



Guidelines on Alternative Care for Children without Appropriate Care



June 2023

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Foreword

The guide on alternative care for children without appropriate care in the Lao PDR is developed based on the United Nations Guidelines for the Alternative Care of Children, the Convention on the Rights of the Child, the Law on the Protection of the Rights and Interests of the Child, the National Social Protection Strategy, the results of the assessment of the child protection system in the Lao PDR in 2019, the actual situation, potential and resources. The goal is to promote wellbeing and social welfare for those children as well as to ensure unified and timely implementation, ensuring appropriateness and best interests of the children.

The development of this guideline, there were a consultation and coordination with relevant parties at both the central and local levels, such as: the Ministry of Justice, the Ministry of Education and Sports, the Ministry of Health, the Central Lao Women's Federation, the Supreme People's Court, the National Commission for the Advancement of Women, Mothers and Children, the Department of Labor and Social Welfare of Lao Vientiane Province, UNICEF Laos, the Lao Children's Village Project, Friend International and other relevant international organizations. The guideline on the alternative care for children without appropriate care defines principles, types of care including kinship care, foster care and residential care as well as provides procedures and steps for the implementation of this guideline.

On behalf of the Ministry of Labor and Social Welfare, I would like to express my sincere appreciation to the Department of Social Welfare, relevant parties at the central-local level, international organizations, experts who have devoted their expertises, and special thanks to UNICEF and KOICA in Laos for providing financial support, in the development of the guidelines on alternative care for children without appropriate care in the Lao PDR.

It is hoped that this guide will be a part of the effort to strengthening the protection and assistance of the children in the Lao PDR.

Minister
Ministry of Labour and Social Welfare



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ຂໍ້ຕົກລົງ

**ວ່າດ້ວຍການຮັບຮອງເອົາຄໍາແນະນໍາກ່ຽວກັບທາງເລືອກ
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ລັດຖະມົນຕີ ຕົກລົງ:

ມາດຕາ 1 ຮັບຮອງເອົາ ຄໍາແນະນໍາ ກ່ຽວກັບທາງເລືອກໃນການເບິ່ງແຍງລ້ຽງດູເດັກທີ່ຂາດການເບິ່ງແຍງລ້ຽງດູທີ່ເໝາະສົມ ໃນ ສປປ ລາວ.

ມາດຕາ 2 ມອບໃຫ້ກອງເລຂາຄະນະກຳມະການປົກປ້ອງ ແລະ ຊ່ວຍເຫຼືອເດັກຂັ້ນສູນກາງ ເປັນເຈົ້າການປະສານສົມທົບໂດຍກົງກັບບັນດາຂະແໜງການກ່ຽວຂ້ອງຢູ່ຂັ້ນສູນກາງ ແລະ ທ້ອງຖິ່ນ ເພື່ອຜັນຂະຫຍາຍ ແລະ ຈັດຕັ້ງປະຕິບັດໃຫ້ມີປະສິດທິຜົນສູງສຸດ.

ມາດຕາ 3 ບັນດາກະຊວງ, ອົງການທຽບເທົ່າກະຊວງ, ອົງການຈັດຕັ້ງມະຫາຊົນ, ບັນດາແຂວງ, ນະຄອນຫຼວງວຽງຈັນ ແລະ ພາກສ່ວນທີ່ກ່ຽວຂ້ອງ ຈົ່ງຮັບຮູ້ ແລະ ໃຫ້ການຮ່ວມມື ເພື່ອຈັດຕັ້ງປະຕິບັດ ຂໍ້ຕົກລົງສະບັບນີ້ໃຫ້ໄດ້ຮັບຜົນດີ.

ມາດຕາ 4 ຂໍ້ຕົກລົງສະບັບນີ້ມີຜົນສັກສິດນັບແຕ່ວັນທີລົງລາຍເຊັນເປັນຕົ້ນໄປ.

ລັດຖະມົນຕີ



ໃບຄໍາ ຂໍ້ຕົກລົງ

Section I

Introduction

1. Background and Significance

Positive childcare practices, strong and supportive family, and living in united community result in most children being raised with quality and full potential development. Growing up in a family helps a child develop a sense of self-esteem and belonging, family values, and cultural identity. Children growing in families learn to build interact better with the community and to handle life challenges. However, in case of family or main career could not or unable to provide appropriate care, alternative care is needed. Alternative care is any care arrangements, formal or informal, temporary or permanent, for a child who is living away from his or her parents or without parental care.

The alternative care in Lao PDR is still a new concept, and without clear formal and standard operations. However, alternative care has been operated informally within the Lao society especially the informal kinship care. Orphans or children whose father or mother pass away or have to move to work in other places are generally cared for by relatives for a short, long terms and sometime may also be informally adopted by them. According to the LSIS II (LSIS II) in 2017 stated that in Lao PDR, 7.5% of children aged 0-17 live with neither biological parent. The majority of these children are staying with their relatives. This could mean that these children are living in informal alternative care.

