers when they feel overwhelmed or under stress?
- o) What support services or resources are the authorised person's agency or other professional services going to provide for this family in support of the care of this child either short-term or on a longer term basis?
- p) Parents and/or extended family members views on the child living with this particular household;
- q) The child's opinion and wishes as to being placed in this family;
- r) Authorised person's recommendation for the child to be placed with this family and their reason why this is a placement in the best interest of the child.

If the Children's Panel recommends the placement of the child with this family then the authorised person, the child, the child's current caregivers and/or parents if alive should develop a plan of integration into this family.

The integration plan needs to consider the age of the child and the previous relationship he/she had with members of the family. If the child has had a close relationship and has spent many visits or stayed with the family then the integration programme can be shorter than where there has been little contact between the two parties. A guiding principle is that the older the child and the longer the child has been without a caregiver he/she will need longer to integrate into a family that he/she has little knowledge of.

The integration process should not be rushed as this is the opportunity to support the family members and the child to build their relationship and to work through any difficulties they encounter. The authorised person will at the same time be able to monitor the interactions between all the family members and ensure that there are no areas of concern regarding the child's welfare or safety.



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Once the integration programme has come to its planned end the authorised person, the family members and the child should meet together and decide if the permanent placement should proceed. If everyone is in agreement a date should be set for the child to move in. Alongside this date the authorised person and the caregivers need to arrange a place at school for the child. If the family requires support with the purchase of essential school materials and/or uniform the authorised person's organisation should assist with this thus ensuring the child's right to access education.

The authorised person will visit the child and the family for up to three months after the placement of the child to ensure his/her integration into the family and the wider community and tribe. The authorised person will ensure he/she speaks to the child on their own to ascertain the true feelings and views of the child regarding living in the family, education and any other issues raised by the child or other family members. The authorised person will also talk with the child's teacher and any other professional in contact with the child to discuss his/her progress.

If there are any concerns remaining about the child and his/her integration into the family and/or school the authorised person will continue to monitor and support the child and family until the concerns diminish.

If the authorised person and/or the Children's Panel are not satisfied that the child's safety and welfare can be assured by the child's placement with a family friend then they should consider the potential for the child to be placed in a foster family or in an adoptive family.

### **Adoption or Foster Care**

If the child cannot be returned to his/her parents, members of his/her extended family or a family friend or member of his/her family's tribe then the authorised person will need to seek an alternative family for the child outside of his/her immediate family environment.

Careful consideration needs to be given to the type of family and placement the child needs to develop and grow to his/her full potential. A child needs permanency and a sense of belonging and identity. The child's family is usually the place that the child's identity and sense of self-confidence is nurtured.

The choice between foster care and adoption will be decided on a case by case basis according to the individual's child's circumstances. The child's need for permanence should be the primary principle therefore adoption as a legal means of providing a family for the child and a sense of belonging and permanence will always be considered for each child who cannot return to his/her family or origin.

### **Adoption**

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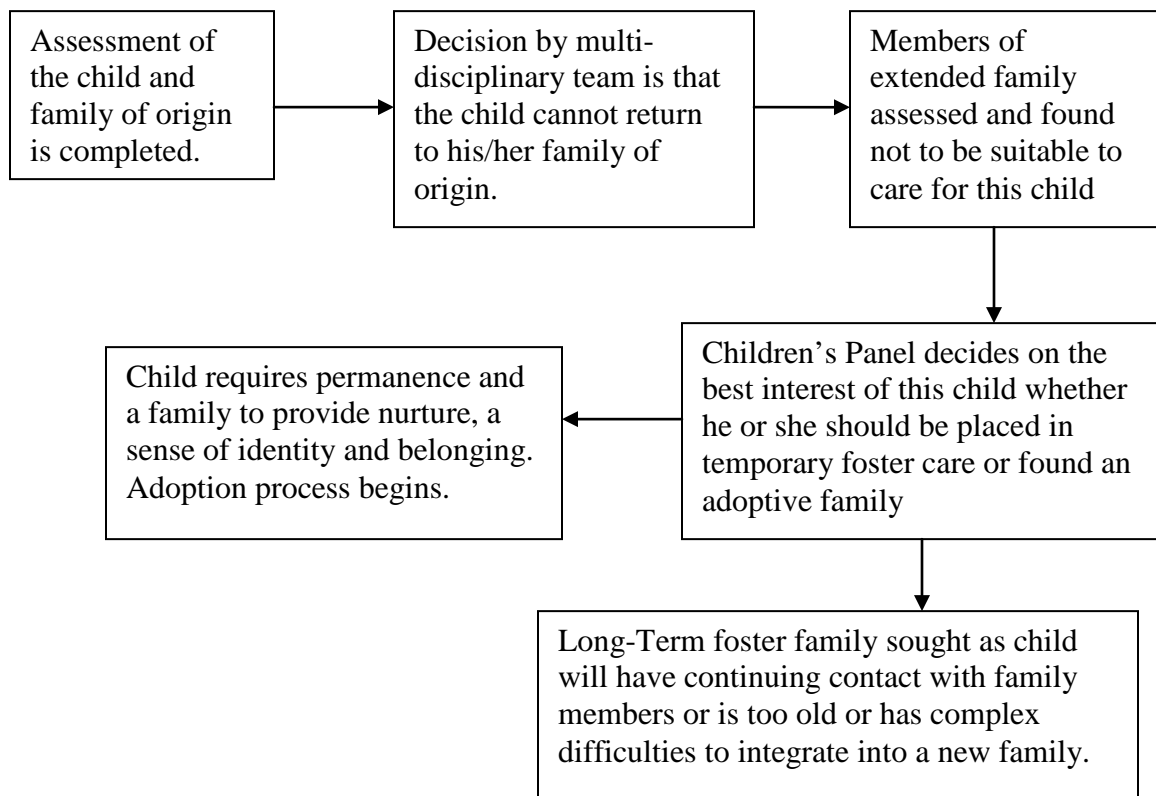
**UNCRC Article 21** When children are adopted the first concern must be what is best for them. The same rules should apply whether the children are adopted in the country where they are born or taken to live in another country.

Specific adoption services will be set up in each State Ministry of Social Development with qualified, experienced and competent employees to deal with the various aspects of adoption. If the GOSS wishes to it can approve civil society organisations to undertake aspects of the required adoption services, but it must regulate and monitor the competency of each agency and ensure it is staffed by qualified, experienced and trained staff.

Adoption Services can be divided between the following;

1. Recruitment, assessment, training and approval of Prospective Adopters;
2. Preparation of children awaiting adoption;
3. Matching children eligible for adoption with approved Prospective Adopters;
4. Post adoption services;
5. Counselling and tracing services for adults who were adopted as children;
6. Support services to birth families who children were adopted.

Following the assessment of the child and his/her family and the decision that it is unsafe or not possible for the child to return to his/her family of origin or member of his/her extended family, then planning for his/her future within another family needs to begin immediately.



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The adoption process requires legislation and trained qualified and competent personnel to ensure the welfare of the child and an adoption service that does not promote the separation of children from their family of origin and does not promote the sale or trafficking of children for financial gain for any party to the process.

The Ministry of Gender, Social Welfare and Religious Affairs and GOSS will develop a national system of adoption for implementation across Southern Sudan. The principles and legislation to guide the adoption process are within the current Child Bill 2007, (Section 83) before the GOSS parliament for approval. Therefore these directions may need to be amended if significant changes are made to the Child Bill when it is enacted.

Adoption is the severing of all connections of the child to his/her family of origin and the removal of the parents or other legal guardian's parental responsibilities or rights in respect of the child. The making of an adoption order means that the child loses all right to inherit from his/her family of origin and will bear the name of his/her adoptive family.

