RESULTS FROM A WORKSHOP

STANDARDS OF PRACTICE FOR THE REINTEGRATION / PLACEMENT OF CHILDREN AFFECTED BY AIDS

ORGANIZED BY

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BACKGROUND

This report is based on the results of a workshop to discuss "Standards of Practice for the Reintegration / Placement of Children Affected by AIDS (CAA)" which was held in Phnom Penh in June 2005.

The objective was to share knowledge, experiences and ideas surrounding the issue of reintegrating street and other vulnerable children who have been affected by AIDS (CAA) back into mainstream society (into family situations, into public school and also into jobs). The results of the discussions have been compiled into a set of Standards of Practice which are comprehensive (but not exhaustive) guidelines of the reintegration / placement process.

The workshop was a collaborative effort between Friends International, Mith Samlanh and the Education Development Centre (EDC). Many thanks to everyone involved in designing, organising and facilitating the workshop. Special thanks go to all the participants who shared their invaluable knowledge and experiences from around the region [1]. May this fruitful collaboration continue.

INTRODUCTION

Placement and reintegration of any vulnerable child, who has for whatever reason lost contact with their family, is complex enough. When HIV/AIDS is brought into the equation the task can seem, at times, impossible. There are a multitude of reasons why children loose ties with their family and/or society in general and there are therefore many factors to consider when supporting them back into mainstream society.

A global study undertaken by UNAIDS and UNICEF (2000) has predicted that by the year 2010, the number of children orphaned by AIDS globally is expected to reach 25 million, and the number of children made vulnerable as a result of HIV/AIDS in their network will greatly surpass that estimate. Families and communities are the first line response to the epidemic and CAA are mainly being absorbed within the extended family system. However, these families are increasingly struggling under the strain and failing to provide fully for their children's needs. Households headed by women and the elderly, who are already at the edge of poverty, must stretch their meagre resources even further to accommodate additional children. AIDS is putting tremendous pressure on single parents, extended families and traditional community safety nets. Without adequate responses, such as supporting these families and communities to accommodate the increasing number of CAA, we will see an ever-increasing rise in the number of children who are forced onto the streets or into institutions.

In response, UNAIDS and UNICEF have come up with five key strategies intended to target key action areas and provide operational guidance to governments and other stakeholders:

1. Strengthen the capacity of families to protect and care for CAA by prolonging the lives of parents and providing economic, psychosocial and other support;
2. Mobilize and support community-based responses;
3. Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others;
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities;
5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

As committed members of the NGO community and together with Government Ministries, we have a responsibility to ensure that children all over the world, but particularly in the South East Asia region, are able to realize their rights in accordance with the United Nations Convention on the Rights of the Child and other relevant human rights instruments. The Convention on the Rights of the Child affirms that the family has primary responsibility to protect and care for the child and that governments have the responsibility to protect, preserve and support the child-family relationship. The Convention also specifies the responsibility of the State to provide special protection for a child who is deprived of his or her family environment. There are 4 main guiding principles which are immediately relevant when discussing strategies associated with placement and reintegration of CAA and which should be remembered when designing, evaluating and implementing such projects:

1. The best interests of the child
2. Non-discrimination
3. Right to survival, well-being and development
4. Respect for the view of the child

The aim of the Standards of Practice outlined in this document is to provide a basis for NGOs, Government Ministries and other organizations to be able to either a) evaluate their existing reintegration / placement projects and assess whether they are meeting the basic criteria which ensures the sustainability of their programs or b) use them as a tool or building blocks to establish new reintegration or placement projects within existing programs which deal with Children Affected by AIDS and other vulnerable youth who have, for whatever reason, left mainstream society. It was decided to focus these Standards of practice on Children Affected by AIDS as there is one major factor that distinguishes children in such a category from other orphans or vulnerable children. That factor is stigma and discrimination. Lack of knowledge and understanding of HIV/AIDS so often marginalizes children and unfortunately can restrict options available to them with regards to reintegration and placement.

It must be stressed that these guidelines do not necessarily cover the more complex issue of reintegrating or placing Children Infected with HIV/AIDS (CIA). There are a number of issues which can be adapted for working with CIA, but it is recommended that planning must be much more meticulous and individual needs, such as medical care, must be taken into consideration.

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[1] A full list of participants can be seen in Annex 1.

TERMINOLOGY

The terms placement or reintegration have a number of different meanings and can be applied to a multitude of projects in the development arena. For this reason it is useful to clarify what we take these terms to mean when discussing vulnerable children, and specifically those who are affected by HIV/AIDS.

Reintegration

For the purpose of the workshop, when referring to Reintegration, it was presumed that reintegration refers to supporting a child to return to an environment they may have originally had links to and/or are familiar with. This can include the reconciliation of children with their immediate family, and where this is not possible, with their extended family. It also refers to supporting a child who is prepared to go back into the public school system.

Placement

It can be said that Placement refers to providing options to children other than those mentioned above. For example, if neither of the two primary options for family reintegration are available, children should preferably be placed within a family-oriented community environment, such as Foster Care. Placing children in Institutional care is generally a last resort or short-term option. The term Placement can also be used when referring to finding employment opportunities for older children. In short, placement can refer to supporting a child to position themselves in a safe environment but which they may not necessarily be accustomed to.

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Children Affected by AIDS (CAA)

The term "Children Affected by AIDS" (CAA) is referred to throughout this document and is defined as:

"Children below 25 years of age [2] whose parent(s) are infected by HIV/AIDS, their parents have died from an AIDS-related illness, or they themselves are HIV+."

There are a huge number of risks for children in this category. Children whose parents are HIV+ are often forced to work to subsidize the family income and/or pay for medical care if their parent(s) are no longer able to work themselves. This often results in the child being absent from school and the children therefore lack any form of formal education. HIV+ families are often also stigmatized and discriminated against in their communities, often resulting in them loosing their homes. If one parent re-marries after loosing their spouse to AIDS, their new partner often rejects existing children, forcing them to leave the family home and fend for themselves. Those children whose parents have died as a result of AIDS related illnesses are often forced to make a life on the streets, when land titles are not passed on, if in fact they even exist. Children who are themselves infected with HIV/AIDS often face all the above problems, with the addition of eventually being chronically sick themselves.

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[2] It is acknowledged that some organizations don't classify "children" up to the age of 25. However, it is necessary to represent classifications demonstrative of all members in the working group.