In addition, the management of the alternative care institutions is under different stakeholders. For example, SOS Children's Villages depend on the Ministry of Labor and Social Welfare, whereas ethnic boarding schools (EBSs) depend on the Ministry of Education and Sports. The monastic schools and temples depend on the MOES and the Lao Front for National Development. The responsibility on monitoring and evaluation of these institutions especially on the welfare of the children is not clear divided among related parties. As EBSs are used widely throughout the country, to poor families in remote areas and children in need of education, EBSs are often the only option. In addition, the common use of the term 'adoption' is used widely to refer any care provided by relatives and non-relatives, regardless of duration and level of formalization.

According to the Convention on the Right of the Children (CRC) and to ensure the universal operation and quality of the alternative care provision, ensuring the timely and necessity, suitability, and best interest of children in child protection by providing the most suitable alternative care to children without appropriate care, this Guidelines for Alternative Care for Children without Appropriate Care (the guideline) is developed to provide guidance and practical tools for all people working with children who are at risk of losing family care or who are at risk of harm due to where they are living.

2. Objectives

- Provide guidance and practical tools for responding to the issue with children who are without appropriated care or who are at risk of losing family care or who are at risk of harm due to where they are living which force them to live in the alternative care.

- Ensure the quality of the alternative care provision, strengthen the capacity of the staff responsible for alternative care for children.
- Ensure the unity of alternative care provision, effectively and timely address the issue of alternative care, ensuring the appropriateness and aligning with the local situation.
- Ensure the best interest of children in child protection by providing the most suitable alternative care to children without appropriate care.

3. Targets

- Children without appropriate care from parents or their caregivers, whose basic needs including the need for loving and nurturing home could not be met; children who are abused or might be in a situation where they could be abused; children who are practically invisible like those on the street, children with disabilities, separated from families due to emergencies and children who are stigmatised or marginalised for many different reasons.
- National and sub-national practitioners such as CPN, CPAC, Social Welfare Staff and other government and CSO social workers, who are responsible for case management of children in need of protection and care; and
- Policymakers and other people responsible for general social welfare and other services for children.

Note: This guideline does not cover situations where children are in conflict with the law and are cared for under the jurisdiction of the Ministry of Justice and the Ministry of Public Security.

4. Scope of Use

This guideline can be used as a reference for implementing alternative care for children, finding and select the best suitable care options and alternative care arrangement for children without appropriate care or children whose safety could be harmed by their parents or caregivers which lead them. The Guidelines apply for all children without appropriated care. In addition, it is also applied for youth over 18 year of age who still need ongoing care and supports as they are in the transition period from being children to become adult who live by themselves. The Guidelines can also be used for raising awareness and providing guidance to those who need to act to protect children and families especially the actors that are related to alternative care in Lao PDR.

5. Definitions

Alternative care: refers to the different types of alternative cares providing for children without parental care or at risk of being without parental care. It is the care provided by relatives or foster families to the children whose parents could not provide proper care. There are different types of alternative care, including informal and formal and for short- and long-term period.¹

Kinship care: refers to the family base care within the child's extended family or with close friends of the family known to the child.² The kinship care could be short or long terms until the children could return to his/her family or until other suitable alternative care could be found and provided to the children. (see Section 3.1.1)

¹ United Nations Guidelines for the Alternative Care of Children.)

² International Guidelines for the Alternative Care of Children

Foster care: refers to the family base care where children are cared in the family-like care environment of a family other than the children's own family. Foster families should be selected based on selection criteria of foster careers and supervised for providing such care for children.³ (see Section 3.1.2)

Residential care: is defined as a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult careers. The service provision is often depersonalized, and care is delivered following a strict structure and routine. The residential care could be different forms such as family-like care, small group or big group of children depending on different roles and responsibilities and mandates of organisations and institutions. The placement of children into the residential care shall be consulted with the child's family and authorised by related authority (see Section 3.1.3).

³ United Nations Guidelines for the Alternative Care of Children

Section II

Child Protection Principles through Alternative Care

The decision to let the children continue to live with their family or to place children in alternative care without a proper consideration might lead to negative impacts to the children or could put the children at more risk. Therefore, the decision on alternative care shall base on the following principles:

1. Best interests of the child:

Best interests of the child: means the thorough consideration that all related parties must do when determining any services, action, support and decision taken shall be for the best interest of children. Determining “best interest” generally means considering all factors that are related to children and parents or their care providers situations with the ultimate goal of child safety and wellbeing.

Best interests of the child is the child’s right in which all actions concerning children undertaken by all sectors, social welfare, legislation, and health and by all actors, public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies, shall take the best interests of children and young people at all levels of society, and that their rights should be respected.⁴

Best interest of the child in alternative care means identifying those who are the best suited for children who in needed. It is the effort to ensure the most suitable alternative care is provided to the children taking into account the full and personal development of their rights, social and cultural environments and their status as subjects of rights in family and society.⁵

2. Principles of keeping families together

Care and protection must start from preventing family separation and placement in alternative care settings impulsively without thorough consideration. All efforts need to be made to support children and families to continue to care for their children. Whenever possible and to keep families together, it is always best to consider providing supports to family in caring for their children. The placement of children in any type of alternative care shall be the last option for addressing the child protection issue.