For the child that cannot return to his/her family of origin a decision needs to be made as to whether he/she is eligible for adoption. The Children's Panel will need to consider the following with regard to each child. A report will be compiled by the authorised person detailing the following:

- The child's name;
- The child's age and gender;
- The child's identity, ethnic origin, language, religion, tribe;
- Details of his/her mother and father;
- Information on his/her siblings; ages, gender, where they are living and who cares for them, medical history, any special needs;
- If the siblings are to be adopted together or if the plan is for them to be separated; if this is the plan then the reasons for making this decision must be included for the Children's Panels consideration;
- The child's medical history; including illnesses, medical conditions that need regular medication or further intervention; eyesight, hearing. A medical practitioner preferably a paediatrician's report should also accompany this report.
- The child's educational needs;
- Any special needs the child has; type or form of disability, affect of the disability on the child's life; delayed development; need for equipment and support services;
- The child's background and history; this can include his/her level of attachment to any family member; history of separation and period in temporary care; any abuse he/she may have suffered;
- Details of the child's admittance to governmental care; the dates of admittance, any attempts at family reintegration and why this failed; why adoption is recommended as in the best interest of the child;
- The family's opinion on adoption and relinquishing their care of the child;
- The child's opinion with regard to adoption;

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Once the Children's Panel has discussed and considered all the information laid within the report and any additional information provided by the authorised person, (this should be the social worker who is well known to the child and has built up a relationship with him/her over a period of time) they can recommend that the child be placed on the Adoption Register and an active search for suitable adopters begin.

The authorised person will contact the adoption agency that approves Prospective Adopters to discuss the needs of the child eligible for adoption to seek a match from the list of approved Prospective Adopters.

When one or two approved Prospective Adopters are identified the authorised person responsible for the child and the adoption worker for the approved Prospective Adopters will visit one family at a time, together to discuss the child. At this point the child's full identity will be kept confidential to protect the child, but enough details will be given for the approved Prospective Adopters to consider whether they would be interested to learn more and possibly meet the child's current caregivers. All medical, educational and background information regarding why the child needs an adoptive family needs to be given at this initial meeting. This would include if the child has been physically or sexually abused, neglected, was abandoned by his/her family, if the child has a long term illness including HIV/AIDS or a disability or has specific behavioural problems. It is very important to be truthful about this particular child.

The approved Prospective Adopters should be given a week to consider the information they have been given, this can also be left for them in written form. If they have any questions during this period they would contact their adoption worker who would assist them or contact the child's authorised person for more information.

At the end of the week if not earlier the adoption worker and the authorised person would return to hear the approved Prospective Adopters views if they wish to proceed or if they have decided that this child requires additional forms of care that they may not be able to provide.

If the Prospective Adopters want to proceed a Planning Meeting will be called between the Prospective Adopters, the authorised person for the child, the adoption worker, and the current caregivers of the child to develop a plan of introductory visits.

The Introduction Plan will be detailed and will include dates, times and places for visits between the child and the Prospective Adopters, review meeting dates, and who will be the coordinator and the person any member of this group can contact if there are problems or concerns.

### **Example of Introduction Plan for a Child and Prospective Adopters**

| <b>Date and Times</b>                         | <b>Venue</b>                 | <b>Persons Involved</b>             | <b>Supervisor</b>     |
|---|------------------------------|-------------------------------------|-----------------------|
| 1 <sup>st</sup> day – casual informal meeting | Foster family home or a park | Foster carer, Prospective Adopters, | Authorised Person for |

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|   | or leisure site | child   | <p>child will arrange and follow up after visit.</p> <p>If visit is successful and Prospective Adopters like the child and want to proceed following visits will take place.</p>   |
| Information given to child about the Prospective Adopters, this can be both verbally and also with the use of a photograph and story book made by the Prospective Adopters. Child's questions will be answered and if the information is not known then this will be clarified with the Prospective Adopters. | Foster Home     | Authorised person for the child and foster carers and child | Authorised person  |
| 2 hour visit of the Prospective Adoptersto be introduced to the child in his/her foster home  | Foster home     | Prospective Adopters, child, foster carers                  | <p>Authorised person will talk with the child and with the foster carers after the visit to see how the visit went and what the child is feeling.</p> <p>Adoption worker will visit and speak with the Prospective Adopters to gather their feelings and views. If visit</p> |

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|  |   |  | was successful<br>more visits are<br>arranged as<br>follows:   |
| Half day visit to the Prospective Adopters' home by the child.<br><br>If the child is a baby, more visits will be done by the Prospective Adopters in the foster home to learn the baby's routines and begin to take over the care of the baby from his/her foster carers. | Prospective Adopters' home.<br><br>Foster home. | Child and Prospective Adopters.<br><br>Child, foster carers and Prospective Adopters | Authorised person for child will transport him/her to and from the Prospective Adopters' home.<br><br>Foster carers.   |
| One day's visit to the Prospective Adopters' home by the child.  | Prospective Adopters' home.                     | Child and Prospective Adopters   | Authorised person for child will transport him/her to and from the Prospective Adopters' home. This travel time gives the authorised person and the child time to talk about the visits and what happened and what the child liked or didn't like. |
| One day's visit in the same week to the Prospective Adopters' home by the child.   | Prospective Adopters' home.                     | Child and Prospective Adopters   | Authorised person for child will transport him/her to and  |

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|   |                             |                                      | from the Prospective Adopters' home. This travel time gives the authorised person and the child time to talk about the visits and what happened and what the child liked or didn't like.   |
| One day and one night's stay at the Prospective Adopters' home by the child.  | Prospective Adopters' home. | Child and Prospective Adopters       | Authorised person for child will transport him/her to and from the Prospective Adopters' home. This travel time gives the authorised person and the child time to talk about the visits and what happened and what the child liked or didn't like. |
| Discussion between the authorised person and the foster carers about how they feel the child is reacting to the visits and if the child looks forward to the visits and talks about what he/she has done and what they like | Foster carers home.         | Foster carers and authorised person. | Authorised person.   |

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| <p>about the Prospective Adopters.</p> <p>If all appears to be well then the visits will increase in intensity, as below.</p> <p>If the foster carers have any concerns about the child, eg he/she is showing distress or is unhappy to go on the visits, then the authorised person needs to speak individually with the child. If the child does not wish the visits to continue then they should be stopped and a review meeting held.</p>  | <p>As per plan.</p> <p>Authorised person's office, or other suitable venue.</p>                                | <p>As per plan.</p> <p>Prospective Adopters, adoption worker, foster carers and authorised person.</p>   | <p>As per plan.</p> <p>Authorised person.</p>   |
| <p>Adoption worker will meet and discuss with the Prospective Adopters their views and feeling about the visits and how the child is adapting to them.</p> <p>If all is progressing well and the child is happy and showing signs of wanting to move to their family then further intensive visiting pattern will be followed as below.</p> <p>If the adopters are not sure about their ability to bond with this child, then the visits will be halted and a review meeting called to discuss the issues.</p> | <p>Prospective Adopters' home.</p> <p>As per plan</p> <p>Adoption Worker's officer or other suitable venue</p> | <p>Adoption Worker and Prospective Adopters.</p> <p>As per plan</p> <p>Prospective Adopters, adoption worker, foster carers and authorised person.</p> | <p>Adoption Worker.</p> <p>As per plan</p> <p>Adoption Worker.</p>                    |
| <p>Two consecutive days and one night stay for child with Prospective Adopters</p>   | <p>Adopters' home</p>  | <p>Prospective Adopters and child</p>  | <p>Prospective Adopters to transport child back and forth from foster carers home</p> |
| <p>Three consecutive days and two nights stay for child with Prospective Adopters.</p> <p>Close family relatives to be</p>   | <p>Adopters' home</p>  | <p>Prospective Adopters and child and other close relatives to the Prospective Adopters</p>  | <p>Prospective Adopters to transport child back and forth from foster</p>             |