PROCEDURES FOR REINTEGRATION / PLACEMENT

The Standards of Practice in this booklet address a variety of different reintegration and placement options available to children. The main or most popular options identified by the working group include:

- Direct Family Reintegration
- Extended Family Reintegration
- Foster Care Placement
- Independent Living Placement
- Religious / Cultural Placement
- Institutional Care Placement
- Public School Reintegration
- Job Placement
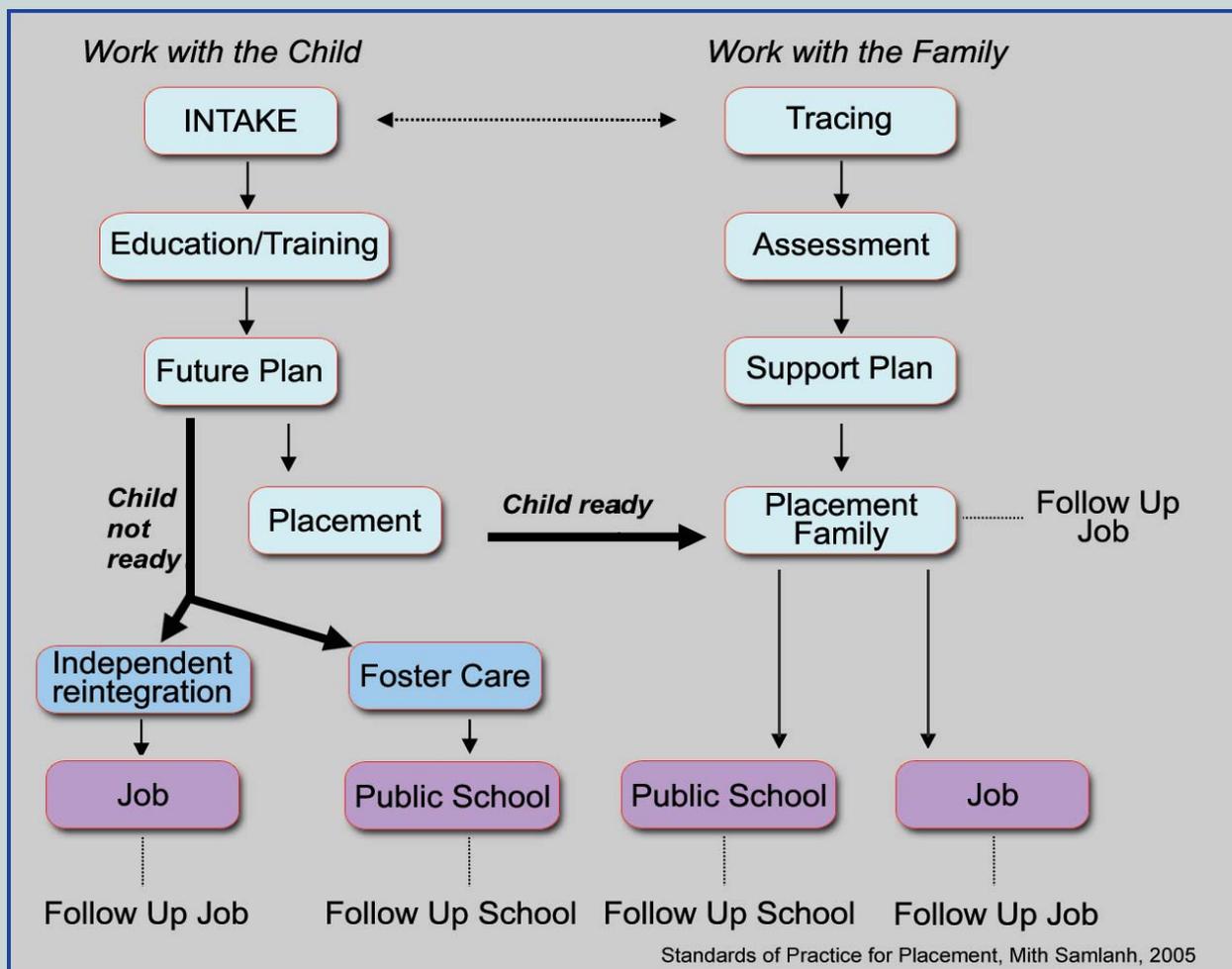
Reintegration and Placement options

Family reconciliation is the first option which should be explored for social reintegration of the child. It is widely acknowledged that the most suitable place for a child to stay is in within the family unit, in a community environment. However, family reintegration is not always possible for a number of reasons (which will be explored in a later chapter) so the next step is to look into placing the child with their extended family, again providing the child with a semi-familiar environment in a community setting. Similar constraints may exist in which case the Case Manager for the child should explore referring the child to Foster Care. Placement in foster care is a long-term placement within a family which is supported to ensure good living and education conditions for the child. It is not an adoption as children remain the responsibility of the organisation. However, according to Mith Samlanh Foster Care guidelines, it can lead to an adoption after 4 years (this period of time may vary between countries in the region) since the initial placement took place and only if all parties agree (child, organization, family). Many children choose to live independently and organisations can still support these children and ensure they are provided and cared for in the best possible way, if required and/or desired. If all the above options have been exhausted and deemed unsuitable, the child can be places in an appropriate institution and ideally, this should be a short-term option until one of the opportunities above become available.

Depending on the age of the child in question, organisations can also support the child with public school reintegration or job placement options.

There are three main stages of reintegration and placement that should be followed to ensure the suitability and sustainability for the future of the child. The procedures that should be followed not only include working with the child, but also their family and the relevant local authorities:

1. Planning and assessment
2. Reintegration / Placement
3. Follow-up

The diagram below depicts the flow of procedures:

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Work with the Child                    Work with the Family

     INTAKE  <------------------------>   Tracing
        |                                    |
        v                                    v
  Education/Training                     Assessment
        |                                    |
        v                                    v
   Future Plan                           Support Plan
        |                                    |
 Child  |                                    v
 not    |      Placement    Child ready   Placement  ......  Follow Up
 ready  |                 ------------->    Family                Job
        |        |                           |
        v        v                           |
  Independent  Foster Care                   |
  reintegration                              |
        |         |                          v              v
        v         v                     Public School      Job
      Job    Public School
        :         :                          :              :
 Follow Up Job  Follow Up School   Follow Up School   Follow Up Job
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Standards of Practice for Placement, Mith Samlanh, 2005

Case Management

A Case File should be opened as soon as any relevant information (name, circumstance etc) is gathered from a child. When regular contact is being made (a minimum of once per week) a Case Manager should be assigned to the child, who is responsible for the management of all activities related to the child. The Case Manager is also responsible for ensuring the child's information is made available to organizational staff responsible for reintegration and placement a minimum of 3 months prior to when reintegration or placement is due to take place.

The Reintegration/Placement Case Worker or Manager should be responsible for ensuring all the relevant forms related to the reintegration or placement of the child are filled out. In Cambodia, UNICEF implemented a project in collaboration with the Ministry of Social Affairs, Veterans and Youth Rehabilitation to create standard forms for use by all organizations carrying out child-reintegration/placement related work. The aim of standardization is to facilitate referrals between various stakeholders and organizations involved.