According to the principles of keeping families together, providing support services to children, families, and care providers in order to keep family together should be the first consideration. Based on the accrual situation of children and families, the following are some examples of supports than could be provided:

- **Financial assistance:** advise families to be able to access services such as cash transfers or other services available in communities i.e. orphan support fund, mother and early childhood grants, disability grants, etc.;
- **Livelihood support:** coordinate and link families with local economic empowerment programmes i.e. saving for change in Attapeu province supported by the provincial Lao Women’s Union;
- **Access to health services:** coordinate and link families to the health worker to looks at the health

⁴ Article 3 of the UN Convention on the Rights of the Child

⁵ International Guidelines for the Alternative Care of Children

situation of the family as a whole;

- **Access to education:** supports available in community such as school materials, school transport or homework clubs, or MOES's scholarship for orphans;
- **Parenting education and peer support:** support parents to access the LWU's parenting education and give chances for carers to talk about any difficulties they may be facing; and
- Provide **short breaks or respite** for the kinship or foster family: offering community-based entertainment for children, running homework clubs or occasionally other members of the community caring for the children for a day or a weekend.

In providing support to children and families, supports should be, first, provided within the community, with support from the village heads, religious leaders, teachers, health care providers, NGOs, community members or the extended family. The community can do much to mobilize and support children/families. All the groups that exist in the community (women's groups, saving groups, youth groups, etc.) can be identified and can look at the support they already have or could provide to children and families. Community support might include:

- Helping household chores to make the childcare burden lower or childcare support, particularly for young parents or elderly caregiver.
- helping talk to family members to reduce some of the stress within the household by assisting with parenting or child behaviour.
- Arranging community recreational activities and outings for all children in the household.
- Providing basic material support/donations and other support available in the village.

3. Principle of necessity

The principle of necessity means considering and ensuring that alternative care is genuinely needed, and children are not unnecessarily separated from their families and placed in alternative care impulsively. Placing children in alternative care is only done when it is absolutely necessary. First, parents need to be supported to raise their own children. Supports should be designed tailored to each family's situation and supports could be different (see Principles of Keeping Family Together).

If the initial supports are not successful and alternative care is absolutely needed, placement in any form of alternative care should be preceded by the assessment of the child's physical, emotional, intellectual, and social needs, and then the child matched to a placement that can meet these needs based on its functions and objectives. Frequent monitoring and follow-up visits also play a crucial role in gatekeeping.

4. Principle of suitability

The principle of suitability means that if placement in alternative care is deemed necessary, the care option should be appropriate for and be able to meet the needs of particular child or children ensuring the selected alternative care option meet the special needs of the child.

Efforts to keep children in, or return them to, care of their family are important. When these efforts are not successful, another appropriate and permanent solution should be found. Alternative care is appropriate when the care option can meet the child's specific need and it meets the minimum stan-

dards of the authorities. In addition, in deciding the most suitable option, family-based solutions, such as kinship care or foster care should be preferred to interim or short-term care placement and institutional care placement. Contract between children in alternative care and their families that clearly explains the care arrangement, roles and responsibilities of all stakeholders need to be encouraged whenever possible. The child should be adequately prepared and supported during the transition from alternative care to permanent care placement.

5. Principle of hearing the child's voice

Every child must have the opportunity to participate in his or her own development. In the context of alternative care, this means allowing each child the right and the opportunity to participate in decisions related to his or her care and living arrangements, according to age, evolving capacities, language and context. Children have the right to be treated fairly, have opportunities to raise concerns.

The following ways can be adopted to ensure that the children's voices are heard:

- **All children, regardless of age, should be consulted in the choice** of placement and support provided. When children are too young to speak, their feelings about caregivers can be assessed (i.e. check whether a young child feels comfortable with the primary caregiver).
- Children's concerns should always be listened to (whether small or not) and acted on, referring to a district or provincial para-social worker if needed.
- If a care arrangement is assessed or monitored, there should always **be separate discussions with children regarding their placement**, as well as the support needed for the child and the family or carers.
- Village Heads and the Child Protection Network (CPN) members should ensure that **children can raise informal concerns** to them.
- **Define and promote the mechanisms for children to communicate or report issues and/or concerns** such as LWU helpline (1362), LYU helpline (1554).

Section III

Types and Procedure of Alternative Cares

1. Type of Alternative Care

Alternative Care is a new concept in Lao PDR with complexity and no supported legislation. Roles and responsibilities of related parties have not been clearly defined and without coordination among related parties to ensure the best interest of children living in those institutions. Kinship care and foster care mostly are unofficial and without appropriate monitoring and evaluation.