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| introduced to the child on this visit.   |   |   | carers home  |
| Five consecutive days and four nights stay for child with Prospective Adopters.<br><br>Child is gradually being introduced to the community and people in the neighbourhood  | Adopters' home and the local community                        | Prospective Adopters and child, close relatives and friends and neighbours to the Prospective Adopters          | Prospective Adopters to transport child back and forth from foster carers home |
| Review Meeting – date planned at beginning of Introduction Plan.<br><br>Purpose to review all the visits and if a relationship is or has developed between the child and the Prospective Adopters. At this point all should have gone well and both the Prospective Adopters and the child want him/her to move in. A date is set for a couple of days after for the child to move in. This time frame allows the foster carers to have a farewell party and also for the Prospective Adopters to arrange their home and life for the future care of the child. If the child is of school age a place at a school and purchase of uniform and school materials can be done in this short few days. | Adopters' home, or foster carers home or most suitable venue. | Prospective Adopters, foster carers, authorised person, adoption worker and child if old enough to participate. |  |
| Date of child moving into his/her adoptive placement.<br><br>Adoption placement forms to be signed by Prospective Adopters<br><br>Information about authorised person's responsibilities and visiting pattern to child will be provided to the Prospective Adopters.<br><br>Adoption Worker's support will continue to the Prospective   | Prospective Adopters' home                                    | Child, Prospective Adopters, Adoption Worker, authorised person.  | Authorised person.<br><br><br><br>Adoption                                     |

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| Adopters |  |  | Worker. |
|----------|--|--|---------|

### **Adoptive Placement**

Once the child has moved into his/her adoptive placement his/her welfare still remains the responsibility of the authorised person who will visit the child and Prospective Adopters until the Adoption Order is made in the courts.

There is usually a requirement that the child live as a member of the Prospective Adopters for a minimum period (3 months in England) prior to the Prospective Adopters applying to the courts for an Adoption Order to be made. The current draft Child Bill does not stipulate a time period, but the GOSS Adoption Policy will specify one. Where a child has been placed with a prospective adopter through the State Ministry of Social Development the authorised person will assist the Prospective Adopters with the court process to apply and receive the Adoption Order.

### **Application for Adoption Order**

The making of an Adoption Order is supposed to ensure the permanence, security and safety of the child to a loving and caring family for life. Therefore all the considerations and problem solving should be done prior to an application for an Adoption Order is made to the court.

Where a child has been found to have no caregivers or the parents have not been located it is very important to be able to demonstrate to the court's satisfaction that all efforts have been made to find the parents or extended family members. The granting of an Adoption Order can be delayed if the parent(s) or a member of his/her family makes a counter application for the return of the child. Therefore a thorough search must be made for any family member prior to the decision that the child is eligible for adoption.

The authorised person will be required to file a full and detailed report to the court in support of the Prospective Adopters application to adopt the child.

The authorized person's report shall include detailed information on the child and his/her birth family. This will include; the child's name, date of birth, place of birth, age, identity, details of all the child's family members, (parents, siblings, grandparents), tribe, reasons for the child being placed for adoption, details of the child's background of being cared for outside the birth family, social and cultural environment, educational achievement and full medical history including vaccinations, illnesses of the child and any special needs of the child. In addition the court should be made aware of the alternative forms of family care that were considered and rejected, with the reasons why and the date the decision was made that this child was adoptable.

The authorised person will also compile a detailed report on the Prospective Adopters as to their suitability to adopt this particular child. The report will include the names, dates of

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birth and ages of the Prospective Adopters; details of their marriage or cohabitation, length of relationship; any previous marriages and the reasons why these ended, details of any birth children or other adopted children in their family; employment history, medical history, (including a medical practitioner's report on each adult), housing and financial situation, motivation to adopt, ability to care for this child in relation to his/her age, gender, background and specific needs.

The authorised person also needs to put reasons why he/she recommends the adoption, this will include details of his/her visits to the home since the child has been placed the type of relationship between the child and adopters and any other families members. How the child has settled what if any difficulties there have been and how they have resolved and coped with them and what the child's wishes are with regard to the proposed adoption. Updated medical and educational information will also be included.

Before the court can make an Adoption Order it needs to be satisfied that consent to the adoption has been given by the child and his/her parents. All parties to the adoption, birth parents, extended family members, child and the Prospective Adopters will be counselled by an authorized person on the legal and binding effects of adoption of a child and how this will affect parental rights, familial ties and inheritance. Each person will sign a document which states they give their consent to the adoption, that they have received information as to the legal consequences of adoption and are in agreement with the adoption of this child.

A child's consent is considered in relation to his/her age and understanding but the authorised person must discuss with him/her the reasons they cannot return to their family of origin and the purpose of adoption and belonging to this new family. Even young children who have lived with their families of origin or with foster carers from birth for only two years will have memories and recollections of living with other families. Children have a right to have information about their birth family and others who have cared for them during their early years.

Where a child has been removed by a court order due to persistent neglect or mistreatment or abuse or the parents or legal guardian' cannot be found or the consent is unreasonably withheld then the court may dispense with the requirement for consent to be given.

With the granting of an Adoption Order the child's family name can be changed to that of his new adoptive family. It is recommended that the child's first name should be retained particularly with an older child as that is part of who the child is and is related very much to his/her identity.

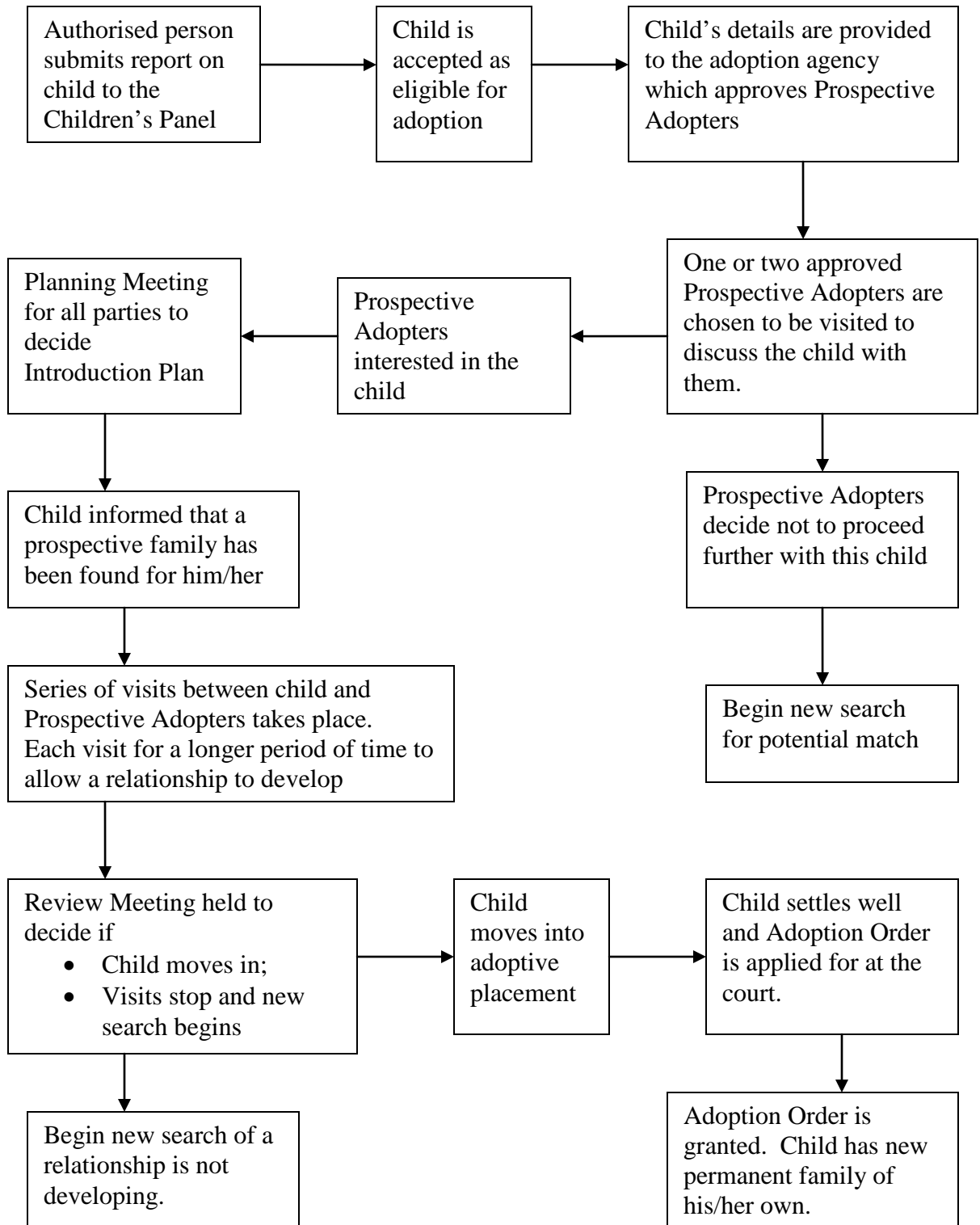
At this point the child will cease to have an authorised person overseeing his/her welfare, as the child now has parents with legal responsibility for him/her.