The Placement team at Mith Samlanh in Cambodia currently uses the following forms:
- Family tracing form
- Family assessment form
- 3 month job planning
- 10 month job planning
- School assessment form
- Job placement preparation form
- Business placement preparation form
- Job placement and follow up form
- Employer form
- Business placement and follow up form
- Family follow-up form

Case notes from every contact with a child is noted on one of the relevant forms and immediately filed in the child's Case File.

It is recommended that these notes are kept by the organization responsible for the Child's Case Management for a minimum of 1 year after the case has been closed.

Follow-up

Follow-up is crucial to successful and sustainable reintegration / placement projects. It is also important to gather lessons learned which can be used to monitor and evaluate the project. The Guidelines set out in this booklet have been based on the standards set by Mith Samlanh in Cambodia. However, those responsible for follow-up activities may vary according to the specific case and organizational make-up. Similarly, the amount of follow-up necessary will vary case-by-case, but recommendations have been set out.

Follow-up is also vital to gather information and lessons learned which can be used to monitor and evaluate the project.

The specifics of working with CAA

This already complex set of procedures, needs to be further analyzed when dealing with CAA. There are a number of additional factors which need to be considered to support children and their families who have been affected by HIV/AIDS and these most notably come in the form of extra social, health care and emotional support. The specifics will be addressed in the Standards of Practice below.

STANDARDS OF PRACTICE

DIRECT FAMILY REINTEGRATION

"To provide children with the opportunity to grow up in a socially, economically and emotionally stable environment so that they can develop normally and live with people of the same blood"

Reconciliation of the child with their immediate family should be the first option explored for the reintegration of children back into mainstream society. In order to ensure successful and sustainable family reintegration programs, there are 5 key steps which need to be followed:

1.   Family Tracing to determine:
  •   Why the child left home
  •   When the child left home
  •   Whether the child wants to return, if possible
  •   Where the family lives **3**
  •   Whether the family wants the child to return, if possible

This information should be gathered within 1 week from initial contact with child.

2.   Family Assessment to determine:
  •   The family's economical situation
  •   The family's social situation
  •   The family's psychological situation
  •   The family's emotional situation
  •   The family's health situation

This information should be gathered within 2 months from initial contact with child.

3.   Family Support Plan to ensure:
  •   The family is economically stable (this may include the provision of capital in order to start up a small business)
  •   The family can provide sufficient shelter for the child
  •   The family can provide sufficient nutrition for the child (this may include the provision of nutritional support for a short period of time)
  •   The family can provide sufficient emotional support to the child
  •   The child will not have to work and can return to school
  •   The child and family are aware of and have access to resources such as free medical care
  •   A plan is in place for the placement of the child when the parents are no longer able to care for the child (in the event of serious illness or death)

4.   Reintegration can be facilitated:
  •   Immediately if both the child and parents agree and the Case Manager is satisfied that the child will not be at risk

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3 see Annex 2 on mobility mapping

- When the Case Manager is satisfied that the family are in a position (financially and emotionally) to accept the child back into the family (assessed during regular follow-up visits after support has been provided and child has made at least 2 interim reconciliation visits to the family)
- When the child is ready
- Authorized / recognized by Government (local and/or central level)
- Official document is signed by all parties

5.   Follow-up includes:
- Frequent visits dependent on age of child and location of family for a minimum of 6 months (a minimum of 3 times in the first month of reintegration is highly recommended)
- Monitoring of the Family Support Plan and revisions as necessary
- Monitoring health situation of Infected person
- Providing emotional support and counseling when required

Stakeholders involved

A number of different stakeholders need to be involved from the outset of opening a Case Management file. Stakeholders will vary between community settings and country but should include:
- The Child
- The Family (including extended family where applicable)
- Neighbours
- Community Members
- Village Chief
- Local Authority
- Teachers
- Referral NGOs (particularly those who carry out Home Based Care in the area)

Stakeholders can be particularly valuable to consult during the Assessment and Follow-up stages of Reintegrating a Child. As much information as possible should be collected, from a variety of different sources, in order to ensure the Child is being cared for in an appropriate manner and according to the Family Plan. Competent communication skills are key to successfully accessing the information required.

"Be understanding to be understood"

Factors to Consider

- The child should always be consulted
- The child and the family should be aware of and live according to the Convention on the Rights of the Child
- The child and the family should have a good understanding of each other and the situation
- Special attention is required from the Case Manager to prepare children for eventually being orphaned
- Special attention given to possible stigma and/or discrimination on the child (and/or family)

CASE STUDY

I am a 23 year old boy and come from Takeo province where I was studying grade 9 at school. For many months I began to stop going to school because I was went with my friends to go to other places. I also started to smoke Yama (methamphetamines) with my friends. After a while I completely stopped school. After that, I left home to stay with my friends; I sold my own moto to buy drugs for me and my friends. I couldn't come back home because I was afraid that my family would blame me. So I decided to steal my friend's moto to go to Phnom Penh. When I arrived in Phnom Penh I sold the moto to stay in a guest house in Boeng Kork and use drug in the room. After only two days, I met new friends who were also using drugs. Whilst I was in Phnom Penh the owner of the moto I stole complained to the police and my mother had to pay. My mother had to sell her house to pay back for the moto. She tried to find me but it was too difficult for her. Three months later, I came back home and stole my brother's moto and 2 other motor of neighbors. At this time I met with gangster (bongthoms) who were living by picking pockets and stealing.

After we spent all our money we started to steal motor again, telephones, necklaces and to pick   pocket in the market. Our group was always moving to escape from the police. Two years later, 2 members of my group were shot to death by police.

After this event the group separated. I had no place to stay, no experience to find a job. I lived on the streets for a few months, working as a porter in the market and one day I met with Mith Samlanh staff. Mith Samlanh staff explained me about their program. I decided to stay and studied welding at Mith Samlanh. But   during I was studying I always had argument with other students and I have never informed my teachers of my absences. I decided to give up my training and went to Thailand. When I arrived in Thailand I had nothing to do so I continued to pick pocket and steal. 4 months after, I was arrested by Thai police and they sent me back to Poipet, a Cambodian city at the border with Thailand. I stayed in Poipet for 6 months before coming back to Phnom Penh. When I arrived again in Phnom Penh, I met my friends and Mith Samlanh staff. Mith Samlanh staff proposed me to take a second chance. I choose to join again Mith Samlanh but I changed to Mechanics. At this time I tried hard and paid attention to my teachers, I was happy to learn a skill and to do something like other people. I successfully graduated in mechanics.

After my diploma I chose to run a business with my family in Takeo. Today, I am living with them in comfortable situation, and especially my business is running well.