Table 1 presents some types and length of the alternative care in Lao PDR

Table 1: Types of Alternative Care Options in Lao PDR		
Types	Definition	Length of placement
Kinship care	Care within the family environment whereby the child is looked after by extended family.	Temporary, short-term, long-term and permanent
Foster care	Placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child. In some cases, those foster parent(s) may receive training, accredited by the Government and support to care for children. Informal placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child.	Temporary, Short-term, long-term and
Temporary shelter	Safe family-like environment where children are placed for a couple of hours to a maximum of six months, while arrangements for family reunification or placement in alternative care are made.	Temporary and short-term
Residential care	A children village or residential care which has been established by a person or organization approved by the government. These type of residential might have financial support by government, private sectors or other national and international donors to manage a programme for the care, protection, rehabilitation or control of children for temporary, short and long terms until children are 18 or until children could live by themselves.	Temporary Short-term, long-term

Monastic schools and temples	Children are entrusted to the care of monasteries or temples as part of a period of serving as a novice. starting at 8-13 years old, with most starting at around age 10 (as per the criteria of becoming a novice). Monks in the same temples will be the main careers for novices.	Temporary Short-term, long-term
Ethnic boarding schools	Boarding education is set up as an educational institution where all students not only study at the school but also live there. Children are often sent to EBS at 9- 11 (grade 3) years of age; some may remain into their early twenties as they complete their education.	Short-term, long-term
Child-headed Household	A household in which a child or children assumes the primary responsibility for the day-to-day running of the household and daily care. May be supported by members of the community or CPN	Short-term, long-term and permanent
(Supervised) Independent living arrangements	Some children, especially those who are older, may prefer a family-like option but with more independence. They are supported independent living or, supervised independent living.	Temporary, short-term and long-term
Domestic and international adoption	Adoption by adopters who are Lao and the child they are adopting is a resident in Lao PDR. Adoption by adopters who are not Laotians and/or live outside Lao PDR and they want to adopt a Lao child.	Permanent

Table 3: Definitions of Periods of Stay

Term	Suggested time frame
Temporary (or emergency)	1-48 hours
Short-term	48 hours to 6 months
Long-term	6 months – care provided up to child’s 18th year
Permanent	Life-long relationship

This guideline will discuss 3 main types of alternative care for children without appropriate parental care or children at risk of without parental care.

1.1 Kinship care

Kinship care is the care provided by relatives or family members of their biological parents for example

grandparents, uncles, aunts or their cousins. This can be either short-term, long-term or permanent. Kinship care also applies to someone who is close to the child, is not blood relative but is considered to have the same family-like ties and obligations toward the child, from the same community.

1) kinship care is a suitable option.

Kinship care should be considered when a child's biological mother or father cannot care for the child, temporarily or permanently for different reasons such as: the death of parents, abandonment of the child by their parents, or giving up parental responsibility due to remarriage, incapacity of parents due to physical or mental illness, or because they are harming the child, physically, sexually or emotionally, parents in prison or separation during an emergency situation. Sometimes, a child goes to live with another family member, even when the parent is available to care for the child, because, for example: the parent(s) migrate(s) for work, parent (usually the mother) has a child when s/he is considered to be too young to care for the child responsibly, parents have separated, and one has remarried to a step parent who does not want the child to live with them. There are too many mouths to feed in the home. The child needs to go somewhere else to be able to go to school, or to have access to other basic services. For the best interest of the child and based on the principle of keeping family together, when the biological parents of children cannot provide appropriate care and protection to their children, kinship care should always be the first option for consideration.

When considering kinship care, CPN members and other related parties should:

- Make sure that kinship placements are not made only because of poverty.
- Provide ongoing support to make sure that children are welcome into the new family and that the family is supported in accepting the new child(ren).
- Take particular care when the child is placed with a family member far from other family members (for example, when the child moves to a town for school and leaves family at home) or when the kinship carer is a close family friend, rather than blood family, to ensure that the child is treated as kin.
- Encourage ongoing contact with the biological parents, where possible.
- Retains contact and rights within his or her blood family.

Kinship care should also be ensure the quality of care with the following criteria:

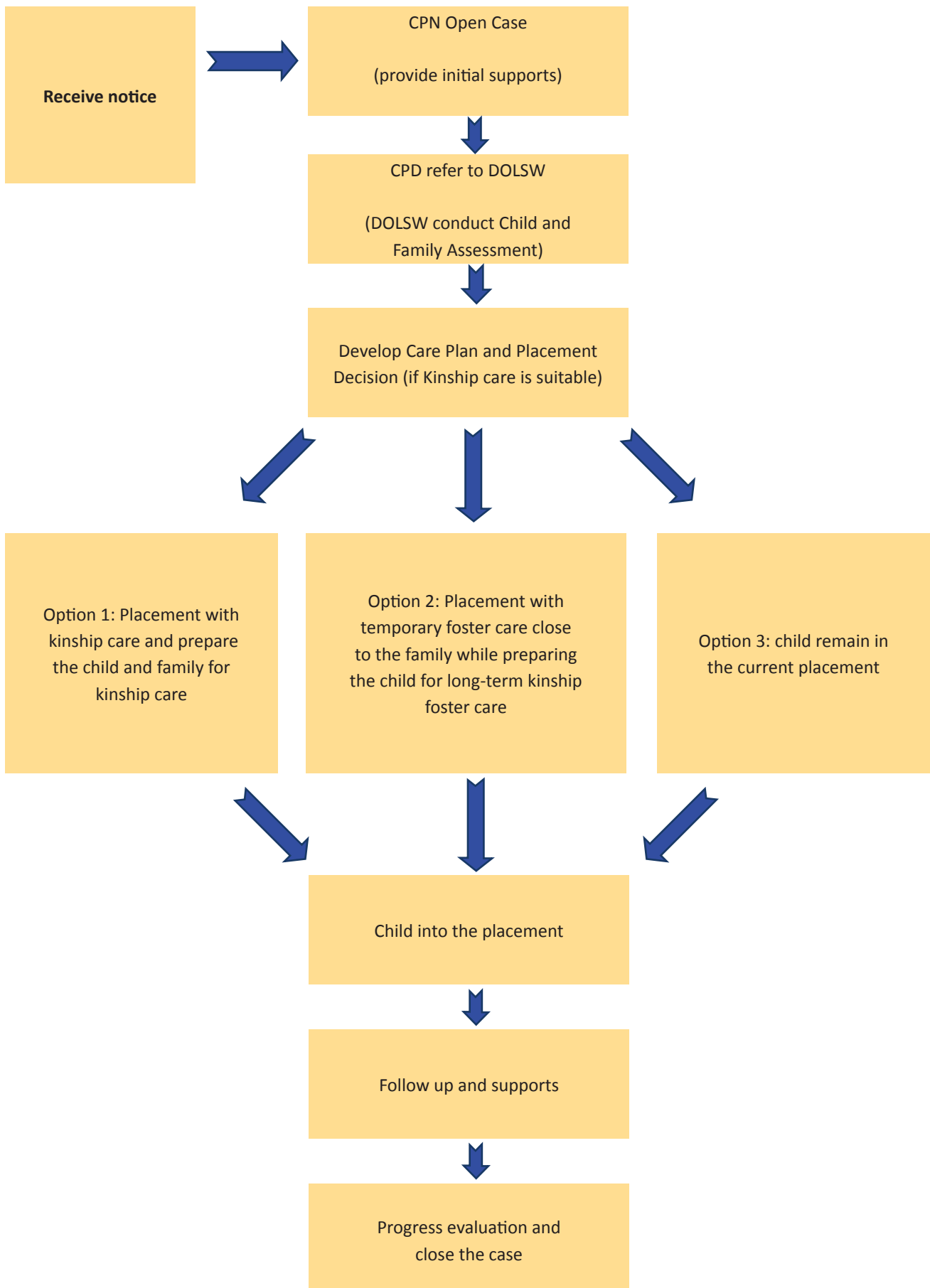
- Be healthy enough to care for the child.
- Have the ability to provide children with the love and security they need.
- Be able to ensure child wellbeing.
- Welcome and accept the child(ren) as a part of the family, making sure that the child is treated no differently than any other children that already live in the home.
- Have no current or past history of child abuse.
- Have close ties with either maternal or paternal relatives and offer the same social and cultural practices to the child.

- Demonstrate that all adults, both male and female, in the home actively participate in the decision to care for the child, share the responsibility to care and that the primary caregiver is not being 'forced' to care for the child.
- Support and encourage reunification with the child(ren)'s biological parents, if and when child and parents are ready to be reunified.
- The child has a strong and loving tie with the kinship caregiver;
- Children can continue their school and having friends in the community speaking the same languages and having cultures.
- Promote the well-being of a child who cannot be with his or her parents.
- The child stays with siblings and family members who support each other.

Even though kinship care should be the first option for alternative care, sometimes kinship care could pose harm or risks to children if:

- The carer cannot provide enough financial, material and emotional supports especially when the children need special supports such as disability and others;
- A temporary kinship arrangement becomes long-term even if the child could return to living with his or her parents;
- The child or children are abused, exploited and discriminated against in the kinship family;
- The child's psychosocial support or other special care needs, such as disability support needs, cannot be fully provided by the family; and

Figure 1: Key steps in case management for kinship care



2) Process of supporting kinship care

All adults living in communities have a responsibility to notice and report to members of Child Protection Network when noticing vulnerable children without appropriate parental care such as homeless children or children whose are neglected. Notices can be report to social works, CPN, district and provincial social welfare office or police immediately.

When considering kinship care, the flow chart below outlines the process of supporting kinship care from identification to case closure. Each step is discussed in following sections.

Step 1: Identify children in kinship care

- When a Child Protection Network has received a concern from the community, the CPN or the appropriate committee should first make an **informal assessment of the situation**, using the Laos Child Protection Case Management Standard Operation Procedures (SOP) and having conversation with the family members and caregivers. It is also important to talk to the child – where possible, the consent of the parents should be sought, especially if the child is under ten years old.
- If it is not emergency case and when it is possible, **the priority is to resolve any concerns informally**. This can be done by talking to family members, involving other local people where needed, especially elders, heads or members trusted by the family and child. Note: for serious concerns.
- If the concern could not address informally, CPD should continue monitoring the situation.
- When a concern is resolved informally **or it is serious concern, conduct the step 2 and consult with family and children if alternative care is needed**. This might be temporary or short-term, while the preferred primary caregiver of family resolves the problem that has led to a concern.
- **Record keeping:** CPN and DOLSW should note actions taken in the ongoing records.