Depending on the level of adoption service provision developed in Southern Sudan the family and child may wish to make use of services to assist them to meet other children or adults who have adopted as a mean of support or to attend groups where information can be shared.

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**Process of Adoption**

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### **Foster Care**

The GOSS will require all government departments, private agencies or organisations wishing to deliver fostering services within Southern Sudan to be registered with the Ministry of Gender, Social Welfare and Religious Affairs. The registration will confer on the organisation the types of services they are permitted to provide and for a designated period.

Registered fostering agencies will be regularly monitored and evaluated on the quality of the services they provide.

Failure to register the provision of fostering services prior to commencement of operation or approval and registration by the Ministry of Gender, Social Welfare and Religious Affairs will constitute an offence.

Authorisation should be granted and regularly reviewed by the Ministry of Gender, Social Welfare and Religious Affairs, on the basis of standard criteria covering, the organisation's objectives, functioning, staff qualifications and experience, assessment, training support of foster families, financial resources and management.

All organisations will have written policy and practice statements, consistent with this policy setting out clearly their child protection policies and procedures for staff and the recruitment of potential foster carers. In addition the organisation will have clear reporting procedures on allegations of misconduct by foster carers.

All fostering services will have a clear policy on the importance of confidentiality with regard to all children receiving or referred to the organisation for service provision. Each foster carer must be aware and understand the policy and that they are bound by their employment to keep all information regarding the child's background and situation confidential.

All organisation will ensure that prior to the offer of employment, foster carers and other staff in direct contact with children are systematically subject to personal background checks, including wherever possible checks on their criminal record. This is essential for the protection of children.

Pre-approval training should be provided to all potential foster carers on the rights and specific needs of children without parental care, with special attention to the need for children to be cared for in a non-discriminatory manner and to respect their family of origin. As part of the task of a foster carer is to promote ongoing contact between the fostered child and his/her family the importance of familial links to a child's identity and the need to strengthen the bonds even if the child is unable to live with his/her parents or extended family members. Cultural, social, gender and religious sensitisation should also be assured.

In addition training in dealing appropriately with challenging behaviour, including conflict resolution techniques and means to prevent acts of harm or self-harm, should be provided to all care staff employed by organisations.

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Foster care organisations should ensure that the foster carers they approve and support to care for children without caregivers are adequately prepared and motivated to care for children with delayed development, behavioural difficulties, children with disabilities, children living with HIV/AIDS or other chronic illnesses, unaccompanied or separated children and children from other cultures and tribes. In order to create a positive self-image and attitude towards these children, the hiring of caregivers or other professionals with disabilities or from a wide range of ethnic origins or tribes should be encouraged.

Comprehensive and up-to-date records should be maintained regarding the administration of foster care services, including detailed files on all children in their care, staff employment, including their qualifications, training and experience and financial transactions.

The records on children in care with a fostering organisation should be well maintained, up-to-date and secure, and include information on their admission and departure, reasons for admittance to care, details of each care placement provided for each child, along with the child's personal information and family history. This record should follow the child throughout the alternative care period and be consulted by duly authorised professionals responsible for his/her current care.

The above-mentioned records should be made available to the child, as well as to the parents or guardians, within the limits of the child's right to privacy and confidentiality. Appropriate counselling will be provided before, during and after consultation of the record.

Each foster care organisation will devise a system to assess and match the needs of the child with the abilities and resources of potential foster carers. This process will enable the authorised person for the child and the fostering worker to ensure that the needs of the child are met by the selection process from a pool of approved and well trained foster carers

The pool of competent foster carers will be available in local communities to provide children with care and protection while maintaining ties to family, community and cultural group.

The fostering organisation will provide regular support and counselling services for foster carers and include periodic in-service training to update the skills and the knowledge of approved foster carers. Foster carers should have opportunities within their fostering organisation and other systems involved with children without parental care to make their voice heard and to influence policy development.

Fostering organisations across Southern Sudan should consider the establishment of associations for foster carers, which can provide important mutual support and contribute to practice and policy development. Local branches of the foster carers association will be set up where there are large groups of foster carers.

## **Selection of a Foster Carer for a Specific Child**

Once the Children's Panel has decided that the child cannot return back to live with his/her family and that the child is not eligible for adoption then a long-term foster placement needs to be found.

As in the case of adoption the authorised person for the child will coordinate and manage the finding of a suitable foster family for the child to live in. The matching process is crucial so that the child is not placed in an unsuitable family and has to go through the traumatic disruption of moving again and trying to put roots down into another family setting.

Therefore the authorised person will discuss and provide the detailed report on the child's background and current needs with the foster care organisation. The fostering worker will look through the pool of approved foster carers to see who may be able to provide the most suitable family environment for this particular child. The reports on the chosen foster carers will be given to the authorised person for him/her to read and decide if they think any of them match the needs of the child. A joint decision between the fostering worker and the authorised person will decide which foster families to visit to have initial discussions regarding the child.

At this point the child's full identity will be kept confidential to protect the child, but enough details will be given for the approved foster carers to consider whether they would be interested to learn more about the child and consider him/her joining their family. All medical, educational and background information regarding why the child needs a foster family needs to be given at this initial meeting. This would include if the child has been physically or sexually abused, neglected, was abandoned by his/her family, if the child has a long term illness including HIV/AIDS or a disability or has specific behavioural problems. It is very important to be truthful about this particular child as their background and behaviour may have a disruptive effect on any other natural or fostered children living in the foster family. A significant age gap, (approximately 18 months) between all the children should be aimed for as this aids the integration of the child and allows each child individual attention. If several children of the same age are placed in one family this leads to a natural imbalance and a grouping of children rather than each child being seen as an individual with his/her own needs.