"Direct Family Reintegration", Mith Samlanh, Phnom Penh, Cambodia

STANDARDS OF PRACTICE

EXTENDED FAMILY PLACEMENT

When a child is not able to be reintegrated with their immediate family, the second option to be explored is placing them within their extended family. Maintaining links to their family is important for the children to retain a sense of identity and belonging.

The steps to follow for placing children with their extended family are similar to reintegrating them with their immediate family, but with additional specific procedures which need to be followed. The procedures may vary in complexity, dependant on whether the organization already has a history (Case File) with the child. If the child has a Case File it is likely that a plan will have been drawn up and agreed upon by the child, their immediate family, the organization and other stakeholders involved. In this case, placement with extended family (being the agreement in the plan) should be straight forward and all procedures already in place.

However, the steps below outline the complete procedure for extended family reintegration:

1.   Family Tracing to determine:
   •   Who their extended family is comprised of
   •   Where the family lives

2.   Family Assessment to determine:
   •   Whether the family is in a position / want to take on another child
   •   The family's economical situation
   •   The family's social situation
   •   The family's psychological situation
   •   The family's emotional situation
   •   The family's health situation
   •   The family plan for the child's future

3.   Family Support Plan to ensure:
   •   The family is economically stable (this may include the provision of capital in order to start up a small business)
   •   The family can provide sufficient shelter for the child
   •   The family can provide sufficient nutrition for the child (this may include the provision of nutritional support for a short period of time)
   •   The family can provide sufficient emotional support to the child
   •   The family are not discriminatory of the new family member
   •   The child will not have to work and can return to school
   •   The child is treated as an equal member of the family
   •   The child and family are aware of and have access to resources such as free medical care

4.   Reintegration can be facilitated:
   •   When the Case Manager is satisfied that the family are financially and emotionally able to accept the child back into the family (assessed during regular follow-up visits after support has been provided and child has made at least 2 interim visits to the family)

5.   Follow-up includes:
- Frequent visits dependent on age of child and location of family for a minimum of 6 months (a minimum of 3 times in the first month of reintegration is highly recommended)
- Monitoring of the Family Support Plan and revisions as necessary
- Providing emotional support and counseling when required

Stakeholders involved

A number of different stakeholders need to be involved from the outset of opening a Case Management file. Stakeholders will vary between community settings and country but should include:
- The Child
- The Family (including extended family where applicable)
- Neighbors
- Community Members
- Village Chief
- Local Authority
- Teachers
- Referral NGOs (particularly those who carry out Home Based Care in the area)

Stakeholders can be particularly valuable to consult during the Assessment and Follow-up stages of Reintegrating a Child. As much information as possible should be collected, from a variety of different sources, in order to ensure the Child is being cared for in an appropriate manner and according to the Family Plan. Competent communication skills are key to successfully accessing the information required.

Factors to Consider
- The family should be prepared to accept the child as an equal member of their family
- Existing children need to be sensitized and prepared for the addition of another child into their family

CASE STUDY

I am 14 years old and have 6 siblings. My parents have died of AIDS. I am a scavenger on the street. One day I met Mith Samlanh staffs. The staff asked me about my family and so I brought him to visit my grandmother at Chak Angre Leu, and he talked with her about my story. He wanted my grandmother to take me to live with her. When my grandmother agreed with him, Mith Samlanh sent me to study at public school at Chak Angre Leu. Mith Samlanh provides me with clothes, school materials and other kinds of support.

"Extended Family Reintegration", Mith Samlanh, Phnom Penh, Cambodia

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STANDARDS OF PRACTICE

FOSTER CARE PLACEMENT

"Long-term placement within a family which is supported to ensure good living and education conditions for the child"

When it is not possible or not in the child's best interest for the child to live with their immediate or extended family, the organisation should move along the continuum of reintegration / placement options to explore placing the child in foster care.

Placement in foster care is a long-term placement within a family which is supported to ensure good living and education conditions for the child. It is not an adoption as the child remains under the responsibility of the organisation. However, fostering can lead to adoption if managed carefully and according to national laws.

1.   Family Identification to determine:

For families or individuals to be eligible to become foster carers, the criteria will differ between organizations and countries. When creating a set of conditions, organizations should formulate their own according to their specific requirements, national law and culture. As an example, the following is Mith Samlanh's selection criteria:

- Cambodian Nationals
- Willing and able to raise a child
- More than 25 years of age
- Must be at least 20 years older than the child (following the adoption legislation: Cambodian law of the marriage and family, section 4, art.109)
- Between 35 and 45 years for single women
- Basic educational level
- Stable and safe occupation
- No criminal background
- Good health
- Preferably no other children
- No alcohol/substance use
- Emotional stability

2.   Family Assessment to determine:

- Reasons for wanting to become a Foster Carer
- The family's economical situation
- The family's social situation
- The family's psychological situation
- The family's emotional situation
- The family's health situation
- The family's understanding of HIV/AIDS issues

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3. Family Support Plan to ensure:
   • Family shelter is acceptable
   • Hygiene and living conditions are acceptable
   • Medical care is available
   • A business (or any income generating activities in the long term) can be established and sustained to support the family
   • A future plan is in place
   • Legislative support is available if required
   • Training is provided if required (health, nutrition, hygiene, basic life skill education, how to avoid violence, basic communication skills, understanding youth issues, basic psychology
   • Schooling for the child is nearby and accessible
   • School materials can be provided
   • Foster Carer encourages and monitors the child's schooling

Family support plan must be sustainable and allow the foster family to take care of the child in the long term. For this reason no monthly financial support should be provided by the organization.
The family should be supported before the placement to implement long-term income generating activity.

Social and Emotional Support is also a very important aspect to consider in the process of Foster Care to ensure:
   • The child is prepared and willing to be placed in Foster Care
   • The family are prepared and willing to accept a new child into their family
   • Existing children (if applicable) are prepared and willing to accept a new child into their family
   • The extended family of Foster Carer is prepared and willing to accept a new child into their family
   • The family and child are trained and equipped with problem solving skills

4. Reintegration can be facilitated:
   • When the Case Manager is satisfied that the Foster Carer is financially and emotionally stable to take the child into the family (assessed during regular follow-up visits after support has been provided and child has made at least 3 interim visits to the family)
   • After an official contract has been signed by the Child, the Foster Carer, the organization and relevant authorities stipulating the strict conditions for the child protection, nutrition, education, emotional and physical welfare [4].

5. Follow-up includes:
   • Regular visits (recommended visiting sessions are 4 times during the first month, 3 times per month until the 3rd month and 2 times per month until the 6th month)
   • Ensuring the family plan is being followed and assess whether any amendments need to be made
   • Assessing well-being of child (emotional and physical state)
   • Providing motivation to the child and the family
   • Providing advice and support if required
   • Observing lessons learned for future foster placements

[4] The law will vary between countries, but the Foster Care contract may also be signed by the Chief of Village, Ministry staff, the organisation's Director and a Family guarantor.