Step 2: Referral to a social worker and assessment

- After a CPN has completed Step 1 but the family tension or conflict is not eased through local mediation, an immediate referral should be made to the nearest DOLSW.
- The social worker from DOLSW should do a formal **child and family assessment**.
- The child and family assessment should document all related information on child's physical and mental/emotional health, nutritional status, education and family history and extended family connections, placement history and the child's needs including emotional, educational, medical, social, cultural and religious. In-depth information is needed to ensure appropriate matching with the alternative care provider if needed. The assessment will also determine if the alternative care would be temporary, short or long terms.
- Consult with children, family and other related parties to prepare for care plan development with the child and parent or the significant persons in a child's life should be in attendance.
- CPN should record the referral to the social worker in their usual reports (Individual Child Case Recording Template and the Quarterly Reporting Template) to the DOLSW. A copy of the referral form should be kept.

Step 3: Care plan Development and Kinship Care Consideration

- Care plan development should:
 - Include **initial family assessment** and notes of discussions with children, parents and relevant

stakeholders.

- Outline **the support needed by the child and family, who will meet those needs, what the follow up should be, and the appropriate time frame for each action**, including the proposal for permanent care for the child.
- Outline **if and how the case will be managed and by whom** (i.e. in situations of risk or vulnerability, a social worker from DOLSW or CPN member should monitor the situation).
- **Care planning meetings should be held regularly** (ideally every six months) and reviewed by all involved in the plan.
- Refereeing to the best interest of children and care plan, the social worker with collaboration from other related parties consult and support the children and family to consider and agree on alternative care placement that is best suitable for children.
- After agreeing on alternative care, the DOLSW informs related parties such as CPD and the District CPAC about this arrangement to provide ongoing supports and monitoring regularly and coordinate cross-sectoral supports if needed.

When planning and determining the kinship care options, the followings should be considered:

- **Allow relatives to provide kinship care for children, temporarily or for the longer-term:** This is suitable when the assessment shows that child will be best protected, supported and supervised by their relatives.
- **Move to another family member in the same community:** This may be longer-term or permanent, if the current caregiver is deemed not suitable as a kinship caregiver.
- **Move to 'non-family kinship care':** this placement can be with someone who is close to the child, not a blood relative but considered to have the family-like ties and obligations toward the child, often from the same community (i.e. close neighbour). This is best option if the child remains within the same community.
- **Temporary placement with a foster parent or in another care arrangement:** In situations where the child cannot remain in the current care arrangement, and a kinship carer has been identified but needs a short period before care can be provided, a short term option is to find a non-kinship caregiver within the same community, known to the child and family and willing to provide family care to the child until the kinship caregiver can take up his or her role.
- Once a decision has been made with the child, kinship carers and biological parents (where present), and the social worker should agree on the placement.
- The social worker, village head and CPN should agree how often the child and family will be visited by them and who will visit, when the family has been identified as needing support. The individual working on the case should keep a note of visits and send the notes to the DOLSW, using 'Individual child case recording form'.
- Clear agreements should be made about the need for supervision (rather than support) and how and by whom this is done. The primary difference is that supervising involves monitoring so as

to maintain order, directing or overseeing performance, and ensuring that tasks are carried out correctly without mistakes. Whereas support is assisting, motivating, encouraging and strengthening.

- The social worker responsible for the case should share the information about placement with the CPN who reported the case, so that ongoing support can be provided at the village level.
- The social worker responsible for the case completes a placement form.

Step 4: Support and monitoring after placement.

- The social worker responsible for the case is responsible for regularly monitoring and supervising visiting the child and family before and after placement, until the case is closed. There are differences between monitoring and supervising visits. Monitoring visit is to monitor and provide guidance and general oversee the alternative care to ensure collect procedures are complied. While overseeing visit is to encourage, support and motivate children, families and care providers and strengthening their capacities.
- CPN members can provide more informal support and keep their eyes and ears open to ensure that the child and family receive supports and satisfy with the arrangement. Children in kinship care may have difficulties accessing important documents such as birth certificates, family books or they might face risks to inheritance of their parents' assets later, especially orphans or permanently abandoned children who are in long-term kinship care. Social workers can work with the village head and local government officials to support access birth certificates from MOHA, death certificates (where necessary) of their parents, or other legal documents.

- Children in kinship care may need a responsible adult to make a decision on their behalf, for example for medical treatment or school attendance.
- **Record keeping and case closure:** the social worker completes regular case notes (at least every six months) to update the situation. The social worker is responsible for deciding when the case is closed. Once a child has been placed in a kinship care arrangement for the long-term, and when the child and family agree that the situation is permanent and that no additional support is needed, the case should be closed.
- Once the case is closed, there is no need for further documentation on the placement.

1.2 Foster Care

Foster care is a family-based care placement option for children which care is provided by a foster family with no biological, extended or kin network connection with the child family. Foster care can be a temporary, short, or long-term.

Foster care should be considered when a child's biological mother or father or both cannot care for the child for different reasons such as: the death, abandonment, or due to illness and when the biological parent could not or unable to provide appropriate care and safe for children and when biological, extended or kin network of children could not be identified or could not provide care for the children.

1. Foster care as a suitable option

Foster care should be considered only when a child's biological mother or father, extended family and/or kin network cannot provide appropriate care for the child. However, this option could be considered after exploring kinship care as well as other options to support the family to keep the child(ren) and family together, such as through the provision of financial and non-material support but could not ease the family tension successfully.

