

Tool 3
Minimum Standards for Interim Care

Service	Minimum standard
Aims	<p>The care provider has signed a formal agreement to provide temporary care and protection with the aims of reunifying children as quickly as possible; addressing the issues in relation to the child's personal objectives (social reintegration, treatment for chronic disease, psychosocial support etc.); maintaining the child's identity; and placing children who cannot be reunified in alternative longer-term family based care if required.</p>
Admission	<p>Admission criteria stipulate that only unaccompanied children whose families have not been traced or children whose families are unable or unwilling to look after the child, even with support, should be placed in out of home care.</p> <p>An assessment is made of the circumstances of the child and whether the child meets the admission criteria, and whether the placement meets the needs of the child.</p> <p>Relevant authorities are notified of the child's placement.</p>
Management	<p>A specific individual/manager is responsible for the overall functioning of the care facility or programme, and the safety and well-being of the children</p> <p>Staff members and care-givers have been vetted and have received training/information on child protection procedures; child care responsibilities; and the individual needs of the children in their care. Staff and formal care-givers receive regular supervision and support.</p> <p>There is written information on the policies and practices of the service provider.</p> <p>The care provision is registered and independently inspected at regular intervals.</p> <p>The appropriate authorities are notified of the movement of children in and out of the placement.</p> <p>Serious complaints e.g. of abuse, criminal activity etc are forwarded immediately to the management of the programme, partner organisations, and the relevant authorities.</p>
Accommodation	<p>The accommodation is safe and is not within 50 kilometres of an active military area. Guards (unarmed) may be required for residential facilities. #</p>

	<p>Children have their own bed and place for their belongings. Placement provision is on a par with community standards and norms.</p> <p>The accommodation is located within the community.</p>
Child care	<p>Sufficient numbers of care-givers exist to provide adequate care and attention for each child.</p> <p>Care-givers are responsible for:</p> <ul style="list-style-type: none"> • A maximum of 8 children, where all the children are over 8 years of age. • A maximum of 5 children under the age of 8; <ul style="list-style-type: none"> - Of these 5 children a maximum of 3 may be under 5 years of age <p>Care-givers are female.</p> <p>Child to care-giver ratios apply 24 hours a day and 7 days a week.</p> <p>Alternative cover is available in times of illness or absence.</p> <p>Children are cared for within a family, or in a small group of up to 8 children of mixed ages and with consistent care-givers.</p> <p>Siblings are kept together unless not in the child's best interests.</p> <p>Children receive individual attention regularly beyond survival needs.</p> <p>Infants and young children are not left alone and are given sufficient physical affection, attention, and stimulation.</p> <p>Care-givers use positive, non-violent forms of discipline.</p>
Child Protection	<p>Measures are taken to protect children from all forms of abuse, exploitation, violence, and neglect.</p> <p>Children are aware of what abuse is and what to do if it occurs in the placement.</p>
Food and food preparation	<p>There are assured supplies of appropriate food items similar to those available to other families, plus kitchen utensils and a cooking stove.</p> <p>Severely malnourished children are cared for in community based therapeutic feeding centres. In such cases, the child must be registered and his/her details documented and prevention of separation measures taken. Within interim care, they have required resources for their rehabilitation.</p> <p>The nutritional needs of pregnant or lactating mothers as well as young children are met. Infants under two are provided with breast milk from a woman who has tested HIV negative, and/or substitute</p>

	<p>milk which is prepared hygienically.</p> <p>Good hygiene is practised in storage, preparation and cooking of food</p> <p>Children eat their meals with other members of the family, or as part of a small family group</p> <p>Sufficient clean water is accessed and available</p>
Environmental sanitation	<p>Latrines or other arrangements for the sanitary disposal of faeces are well away from water sources, cooking and eating areas and are kept clean.</p> <p>Private and safe area for toileting, bathing and dressing is available– in residential care boys’ and girls’ latrines are separate and in well-lit places</p>
Medical services	<p>Children have a physical and psychological health check on arrival.</p> <p>Children are given medicines as prescribed.</p> <p>There are regular visits by/to health workers to assess the health and nutritional status of children and to provide vaccination and other primary health care services.</p> <p>Severely ill children and those with highly contagious diseases are transferred to community hospitals for medical treatment. The child must be registered and his/her details documented and prevention of separation measures taken.</p> <p>Malaria nets are allocated to each child where malaria is present.</p> <p>Health records are kept in child’s file and regularly updated.</p>
Care planning and recording	<p>All information relating to the child is recorded in the child’s case file, including admission and registration details and medical/development notes.</p> <p>Children are prepared for the placement and any moves.</p> <p>All children have a care plan and a key worker.</p> <p>Identified protection risks and needs are followed by actions/referrals to relevant partners for action.</p> <p>Care plans are reviewed with relevant parties at least once every 12 weeks.</p> <p>Children in need of longer term care are transferred out of</p>

	<p>interim/temporary residential care within 12 weeks to family based care or small group homes.</p> <p>Children are provided with information, their opinions sought, and involved in decision making relating to the care and protection.</p> <p>Children are provided with necessary identity papers or other documentation and have access to these at all times.</p> <p>Care-givers and staff are aware of and strictly follow confidentiality procedures. Records are kept securely</p>
Monitoring	<p>There are monitoring visits every 1-2 weeks by a caseworker for children in temporary care provision lasting up to 12 weeks.</p> <p>Workers make both regular and unannounced visits to the home.</p> <p>The child is seen separately during every visit.</p> <p>Monitoring does not disrupt adequate placements or draw attention to the child</p>
Tracing, verification and family reunification	<p>Children have access to tracing services and are updated regarding progress.</p> <p>Care-givers cooperate with tracing, verification and reunification work.</p> <p>Children are supported in getting and staying in touch with family and friends.</p> <p>Verification procedures in place and followed.</p> <p>Where follow up support is provided to the child's family, the needs of the surrounding community are also considered.</p>
Other services	<p>Children have access to available community based recreation, education, livelihoods and psychosocial services. Where these are not available in the community, alternative temporary centre or camp based services are set up as required.</p>

For more comprehensive standards, please refer to the Resource list.