Stakeholders involved

A number of different stakeholders need to be involved from the outset of opening a Case Management file. Stakeholders will vary between community settings and country but should include:
- The Child
- The Family (including extended family where applicable)
- Neighbors
- Community Members
- Village Chief
- Local Authority
- Teachers
- Referral NGOs (particularly those who carry out Home Based Care in the area)

Stakeholders can be particularly valuable to consult during the Assessment and Follow-up stages of Reintegrating a Child. As much information as possible should be collected, from a variety of different sources, in order to ensure the Child is being cared for in an appropriate manner and according to the Family Plan. Competent communication skills are key to successfully accessing the information required.

Stakeholders can also include other Foster Carers in the area – support groups can be useful to share experiences and ideas for problem solving.

Factors to Consider

- The family should be prepared to accept the child as an equal member of their family
- If there are existing children in the immediate family unit, they need to be sensitized and prepared for the addition of another child into their family
- It is recommended that siblings are not separated when placed in Foster Care

CASE STUDY

As an agricultural laborer, Krishna Rao was earning just enough to meet his family's basic needs. When his wife found out he was living with HIV, she decided to leave him and their two children, and Krishna was left to care for the children as well as his elderly parents who were unable to work. Krishna was very worried about his children's education and future.

At this time, as part of their care and support program, AIRTDS were making house visits to Krishna's family. They provided psychosocial support to the whole family and Krishna was provided with medicines for opportunistic infections. He was also referred to a drop-in centre for treatment, and the children were provided with educational support.

Krishna said that after he died he would like his children to continue to live in a family environment. The issue of informal foster care was brought up at one of the self-help groups meetings held by AIRTDS. The advantages, concerns and challenges with regard to this idea were shared by all who attended the meeting. Afterwards, Meera, one of the members of the women's self-help groups, discussed the issue of foster car with her husband. They have three daughters, two of whom are married. After discussing the possibility of fostering with the whole of her family and her neighbors, Meera was encouraged by their responses. She went to AIRTDS with her husband to say they wanted to be foster parents. Their decision has really given momentum to the community fostering of orphans in AIRTDS's care and support program.

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Accompanied by staff of the NGO, Meera and her husband went to see Krishna and his family and discussed at length the idea of fostering his two children. Everyone agreed that this would be the preferred option. Krishna was very sick at this time, and died a couple of days after the visit. Soon afterwards, Meera and her husband informally fostered the two children. They have been accepted by all the family and are attending a nearby school.

Meera had not wanted to separate the siblings – it was not important that she fostered both of them. In order to increase her family's income, she started a small shop with the assistance of the micro-credit program of AIRTDS. She is confident that she can provide for the basic material needs of the children, as well as give them the necessary love, affection and emotional support.

"Community fostering for children affected by HIV/AIDS", VMM, Andhra Pradesh, India

STANDARDS OF PRACTICE

INDEPENDENT LIVING

Support for children who decide to live independently is a common occurrence for organizations but the type of support provided, however, is highly variable and dependent on the situation of the child. There are 3 main sub-categories of independent living children/youth:
- Children who make the choice to continue to live on the street
- Child-headed households
- Children who have a job and require short-term support for rent to live on their own

Children living on the street

This is a highly mobile group of children who can be difficult to keep a track of to provide substantial, long-term support. However, support can be provided in the form of:
- Life skills education and Psychosocial from Outreach / Community-based Teams
- Medical attention from Outreach / Community-based Teams
- Providing information on available centers open to them (such as Drop in Centers, Community Youth Centers etc)
- Peer Education

Child-headed Households

Child-headed households are not particularly common in the region, but do exist, and most notably in countries in Southern Asia, such as India. The variance of this phenomenon is largely due to differing community and cultural organization and support linkages and structure.

There are a number of reasons why child-headed households appear and the explanations are often related to HIV/AIDS in the family:
- Extended family members discriminate against CAA; refusing to look after them
- Families affected by HIV/AIDS have been forced to move to a new area; parents eventually die; children are left without a support network in the new area
- Children marry younger; it is therefore culturally acceptable for children to "run" a household

Support that can be provided to these children should be very specific, according to their age and situation:
- Child Rights
- Life skills Education (HIV prevention, Reproductive health, Hygiene, Nutrition, Home care, Financial Management)
- Food Support
- Economic Support (age dependent)
- Emotional Support
- Support Group Meetings
- Information on services available (clinics, drop-in centres etc.)

It is very important to also work with people from the children's surrounding community:
- HIV/AIDS awareness and sensitization session
- Youth organizations for peer education
- Involvement of CAA in community activities

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Housing Support

Children who have undergone training and have secured a job or started their own business may require support in the initial start-up phase for a short-term period (i.e. 3 months):
- Rental Support
- Food Support
- Transportation Support

Follow-up includes:
- Regular visits over a longer period of time; until the child reaches a stage of stability
- Monitoring economics status of child
- Monitoring social an emotional status of child
- Assessing whether the child's future plan has changed; do they still want to continue living independently
- Following up with peers / community stakeholders

Stakeholders Involved

There are a number of different stakeholders, with different roles, who can aide in the support of children who choose to live independently:
- NGOs
- Peers
- Community organizations (i.e. Community Child Safety Nets)
- Community
- Youth organizations
- Local authorities / government
- Legislators
- Law enforcing agencies
- Business owners

Things to consider

- Without guidance from adults, children living independently are often more vulnerable and at an increased risk of abuse; trafficking; child labor; dropping out of school; substance use and other risky behavior;
- Children living independently loose their childhood and often marry at a young age

CASE STUDY

The stigma encountered by people living with HIV/AIDS means that many relocate away from their extended families to communities where their HIV status and identities are unknown. Consequently, children often find themselves without support when their parents die. Sometimes, these children are so young that they do not even know who their relatives are.

The Needs Serving Society (Needs) was told of three young children in such circumstances, who were thrown out of their rented house following their parents' death. Needs spoke to community leaders about the children. Through collaboration with the community, a small hut was built for the children. Needs now provides them with clothing, psychosocial and medical support, while the community gives them food and other kinds of support.

Home and Community-based care and support program, VMM, Andhra Pradesh, India

STANDARDS OF PRACTICE

RELIGIOUS / CULTURAL PLACEMENT

Placement of children within Religious organizations should be a last resort option; after all community-based care possibilities have been exhausted and excluded. Unless children have made a specific decision to join the organization and become a monk, for example, placement in religious institutions should be on a short term basis.

Religious institutions throughout the world are often seen as pillars of care and support for their community. They are often the focal point for charity, culture, beliefs and education. As existing local resources, it is not uncommon for Pagodas, Mosques, and Churches etc to be approached to provide shelter for vulnerable children.