Always keep in mind that, all children are different, and all foster carers are also different and the foster care impact each child differently. Some children might move from residential care to live with foster carers or some children might need foster care for a short time before returning to his/her families or kinship care. Therefore, foster care can be a temporary or short term option when:

- While family is being traced with reintegration with parents or kin;
- While kin family is not ready to provide care for child/children and need a period of time for preparation.
- While a long-term foster care or an adoptive family is being identified for a child.

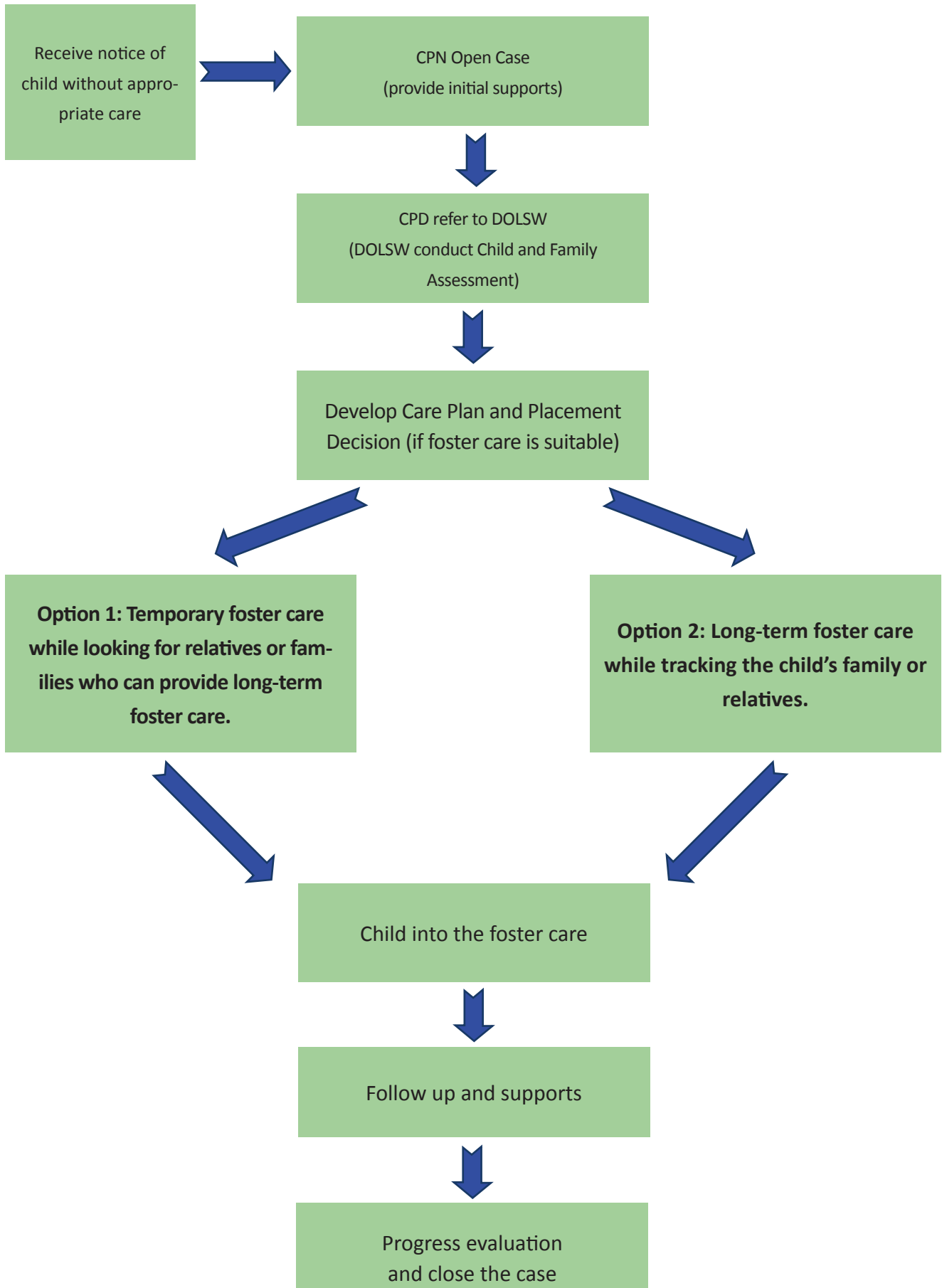
Foster care can be a **long-term option** for:

- A child without family or kin.
- An adoptive family cannot be found.
- A child chooses not to live with parents or kin due to potential risks such as abuse, neglecting or long-term separation.
- A child that requires specialized services or a high degree of support that can be provided in specialized foster family.
- A foster care willing to provide long-term care for children.

Foster care may not be necessary or suitable when:

- The placement is against the wishes of the child, or the child may be separated from siblings when placed foster care.
- The child can be supported and be able to remain with the biological family or within kin placement.
- The foster carer does not have the skills, ability, or supervision to be able to care for and protect the child especially children with special needs.
- The child requires specialized services or a high degree of support that cannot be provided in a foster family but can be provided in a specialized or therapeutic residential care facility.
- The child is old enough and capable of living independently with some support or the young person prefers to live independently.