The fostering worker will contact the foster carers within a few days to hear if they think the child may fit into their family. If the foster family has misgivings about taking this child it is important to understand their concerns and to consider them when looking at other foster families.

If the foster carers are interested then a meeting between them and the child's current short-term foster carers will be arranged. Both the fostering worker and the authorised person for the child will attend the meeting. The importance of this meeting is for the Long Term Foster Carers to get to know first hand what this child is like living in a family and how he/she first reacted when he/she first came to the family and any fears or particular challenges he/she faces. An informal meeting between the child and the Long Term Foster



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Carers can be arranged if the meeting is timed for a time when the child will be coming home.

Following this discussion between the two sets of foster carers the Long Term Foster Carers can then decide if an Introduction Plan should be compiled.

The Introduction Plan will be detailed and will include dates, times and places for visits between the child and the Long Term foster Carers, review meeting dates, and who will be the coordinator and the person any member of this group can contact if there are problems or concerns.

### **Draft Introduction Plan between a Child and Long-Term Foster Carers**

| <b>Date and Times</b>  | <b>Venue</b>                   | <b>Persons Involved</b>                                     | <b>Supervisor</b>   |
|--|--------------------------------|---|---|
| Information given to child about the Long-Term Foster Carers, this can be both verbally and also with the use of a photograph and story book made by the Long-Term Foster Carers. Child's questions will be answered and if the information is not known then this will be clarified with the Long-Term Foster Carers. | Foster Home                    | Authorised person for the child and foster carers and child | Authorised person   |
| 2 hour visit of the Long-Term Foster Carers to be introduced to the child in his/her foster home   | Foster home                    | Long-Term Foster Carers, child, foster carers               | Authorised person will talk with the child and with the foster carers after the visit to see how the visit went and what the child is feeling.<br><br>Fostering Worker will visit and speak with the Long-Term Foster Carers to gather their feelings and views. If visit was successful more visits are arranged as follows: |
| Half day visit to the Long-Term Foster Carers' home by the child.  | Long-Term Foster Carers' home. | Child and Long-Term Foster Carers.                          | Authorised person for child will transport him/her to and from the Long-  |

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|   |                                |                                   | Term Foster Carers' home.   |
| One day's visit to the Long-Term Foster Carers' home by the child.                  | Long-Term Foster Carers' home. | Child and Long-Term Foster Carers | Authorised person for child will transport him/her to and from the Long-Term Foster Carers' home. This travel time gives the authorised person and the child time to talk about the visits and what happened and what the child liked or didn't like. |
| One day's visit in the same week to the Long-Term Foster Carers' home by the child. | Long-Term Foster Carers' home. | Child and Long-Term Foster Carers | Authorised person for child will transport him/her to and from the Long-Term Foster Carers' home. This travel time gives the authorised person and the child time to talk about the visits and what happened and what the child liked or didn't like. |
| One day and one night's stay at the Long-Term Foster Carers' home by the child.     | Long-Term Foster Carers' home. | Child and Long-Term Foster Carers | Authorised person for child will transport him/her to and from the Long-Term Foster Carers' home. This travel time gives the authorised person and the child time to talk about the visits and what happened and what the child                       |

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|  |   |  | liked or didn't like.   |
| <p>Discussion between the authorised person and the Short-Term Foster Carers about how they feel the child is reacting to the visits and if the child looks forward to the visits and talks about what he/she has done and what they like about the Long-Term Foster Carers.</p> <p>If all appears to be well then the visits will increase in intensity, as below.</p> <p>If the Short-Term Foster Carers have any concerns about the child, eg he/she is showing distress or is unhappy to go on the visits, then the authorised person needs to speak individually with the child. If the child does not wish the visits to continue then they should be stopped and a review meeting held.</p> | <p>Short-Term Foster carers home.</p> <p>As per plan.</p> <p>Authorised person's office, or other suitable venue.</p> | <p>Short-Term Foster Carers and authorised person.</p> <p>As per plan.</p> <p>Long-Term Foster Carers, Fostering Worker, Short-Term Foster Carers and authorised person.</p> | <p>Authorised person.</p> <p>As per plan.</p> <p>Authorised person.</p>                   |
| <p>Fostering Worker will meet and discuss with the Long-Term Foster Carers their views and feeling about the visits and how the child is adapting to them.</p> <p>If all is progressing well and the child is happy and showing signs of wanting to move to their family then a further intensive visiting pattern will be followed as below.</p> <p>If the Long-Term Foster Carers are not sure about the child fitting well into their family or there being potential for conflict between the children, fostered or natural, then the visits will be</p>   | <p>Long-Term Foster Carers' home.</p> <p>As per plan</p> <p>Fostering Worker's officer or other suitable venue</p>    | <p>Fostering Worker and Long-Term Foster Carers.</p> <p>As per plan</p> <p>Long-Term Foster Carers, Fostering worker, Short-Term Foster Carers and</p>                       | <p>Fostering Worker.</p> <p>As per plan</p> <p>Fostering Worker or Authorised Person.</p> |

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| halted and a review meeting called to discuss the issues.  |   | authorised person.   |   |
| Two consecutive days and one night stay for child with Long-Term Foster Carers   | Long-Term Foster Carer's home   | Long-Term Foster Carers and child  | Long-Term Foster Carers to transport child back and forth from foster carers home and take to and from school.                                  |
| Three consecutive days and two nights stay for child with Long-Term Foster Carers.<br><br>Close family relatives to be introduced to the child on this visit.  | Long-Term Foster Carers home  | Long-Term Foster Carers and child and other close relatives to the Long-Term Foster Carers                                     | Long-Term Foster Carers to transport child back and forth from foster carers home and school  |
| Five consecutive days and four nights stay for child with Long-Term Foster Carers.<br><br>Child is gradually being introduced to the community and people in the neighbourhood   | Long-Term Foster Carers home and the local community                              | Long-Term Foster Carers and child, close relatives and friends and neighbours to the Long-Term Foster Carers                   | Long-Term Foster Carers to transport child back and forth from foster carers home and school and any other activities the child is involved in. |
| Review Meeting – date planned at beginning of Introduction Plan.<br><br>Purpose to review all the visits and if a relationship is or has developed between the child and the Long-Term Foster Carers and their immediate family. At this point all should have gone well and both the Long-Term Foster Carers and the child want him/her to move in. A date is set for a couple of days after for the child to move in. This time frame allows the Short-Term Foster | Long-Term Foster Carers' or Short-Term Foster Carers home or most suitable venue. | Long-Term Foster Carers, Short-Term Foster Carers, authorised person, Fostering Worker and child if old enough to participate. | Authorised Person   |

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| <p>Carers to have a farewell party and also for the Long-Term Foster Carers to arrange their home and life for the long term integration and care of the child. If the child is of school age a place at a local school and purchase of uniform and school materials can be done in this short few days.</p>  |                                      |   |  |
| <p>Date of child moving into his/her long-term foster placement.</p> <p>Fostering placement and agreement forms to be signed by Long-Term Foster Carers, authorised person, child if old enough and parents if involved in child's life.</p> <p>Information about authorised person's responsibilities and visiting pattern to child will be provided to the Long-Term Foster Carers.</p> <p>Fostering Worker's support will continue to the Long-Term Foster Carers.</p> | <p>Long-Term Foster Carers' home</p> | <p>Child, Long-Term Foster Carers, Fostering Worker, authorised person.</p>   | <p>Authorised person.</p> <p>Fostering Worker.</p> |
| <p>Review Date set for one month's time from date of placement</p>  | <p>Long-Term Foster Carers Home</p>  | <p>Child, Authorised Person, Fostering Worker, Child's parents', school teacher, health personnel if relevant, Team Manager of Authorised Person.</p> | <p>Authorised Person</p>                           |

## **Supported Independent Living**

There is likely to be some children who are left without appropriate caregivers who due to their age or life experiences will not adapt easily to living in a close family environment. Many of these will be older adolescents aged 16 years and older.