It is the responsibility of the referral NGO or relevant Government Ministry / Social Services to undertake monitoring and evaluation after having placed a child in a religious institution, on a monthly basis. They are responsible for ensuring that the child is able to live according to the CRC:

- Appropriate living conditions
- Adequate nutrition
- Access to education / training
- Access to health care
- Access to emotional support
- Access to recreational activities

In addition, it is important to assess whether a future plan has been created with the child and is being implemented including:

- Child is being educated / trained accordingly
- Family tracing is taking place where possible
- Alternative placement options are provided to the child
- Support for family reintegration / job placement

Follow-up should continue until child has been fully reintegrated into society.

CASE STUDY

I am a 14 year old boy. I come from Battambang province. I have 6 siblings. One of my siblings is a disabled boy. I am the third child in my family. My parents have been divorced since I was ten years old. I stayed with my poor grandmother; she worked as a laundrywoman and massager to support my siblings. In 1991, I came to live with my aunt in Kandal Province. When my aunt and uncle got divorced, I lived with my uncle. Three months later, my uncle took me to live with Mith Samlanh organization because he was too poor. I stayed in Mith Samlanh for two years. After that, placement team referred me to study at Battambang Province. I studied at first grade but I also had to work and was selling ice-cream to support my living. Four years later, an Osavy Officer informed Mith Samlanh about my situation; placement staff followed-up my living condition and they realized that I was really poor so they decided to accept me to stay in Mith Samlanh again. I stayed in Mith Samlanh center for another six months and after that, I ask them to came back to Battambang. After spending one month, I asked my grandmother if I could be a monk in. I was provided 50 dollars by Mith Samlanh for buying monk' supplies.

"Religious / Cultural Placement", Mith Samlanh, Phnom Penh, Cambodia

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STANDARDS OF PRACTICE

INSTITUTIONAL CARE PLACEMENT

Placement of children within Religious organizations should be a last resort; after all community-based care possibilities have been exhausted and excluded.

Institutional care can be defined as "a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society". This definition implies an organized and deliberate structure to the living arrangements for children and describes a professional relationship between the adults and the children rather than one that is parental. [5] Institutional care is also unsustainable in the longer term – it can cost up to 12 times the per capita cost of community-based care options.

When placing children in institutional or residential care there is the risk of the CRC and other human rights instruments being violated. These conventions state that parents or, when applicable, the extended family or legal guardians, have the primary responsibility to take care of, support and guide the child in a way that is in the child's best interest. There are currently insufficient resources being used to search for long-term good quality community-based child-care alternatives.

CAA are particularly vulnerable for being placed in institutional care, especially those who have been orphaned, due to the high levels of stigma and discrimination they can face from their extended family and the community.

Institutional / residential care should always be a last resort, or at least a short-term option, in terms of placement strategies for children. It is particularly important that regular monitoring and evaluation of such institutions is undertaken by independent bodies so as to ensure children's rights are not being ignored or abused.

It is the responsibility of the referral NGO or relevant Government Ministry / Social Services to undertake monitoring and evaluation after having placed a child in institutional care on a monthly basis. They are responsible for ensuring that the child is able to live according to the CRC as outlined in Section # above:

In addition, it is important to assess whether a future plan has been created with the child and is being implemented including:
- Child is being educated / trained accordingly
- Family tracing is taking place where possible
- Alternative placement options are provided to the child
- Support for family reintegration / job placement

Follow-up should continue until child has been fully reintegrated into society.

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[5] As cited in A Last Resort: The growing concern about children in residential care. Save the Children. David Totfree (1995) Roofs and Roots: The care of separated children in the developing world. London, Save the Children UK.

STANDARDS OF PRACTICE

PUBLIC SCHOOL REINTEGRATION

Schooling systems around the region will vary considerably. There is no one specific standards of practice for reintegrating children into public school. The following are more a set of guidelines or questions that should be assessed as part of the reintegration process.

Purpose of Assessment:

- Location: Is the school within easy reach of child's home?
- Cost: Does the school charge tuition fees?
- Vacancy: Is there space for the child to be reintegrated?
- Standards: Is the child at the correct educational standard for their age?
- Materials: What does the child need to be able to attend and participate in lessons?

Supporting the Child:

Location: If the school is far from the family home, provisions should be made for the child to make the journey to work. Support can range from buying a bicycle, organizing a bus to pick-up similar children in the area or paying the child's bus fees.

Cost: Most countries in the region have a free schooling system, but low wages often force the teachers to demand payment from the children each day. Diplomacy, on behalf of the NGO, can often overcome this issue for children under the organization's care; materials (pens, paper, books, diaries etc) can be provided to the school instead of payments.

Standards: Street children have often been taken out of the educational system for a number of years and are therefore behind their peers in terms of educational standards:
- Provide remedial classes prior to public school reintegration
- Enroll children in additional tuition at school

Materials: Children may need support with School uniforms, Pens, Paper, Books etc.

Social: In addition to practical support required, children will also need emotional support to be able to cope with the new, disciplined routine. Children need help to understand the importance of staying at school and gaining an education.

Supporting the Family:

It is essential that the organization works closely with the family of children being reintegrated back into public school. If reintegration is to be successful, it depends a lot on the support and encouragement from the parents. Families can be supported through:

Income-generating activities: Ensures child will not have to work to supplement family income

Short-term rent and/or food support: Ensures child is getting substantial nutrition

Medical support: Ensures all family members (particularly those infected with HIV/AIDS) have access to free or low cost medical care

Social support: Parent-teacher meetings can help encourage parents to take an active interest their child's education.

Life skills education: Highlights the important aspects of child-rearing: nutrition, hygiene, health care, child rights etc.

Follow-up includes:

- Regular visits (to family and school) to ensure child is attending school everyday
- Monitoring social and emotional status of child
- Monitoring economic stability of family
- Assessing health of child and family
- Ensuring any "deals" made with the school are being adhered to

Stakeholders Involved:

There are a number of representatives who can aide the successful reintegration of a child into public school and monitor their progress:
- Child
- Parents
- Teachers
- School Directors
- Local Authority
- Ministry of Education
- Ministry of Social Affairs
- NGO

CASE STUDY

I am ten years old and have two siblings. I live with my grandparents. My parents died when I was seven years old. We used to live in Kampong Speu province. When my parents were sick, my family lived in misery - there was never enough food to eat, there was no cure for my parents' illness, and we received a lot of discrimination from the neighbors. As a result of all this, my family decided to leave the homeland and move to live in Phnom Penh.

When we arrived in Phnom Penh my family had no shelter, so we decided to live on the street. My sister and I scavenged and begged to support my mother. Two years later, my parents died. My sister and I moved to live with our grandparents. When I was a beggar, I met Mith Samlanh staff who were working on the street. Mith Samlanh staff asked me a lot of questions about my family issues. They went to meet my grandparents and talked to them about the problems they were facing. Next, my grandparents have decided to send me to study at Mith Samlanh School and my sister was reintegrated to study at public school.

Mith Samlanh has supported us with food, and the staff always go to visit and motivate my family. As a result of the support we have received from Mith Samlanh, my sister and I have been able to study.

"Public School Reintegration", Mith Samlanh, Phnom Penh, Cambodia

STANDARDS OF PRACTICE

JOB PLACEMENT

Job placement projects are closely linked with the provision of **vocational skills training** to children.

It is important that prior to skills training or job placement, the child's case manager has worked through a **future plan** with the child to ensure he/she has objectives and a goal to work towards. This is imperative for the sustainability of the project.

The case manager should also be responsible for carrying out **market research** in order to help the child make a choice about the viability of creating a business or the current opportunities in the job market.

Case Managers should also be aware of the child's health or responsibilities for caring for sick parents. Those who are sick or have to take time out to care for the sick, are at risk of their business failing. Creating **group enterprises** can decrease this risk.

Future Plan

- Discuss future plan with child
- Discuss future plan with family to ensure it is coherent with the familial or social situation of the child
- Establish appropriate skills training
- Provide appropriate life skills and other non-formal education
- Provide management training
- Follow-up after 3 months and again after 10 months (variable) to ensure plan has not changed

Job Placement Plan

There are 2 main job placement options available to children:
- Starting up a business
- Working as an employee

Starting up a Business:
- Create a business plan with the child
- Identify suitable location for business
- Discuss viability with family and community
- Establish materials required to start up business

Working as an Employee:
- Aide with creation of CV
- Identify possible job opportunities
- Prepare and support child for job interviews
- Help students to negotiate salaries, working hours and conditions [6]

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[6] It is particularly important to ascertain whether the company has a HIV testing policy (which is against the law in most of the region's countries).

Pre-Placement

This is a period about 3 months prior to the child's placement / graduation date. The case manager needs to assess whether the child is ready for placement. If child is not ready, additional training should be organized, or alternatively short-term work experience related to their skills / business plan should be sought.

Support

It is recommended that any material support provided to children, should be short-term (average 3 months):
- Food support
- Rental support
- Transportation

Additional support can include:
- Materials for start-up of business (i.e. up to a maximum of $200)
- Suitable clothes and materials required for job
- Encouraging family to support the child
- Psychosocial support
- Medical support

Placement

It should be the job of the case manager to support the child:
- To set up their business
- On their first day of employment

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Follow-up

Follow-up visits should be carried out on a regular basis. It is recommended that 3 or 4 visits are carried out in the first month, 3 visits the second month, 2 visits the third month, then 1 or 2 visits each month. Follow up should continue until case closure.

Follow-up includes

- Discussing needs, problems and successes
- Providing encouragement
- Ensuring the child's future plan is still relevant
- Monitoring child's health
- Monitoring financial matters of business
- Discussing with family and neighbors
- Liaising with representatives from Local Authorities

CASE STUDY

My name is Mean Pisith, a former student at Mith Samlanh organization. I was a street child like many other children. My family live in a remote area near Preay Veng town. They were very poor as my father didn't have a job, my mother has a chronic disease, and I also have many siblings.

One day, I decided to find a job in Phnom Penh, but unfortunately I couldn't find any job to do. Without choice, I had to live on the street near the river side for 3 three months. I was a scavenger, I begged, and sometimes I slept with an empty stomach. One day, I met Mith Samlanh staff who were working on the street. They introduced me to the good services of Mith Samlanh such as; school, accommodation, and training skills and helped me to think about my future. I was thinking and as well as chatting with them. After, I decided to give up my life on the street and came to live at Mith Samlanh. I was introduced to all training skills in the center. I decided to choose cooking skill after I saw them all.

I spent one year and one month to study cooking and I successfully passed the exam. Job placement officers had actively found me a job. I received $60 for my first month salary and I got $100 for my second month salary. I presently receive $140 per month.

"Job Placement", Mith Samlanh, Phnom Penh, Cambodia

TACKLING STIGMA AND DISCRIMINATION

One of the most important aspects of CAA Placement / Reintegration is the specific emotional support the child may require to come to terms with the trauma they may have experienced which pushed them onto the streets. In addition, for sustainable and successful reintegration, it is important to work directly with the community into which the child will be placed / reintegrated, to ensure they too will be providing a non-discriminatory, supportive environment for the child.

The following are some simple ideas of how to ensure the child does not suffer stigma and discrimination:

In the Family
- Provide all family members with basic knowledge of Child legislation – specifically the CRC
- Provide necessary information on available support services in the area
- Provide children with activities to build self-esteem
- Implement therapeutic activities such as Memory Book

In the Community
- Encourage community to participate in HIV/AIDS awareness raising activities
- Provide educational and recreational activities for all children to interact with one another
- Create support group initiatives

In School
- Provide teachers with the knowledge and capacity to recognize and deal with stigma and discrimination
- Encourage HIV/AIDS awareness raising activities and campaigns

In the Workplace
- Provide managers / team leaders with the knowledge and capacity to recognize and deal with stigma and discrimination
- Encourage HIV/AIDS awareness raising activities and campaigns

Government level
- Encourage adoption and implementation of policies related to HIV/AIDS awareness and education
- Facilitate specific procedures for CAA, including those without legal documents such as birth certificates

COLLABORATION WITH OTHER STAKEHOLDERS

Collaboration with other stakeholders will vary throughout the region but is it, however, highly recommended that at least the following stakeholders are involved in the placement/reintegration of a child:

- The Child
- The Immediate Family (where possible)
- The Organization taking temporary care of the child (e.g. the NGO)
- The Local Authorities
- Village Chief (or equivalent)
- Neighbours in the community
- Teachers (where applicable)
- Employer (where applicable)

Stakeholders can be particularly valuable to consult during the Assessment and Follow-up stages of Reintegrating a Child. As much information as possible should be collected, from a variety of different sources, in order to ensure the Child is being cared for in an appropriate manner and according to the Family Plan. Competent communication skills are key to successfully accessing the information required.

Stakeholders can also include other Foster Carers in the area – support groups can be useful to share experiences and ideas for problem solving.