For these children it is important to provide safety and security but to also enhance their self-independence and integration into society as respectable, educated and skilled workers.

A small self-contained house or hostel (shared living accommodation) needs to be provided so that each young person has their own bedroom and personal space but may have to share a kitchen and/or bathroom with two or three other young people. If several young people come from one community or village it may be possible to build Tugul's near to each other or extended family members, which will promote the young person's independence but also allow familial support to be on hand should the need arise.

The young people sharing this self-contained accommodation will need to keep the property clean, cook, shop and wash for themselves. They will be supported in these living skills by their Key Worker.

Each young person will sign a rental contract for their accommodation which will contain the rules and expectations of living in the accommodation. This will include the amount of rent to be paid and on which date the rent is due, responsibilities for keeping the hose clean and times for being in and keeping to appointments with the young person's Key Worker. Initially if the child is in full time education his/her rent may be paid by the authorised organisation, but as the young person gains more autonomy and can work then he/she will gradually take on more and more responsibility for the costs of the accommodation.

A small moving in grant from the authorised organisation will be given to each young person for them to purchase the essential equipment for living independently. The young person and his/her Key Worker will purchase the equipment together so that the young person can learn to prioritise his/her needs and also begin to realise the costs of items and how to find the best prices.

It is important that the young person does not become dependent on financial handouts from the Authorised Person or any humanitarian organisation, but learns to provide for him/herself. The Key Worker will assist the young person in learning how to budget their money to provide for the basic items they need to survive.

The young people should be assessed by the authorised person as to their needs and level of self-care skills and level of independence. A Care Plan will be drawn up between the young person, the Authorised Person and a Key Worker for the young person.

The Care Plan will specify the work to be done by the Key Worker, the Authorised Person and the young person in three monthly periods of time to improve the young person's skills

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and abilities. A Review will be held at the end of each three month period to assess the progress and to plan the work for the next three months.

Included in the Care Plan will be the education, vocational skills training or employment the young person will undertake to improve his/her ability to work and to provide for his/her housing, food, clothing and leisure costs. Support will be provided by the Key Worker and/or Authorised Person in finding the young person, informal education courses, vocational skills or employment.

Additional support will be provided by the Key Worker, Authorised Person and any other relevant professional according to the young person's needs. Any difficulties that the young person has or any concerns he/she has should be discussed with the Key Worker or the Authorised Person, whomever the young person feels most comfortable discussing it with.

As the young person gains more autonomy and skills that lead him/her to be able to cope and live comfortably in the community the Key Worker will gradually reduce his/her input or type of support that is offered to the young person. There should not be an abrupt end to the support of the Key Worker or Authorised Person as this could have a detrimental effect on the young person. All changes in support should be well planned and discussed in the regular reviews.

Because the young person is living in a community, they should over time make relationships and friendships which will take the place for the need for a professional confident.

Supported Independent Living Schemes can be set up by NGOs or housing organisations or local communities that have a piece of land and wish to assist young people from their community or tribe that no longer have caregivers.

Any Supported Independent Living Service that is set up to assist or provide services to children will need to be registered and approved by the Ministry of Gender, Social Welfare and Religious Affairs.

Authorisation should be granted and regularly reviewed by the Ministry of Gender, Social Welfare and Religious Affairs, on the basis of standard criteria covering, the organisation's objectives, functioning, staff qualifications and experience, training and support to Key Workers, financial resources and management.

All organisations will have written policy and practice statements, consistent with this policy setting out clearly their child protection policies and procedures for staff and the recruitment of potential Key Workers. In addition the organisation will have clear reporting procedures on allegations of misconduct by Key Workers.

All Supported Independent Living Services will have a clear policy on the importance of confidentiality with regard to all children receiving or referred to the organisation for service provision. Each manager and Key Worker must be aware and understand the policy and that

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they are bound by their employment to keep all information regarding the child's background and situation confidential.

All organisation will ensure that prior to the offer of employment, Key Workers and other staff in direct contact with children are systematically subject to personal background checks, including wherever possible checks on their criminal record. This is essential for the protection of children.

Pre-approval training should be provided to all Key Workers on the rights and specific needs of children without parental care, with special attention to the need for children to be cared for in a non-discriminatory manner and to respect their family of origin. Cultural, social, gender and religious sensitisation should also be assured.

In addition training in how to promote independence and living skills, dealing appropriately with challenging behaviour, including conflict resolution techniques and means to prevent acts of harm or self-harm, should be provided to all staff employed by organisations.

Supported Independent Living Organisations should ensure that the Key Workers they recruit are adequately prepared and motivated to work and assist young people with a lack of formal education, children with disabilities, children living with HIV/AIDS, children who have been part of armed groups, have been living on the streets for long periods and children from other cultures and tribes.

Comprehensive and up-to-date records should be maintained regarding the administration of Supported Independent Living Organisations, including detailed files on all children living in their accommodation or receiving assistance by their Key Workers, staff employment, including their qualifications, training and experience and financial transactions.

The records on children supported by the Supported Independent Living organisation should be well maintained, up-to-date and secure, and include information on their admission and departure, reasons for admittance to semi-independent care, along with the child's personal information and family history. This record should be consulted by duly authorised professionals responsible for his/her current care.

The above-mentioned records should be made available to the child, as well as to the parents or guardians, within the limits of the child's right to privacy and confidentiality. Appropriate counselling will be provided before, during and after consultation of the record.

Each Supported Independent Living Organisation will devise a system to assess and match the needs of the young person with the abilities and resources of the Key Worker. It is important for disaffected young people to be able to relate to and trust the Key Worker who is there to assist them but not to provide day to day care or supervision.

A pool of competent Key Workers will be available in local communities to provide young people with support to integrate into the community, cultural and local activities.



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### Conclusions

The best care arrangements for children without a primary caregiver are for alternative family environment to be found for a child that meets his/her needs for care, nurture and the development of his/her overall welfare. This policy has detailed the types and forms of alternative community based family care and the processes of how the decision-making process can be set up to assist in making a decision in the best interest of the child.

Currently within Southern Sudan very few services or forms of alternative family care exist and children are living without protection or the essential care and nurture for their potential development.

This policy has been devised with a view to the types of alternative care that could be developed and the need for the Ministry of Gender, Social Welfare and Religious Affairs and the State Ministries of Social Development to plan and coordinate the development of appropriate services for the children of Southern Sudan. The types and forms of alternative community based care is not exhaustive and can be adapted and

## Appendix 1

### Collecting Information for Your Assessment

To begin your work with a family you will need to collect information to enable you to assess the situation and make appropriate plans. The following headings are reminders of the areas to cover when collecting your information and making your assessment.

#### **1. Family details and household composition**

##### **1.1 Household composition**

It is important to include details of everyone who lives in the household, even if they are not members of the family. The following details should be obtained:-

- a. Full name, including any previous names (e.g. pre-marriage names or aliases).
- b. Date and place of birth;
- c. Marital status;
- d. Tribe;
- e. The people in the household, e.g. parents, grandparents, friends, lodgers;
- f. Does everyone usually live as part of the household, or are some staying just temporarily?
- g. The full address and mobile telephone number if the family has one;
- h. Previous address or place the family lived in prior to moving to this location.

##### **1.2 The child or children living in the family**

Include the following areas for each child, (under the age of 18 years old) in the family or household, whether they are living at home, are at a boarding school, living with other relatives or elsewhere.