ANNEX 1

Facilitators

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Participants

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Chhou So Pheap	Khemara	Phnom Penh, Cambodia
Yeun Dara	Khemara	Phnom Penh, Cambodia
Sok Phanna	Krousar Thmey	Phnom Penh, Cambodia
Touch Setha	M'Lop Tapang	Sihanoukville, Cambodia
Marian Matutins	Mary Knoll	Phnom Penh, Cambodia
Ngoun Phalla	Mary Knoll	Phnom Penh, Cambodia
Im Srey Pou	Mith Samlanh	Phnom Penh, Cambodia
Leng Pheavuu	Mith Samlanh	Phnom Penh, Cambodia
Luch Peou	Mith Samlanh	Phnom Penh, Cambodia
Sanvutha	Mith Samlanh	Phnom Penh, Cambodia
Doungsy Thammavong	MoLSW	Vientiane, Laos
Khin Sophanny	MoSAVY	Kompong Speu, Cambodia
Neth Sam Ol	MoSAVY	Kandal, Cambodia
Sam Phon	MoSAVY	Kompong Speu, Cambodia
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ANNEX 2

MOBILITY MAPPING

Historical Mobility Mapping uses participatory methods to trace family members and to facilitate the social reintegration process of children separated from their families. It enables people to use most Participatory Learning Approaches (PLA) techniques to visualize their ideas through diagrams, maps and drawings. Visualizations of social processes are important for generating discussion, new perspectives for insiders and outsiders and innovative local action. The visual approach and open communication permit the participation of illiterate and literate community members, the old and young alike, individuals and small and large interest groups.

Studies have found that drawing helps young children recall and provide information about their history and experiences. It was observed that children consistently share more information through drawing, rather than just talking – a finding that is significant for documentation and tracing purposes.

Implementing Mobility Maps

The maps can be used with any child old enough to talk but too young to provide full details about his or her family. However, when older children are unable to provide sufficient information for effective tracing, mobility mapping may facilitate the recall of additional information. Mapping should be implemented as soon as possible.

Prior to carrying out mapping with the child, it is useful if some basic research is carried out with the community in the child's current location to establish whether anyone holds information related to the child's origins.

Mobility maps can be drawn on paper or constructed on the ground using locally available materials. The child is asked to draw a picture which is then used as a map to obtain information about social relationships; economic and social activities; and memories associated with different places relative to the child. It is important that a good rapport has first been built up with the child. The following is a guide to facilitate mobility mapping, but is not restrictive to the questions asked or activities that can be carried out.

1. Explain the purpose of the project:
   a. to learn more about the child in order to help trace family and relatives
   b. to use drawings as a mode to transfer information

2. Provide the child with a piece of paper and a pencil:
   a. ask the child to draw a small house in the middle of the page
   b. explain that this house represents the child's house
   c. ask the child to draw all the places around the house that the child used to go to

3. Ask the child about the places on the map:
   a. the places on the map can then be labeled
   b. ask probing questions to establish whether the child has forgotten any places or people (Did you ever visit a neighboring town? Where did you play with your friends? Where did your parents work?)

4. When the drawing is finished ask the child to mark (in different colors) all the places that the child:
   a. liked best
   b. most disliked
   c. visited most often
   d. visited least often

5. Discuss each place with the child when they have marked it on the map

6. When the exercise has been completed, the facilitator should complete the mapping exercise with any additional notes they have remembered from the session.

The map and facilitators notes should be filed together and can be re-visited at later times. If necessary, the child can be interviewed again if it is felt that more information can be obtained.

A Mobility Map is a child's mental picture of his or her life before separation translated onto paper. The "mobility" dimension comes into play by asking a child to depict the places they used to go. Although the actual drawing can be used to identify and decipher tracing clues, the map's primary purpose is to stimulate the child's memory and generate discussion between the child and facilitator. Using the map, the facilitator can explore diverse topics and, in many cases, draw out information useful for radio tracing and active field tracing. Maps often reveal a child's daily tasks and significant relationships, we well as distinctive local features, structures or geographic characteristics.

Even when the information revealed does not lead to reunification, it can provide children with knowledge about where they came from and important emotional connections with their past. Such information contributes to their identity development. It can also provide child care workers or foster parents new opportunities to establish emotional connections with separated children.
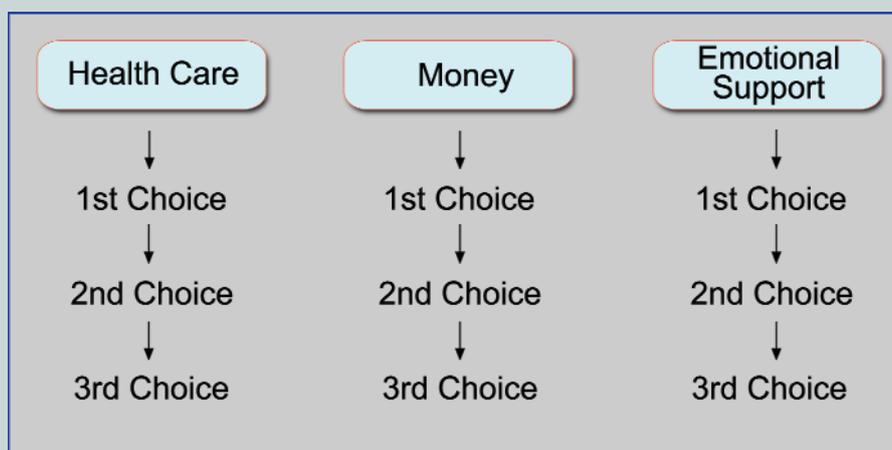
ANNEX 3

FLOW DIAGRAMS

A Flow Diagram identifies the chain of resource persons approached when the child to is in need. Flow diagrams identify specific avenues for social support when the individual or needs health care, money or moral support.

The following guidelines outline the process of creating a flow diagram with a child after having established a rapport with them:

1.   Explain the purpose of the exercise:
a.   to understand who the child turns to for help when there is a problem
b.   to use a flow diagram to depict this information

2.   Ask the child whom they ask for help from when they have a health problem and write that name in the "1st choice box"

3.   Ask the child who they would turn to if this person was unavailable and write that name in the "2nd choice box"

4.   Ask the child who they would turn to if this person was unavailable and write that name in the "3rd choice box"

5.   Repeat the exercise above for "Money" and "Emotional Support"

The Flow Diagram should look something like this:

Health Care	Money	Emotional Support
↓	↓	↓
1st Choice	1st Choice	1st Choice
↓	↓	↓
2nd Choice	2nd Choice	2nd Choice
↓	↓	↓
3rd Choice	3rd Choice	3rd Choice

During the discussion, the facilitator can ask probing questions such as "What type of support is provided?"; "Why do you approach certain people?" in order to gain as much information as possible about the characteristics of the child's support network and how they interact with them.

The information gathered by the flow diagrams can be shared with key stakeholders who are encouraged to facilitate the support of the child. The information provided can help these stakeholders, particularly those mentioned in the child's flow diagram, understand the needs of the child and be more prepared to cope with specific problems when they arise.

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