- a) The child's full name;
- b) The child's place of birth and date of birth;
- c) The child's developmental history, including the pregnancy and birth;
- d) The child's health, from birth up to now;
- e) The child's physical, emotional, intellectual and social development;
- f) The child's school attendance and academic achievement;
- g) Can the child read or write?
- h) Does the child have any special needs, for example, a physical or mental disability, sight or hearing impairment, developmental delay or emotional difficulties?
- i) The relationships between the child and his or her parents or other members of the household including any other child or children.
- j) Does the child have any strong relationships with other extended family members or friends of the family?
- k) Who are the child's friends?
- l) Does the child perform any household chores or undertake work? If he child works how many hours per day and what does he/she do?
- m) Has the child been in conflict with the law? Why and what happened to him or her?
- n) Does anyone have any concerns about the child?
- o) Who takes most of the responsibility for the care of the child?

## DRAFT

- p) Has the child ever lived in an institution or elsewhere? If so, where was the child, for what period of time and what were the reasons?
- q) What are the parents' wishes and plans for the child?

### **1.3 Other family members**

There may be other members of the family, adults or children, who do not live as part of the household. Are both parents living as part of the household? If not, remember to cover the following areas:-

- a. Name and date of birth of the absent parent; his or her tribe; has the absent-parent ever lived as part of the household? If so, when did he/she leave, and what were the reasons?
- b. Does the absent parent have any contact with the child or children?
- c. Where is the absent parent now (obtain their address if possible), and what are their circumstances?
- d. Are there any other children of the family who do not live as part of the household?
- e. Are any children missing and their whereabouts not known by the family? If so, when did they leave or when and where did the family last see them and what were the reasons or circumstances? Would the family like to find their child or be reunited with them if they can be located?
- f. Have any children been adopted? If so, who adopted them, if the family know. When and what were the reasons? Is there any contact with these children?
- g. Are there any children who are now grown-up and living elsewhere? If so, what are their circumstances?
- h. Has any child in the family died? If so, when did this happen and what was the cause?

### **2. The family's ethnic origin, language and religion**

What is the family members' ethnic origin? What language(s) do they speak? What is their religion? How important is their religion to them? Do all the members of the family read and write?

### **3. The extended family and other significant people**

**3.1** Which members of the extended family are this family close to? How often do they see each other or visit one another? Remember to include names and addresses and the relationship, (eg sister, brother, aunt).

**3.2** Are there any family members or neighbours that this family have difficult relationships with? Who are they and what is the cause of the problems?

**3.3** Do any of the family members belong to a religious group, a self-support group or a committee or association? Does this group provide support and provide assistance to the family member?

### **4. Professional Contacts**

Do any of the members of the family have regular meetings or discussions with a professional? If they do, please gather the names, professional title and organisation and reason for the contact. The family's professional contacts may include:-

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- a. Kindergarten;
- b. School.
- c. Clinic or health post;
- d. Hospitals - maternity, paediatric.
- e. Commission for War Veterans, Commission for War Widows, Disabled and Orphans, lawyer, NGO etc.

### **5. Employment**

- a) Are the adults in the family employed?
- b) Who do they work for, what work do they do, is the work regular and do they receive their salary on time?
- c) Do they have a profession or skill that they cannot presently find work in?
- d) If they are currently not working have they been employed in the past?
- e) Would they be prepared to be retrained? What skills or interests do they have?

### **6. Financial circumstances**

- a) What is the total family income? (Include any salaries received or casual work payments and any governmental allowances or income received from family members outside of Southern Sudan)
- b) Do any members of the family receive a pension or state allowance? Are they eligible for a pension or allowance?
- c) Do the family have any debts?
- d) How much and on what do the family spend their income? (Include here rent for housing, food, electricity, water, gas, school fees, clothes, transport etc)

### **7. Material conditions**

Remember to include the following areas. Be clear how the material conditions affect the welfare of the child or children:-

- a) The type of accommodation (for example, room, temporary shelter, Tukul or house). Is the property owned or rented? How many rooms are there?
- b) Are the rooms adequately furnished and are they clean?
- c) Where do the children sleep? Are there enough blankets?
- d) How does the family cook?
- e) Is there electricity?
- f) What is the family's source of water? If the water has to be collected who collects it, how far away from the home do they have to go, how long does this take? What are the sanitary arrangements?
- g) Do the family have animals? What and how many? Who looks after them or takes them to graze?
- h) Do the family have land? Does the family grow vegetables and crops to provide food or to sell?

### **8. Background family history**

Include the following areas for each parent, step-parent and anyone else who is bringing up the child or children on a long-term basis, e.g. the grandparents or other relatives:-

## DRAFT

- a) Where were they born, where did they grow up, have they returned recently to this location?
- b) What was their childhood like, did they live with their parents and brothers and sisters?
- c) What level of education did they achieve? What is their attitude to education for boys and girls?
- d) Were they as children ever separated from their parents, what were the circumstances?
- e) Their physical and mental health. Do they take any regular medication?
- f) Do any of the adults have a disability, either intellectual or physical or both? How does this affect their ability to undertake normal activities?
- g) What is the marital relationship like? Has either person been married before? What happened to the marriage? Is this a polygamous marriage?
- h) Does anyone have any problems with alcohol? Have they had alcohol problems in the past?
- i) Have any of the adults been imprisoned or charged with an offence? Provide details.
- j) Do they have any children from previous relationships who have not already been mentioned under section 1.1 or 1.2? If so, where are these children and what are their circumstances?
- k) Their present relationship with their husband/wife/partner/extended family members.
- l) Is there any violence between the adults or major areas of disagreement?
- m) What are the adults' views on discipline for their children? Who usually disciplines the children? How are the children disciplined when they have misbehaved?

### **10. The family's views**

- a) How do the various members of the family see their situation?
- b) What the problems as described by the various family members?
- c) What are the family's wishes and what do they think would help them? Remember to include the children's views, taking into consideration their age and understanding.
- d) Have the family asked any other organisation or welfare department for assistance? Who and what was their request?

Have you talked to all members of the family who may be relevant, including those who live elsewhere?

### **11. Information from other sources and professionals**

As part of your assessment you will need to collect further information from professionals and other sources so that you can build a holistic picture of the child and family' situation. Any organisation or person in Section 4 'Professional contacts', should be visited to gather their view of the child or family situation..

### **12. Social work assessment and plans**

Through the information you collect, the observations you make of the child and adult's behaviour during your visits and the work you undertake with the family, the adults and the children, you will be able to form an assessment of the family's situation and so draw up appropriate plans for future work with the child and family.

**Appendix 2**

**Social Worker's Assessment Report**

**Child's Name** .....

**Social Worker undertaking Assessment** .....

**Period of Assessment** From ..... End .....

|   |
|---|
| <b>Child's Development</b>  |
| <b>Child's Education</b>  |
| <b>Child's Health, (include here any disabilities)</b>            |
| <b>Child's Social Relationships within and outside the family</b> |
| <b>Parents and Family Relationships</b>                           |
| <b>Family Finances &amp; Expenditure</b>                          |

|  |
|--|
|  |
| <b>Family's Living Situation</b>                   |
| <b>Other Professional's Opinions</b>               |
| <b>Family and Child's Views of their Situation</b> |
| <b>Community Resources Available</b>               |
| <b>Social Worker's Opinion and Observations</b>    |

|  |
|--|
|  |
|--|

**Strengths and Weaknesses of the Family**

|  |
|--|
|  |
|--|

**What to do to protect and assist the child and this family; (plan of work)**  
**Actions will be recorded for everyone:**

**Social Worker:**

|  |
|--|
|  |
|--|

**Mother:**



**Father:**

**Child:**

**Other Professionals:**

**Review Date for a Meeting:**

**Signatures:**

**Parent(s) .....**

**Social Worker.....**

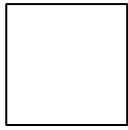
**Team Manager.....**

**Date.....**

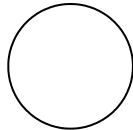
Appendix 3

**GENOGRAM (OR "FAMILY TREE")**

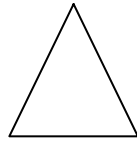
**GENOGRAM SYMBOLS**



**MALE**



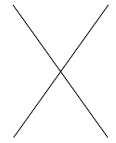
**FEMALE**



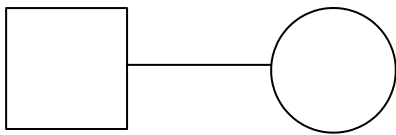
**GENDER  
UNKNOWN  
ABORTION**



**DEATH**



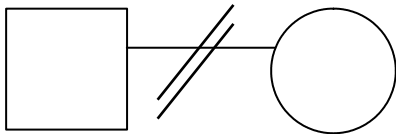
**MISCARRIAGE  
OR**



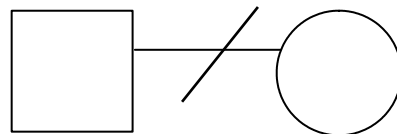
**LONG-TERM RELATIONSHIP  
RELATIONSHIP  
(MARRIAGE OR LIVING  
TOGETHER)**



**SHORT-TERM**



**DIVORCE**

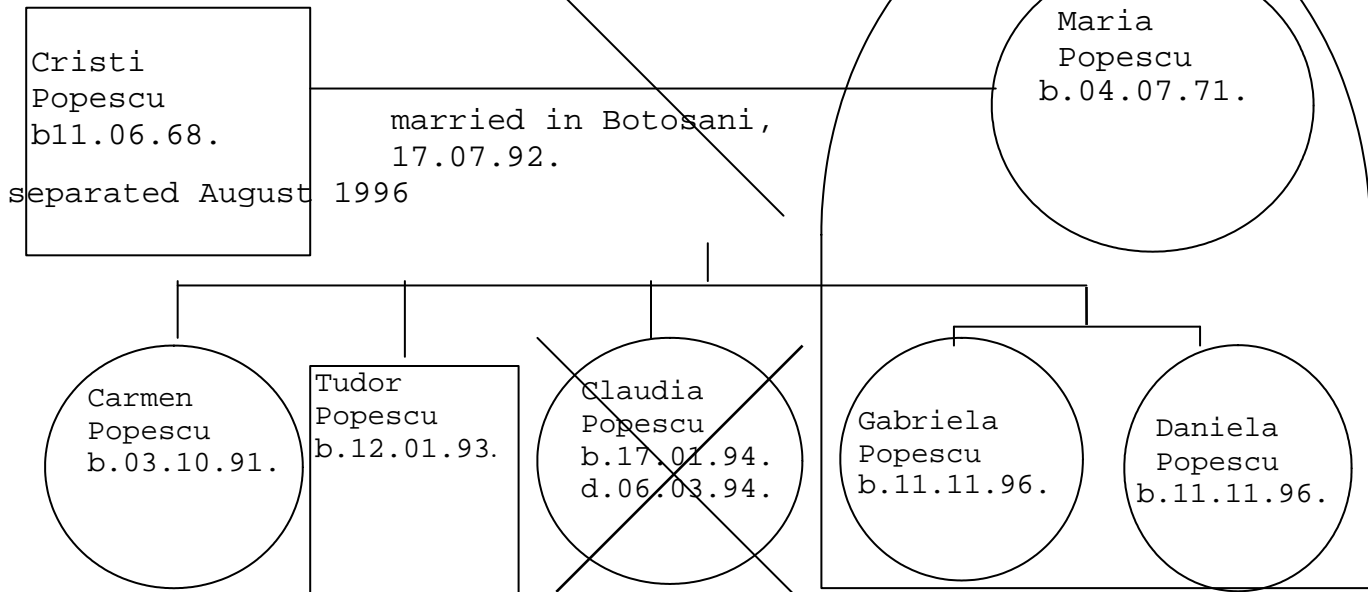


**SEPARATION**

## DRAFT

A dotted line should be drawn around the people who currently live in the same house.

### SHORT EXAMPLE



### MAKING A GENOGRAM

1. Making a genogram is an opportunity for social workers and members of a family to co-operate together in a shared activity. Social workers should try to involve parents, children and other appropriate family members (e.g. grandparents) as fully as possible in the activity.
2. Genograms can be developed to include many different parts of the extended family (e.g. children from previous relationships, cousins, new husbands and wives). It is generally useful if the genogram covers at least three generations (i.e. grandparents - parents - children).
3. If the social worker is not experienced at drawing genograms, it is a good idea to practice the technique with colleagues before using it with a family.
4. It is useful to use a large sheet of paper and pens or pencils of various colours.

## DRAFT

5. Extra details can be added to the genogram, such as important places and significant events (e.g. an accident which leaves someone with special needs).
6. Working on a genogram is an opportunity to discuss a family's history in detail, and to explore how members of the family feel about what has happened to them.
7. Working on a genogram is also an opportunity for the social worker to observe how members of the family interact with one another: for example, how open they are with one another, how well they respond to each other's needs, and how much they know about each other.

## Appendix 4

### **Ecomaps**

The Ecomap is a visual representation of the family in relation to the community. It shows the relationships between family members and external systems such as the school, health system, work, and spiritual community. Information such as time spent in getting to health care, buying food and other goods for the family, access to transportation and safety of family members is learned through an Ecomap. The Ecomap adds to information learned from the Genogram and family circles. Family resources in persons and systems may become apparent. The Ecomap is a paper and pencil simulation developed as a family assessment, planning, and intervention tool.

#### ***Directions***

Draw the family system or household (as defined by the family member[s]) in a large circle at the map's centre.

Use the Genogram symbols to depict family members. Indicate relationships as in the traditional family tree or genetic chart. Insert the person's age in the centre of the Genogram symbol.

Fill in or draw circles for the other systems of the family environment. In contrast to the Family Circles, the circles can be any size and do not reflect significance by their size. Some of the most common systems for families are extended family, recreation, health care, and school. Some circles are left undesignated so that the map can be individualized for each family.

Add the connections between the family and the different systems of their environment. Indicate the nature of the connections by the type of line drawn. A solid or thick line represents an important or strong connection and a dotted line a tenuous connection; jagged marks across the line represent a stressful or conflicted relationship.

Indicate the direction of the flow of resources, energy, or interest by drawing arrows along the connecting lines.

Connections can be drawn to the family as a whole if they are intended to portray the total family system's relationship with some system in the environment. Other connections can be drawn between a particular individual in the family and an outside system where that person is the only one involved or different family members are involved with an outside system in different ways. This enables the map to highlight the contrast in the way various family members are connected to the other systems.

To further develop skills with the Ecomap, complete an Ecomap on your family and/or a friend's family prior to use with a clinical family.

***Ecomap characteristics***

The Ecomap shows the ecological system with the boundaries which encompass the person or family in their life space, and

- includes the major systems that are a part of the family's life;
- shows the nature of the family's relationship with the various systems;
- portrays an overview of the family in their situation by, picturing the important nurturing or conflict connections between the family and their world;
- demonstrates the flow of resources or the lack and deprivations; and
- highlights the nature of the interfaces and indicates conflict for mediation and resources to be identified and mobilized.