Figure 2: Key steps in case management for foster car



2. Process of foster care placement

For foster care to provide children with protection, a good standard of care is needed, including social work services, selected and trained foster carers, good care planning, and placement supervision. In the case of formal foster care, carers shall be approved and trained to provide foster care.

The process of identifying children and carers, making a placement, and monitoring care follows these case management steps:

Step 1: Identify children in need of foster care

- When a Child Protection Network has received a concern from the community, the CPN or the appropriate committee should first make an **informal assessment of the situation**, complying the Laos Child Protection Case Management Standard Operation Procedures (SOP) and talking to the family members and caregivers. It is also important to talk to the child – whenever possible, the consent of the parents should be sought, especially if the child is under ten years old.
- If it is not emergency case and when it is possible, **the priority is to resolve any concerns informally**. This can be done by talking to family members, involving other local people when needed, especially elders, heads or members trusted by the family and child. Note: for serious concerns. when making decision that the child/children could not continue living with their parent or current carer, **the second priority is to find another extended family member or known household who can take over the kinship caring responsibility for temporary or short-term**, while the preferred primary caregiver and family resolve the problem that has led to a concern.
- If it appears that it is unlikely to find relative or close friend family who could provide kinship care for the children, **the preferred option would be to find a non-related family within the child's community** who is willing, capable and able to provide care to the child **for a short-term foster care not more than three months**.
- **Record keeping:** CPN and DOLSW should note actions taken in the ongoing records.

Step 2: Referral to a social worker and child assessment

- After CPN has completed Step 1 (above) but the tension or conflict in the family is not mediated locally, a referral should immediately be made to the nearest DOLSW. Once a referral has been made the DOLSW becomes responsible for completing the next steps of case management, beginning with a child assessment.
- After receiving referral, the DOLSW staff should do a formal child and family assessment to evaluate the actual situation as well as determine the best interest placement of the child if needed which may include remaining in the current care situation or moving to a new alternative care placement.
- The child assessment should document the child's physical and mental/emotional health, nutritional status, education and family history and extended family connections, placement history (if any) and the child's needs including emotional, educational, medical, social, cultural and religious. In-depth information is needed to ensure appropriate matching with a foster carer. The assessment will determine if temporary placement with an informal foster carer is an option or whether the child will benefit from placement in a formal foster placement.
- Record keeping: CPN should record the referral to the DOLSW para-social worker in the usual reports to the DOLSW.

Step 3: Case planning and placement preparation

- **A case plan or care plan** should be developed with the child and all the significant people in a child's life. If possible, the biological parents and/or kin should be involved, especially if family reintegration is the permanent plan. The care plan should include:
 - initial family assessment and notes of discussions with children, parents and relevant stakeholders.
 - Outline the support needed by the child and family, who will meet those needs, what the follow up should be, and the appropriate time frame for each action, including the proposal for permanent care for the child.
 - Outline if and how the case will be managed and by whom (i.e. in situations of risk or vulnerability, a social worker from DOLSW or CPN member should monitor the situation).
 - **Care planning meetings should be held regularly** (ideally every six months) and reviewed by all involved in the plan.
- Referring to the best interest of children and care plan, the social worker with collaboration from other related parties consult and support the children and family to consider and agree on alternative care placement that is best suitable for children.
- Where there is a **temporary arrangement** with a nearby community member, DOLSW social worker should support the child(ren), family and community to agree on the placement with an informal foster carer and is responsible for case planning.
- If the assessment suggests that a child needs a long-term placement with a foster carer, the district social welfare staff with support from POLSW can present the placement case to the gate-keeping body who reviews the assessment and foster carer preparedness of the child(ren), and family when involved, and community to agree on the placement.
 - o With support from POLSW, DOLSW social welfare staff is responsible for case planning, family recruitment, training, approval and case monitoring.
 - o The Child Protection Network can be informed of the placement, especially where the case has been reported through the Child Protection Network, to provide on- going monitoring and support.
- **Recruitment, assessment and training of foster carers for formal foster care:** Recruitment of foster carers is critical component of providing quality services and should include mechanisms for: recruiting, assessing, approving, training and monitoring.
- The **foster carer assessment process is a way to determine the motivation and capacity of the potential carer.** Selection and assessment are based on competencies and openness to care for and nurture the children and take on new ideas. Assessment and family files include:
 - o Notes and records of multiple interviews and home visits with potential foster carers and their neighbours.
 - o Notes and records of interviews and visits with the entire foster family household, including children.
 - o Police good conduct certificates, Letter of good conduct from the local Village Head or appropriate authority to establish good standing in the community and medical assessment by certified medical practitioner.

- o Other information that is related to foster care placement.

Step 4: Placement and support services

- **Selection of Foster Family: Selecting a foster family should be based on the needs and best interest of each child** according to the individual needs of the child as outlined in the assessment and individual care plan.
- Before placing the child and during the matching process, the **foster carer should be given detailed information about the child's background and his/her current needs**, including reasons for placement, family and medical history and care and placement history.
- **Prior to placement, designated authorities should visit the foster home to assess the home conditions**, the suitability of other household members and to check that members of the family has consented to the decision. Cultural, religious and ethnic background of foster carers and child, age and income of foster carers, marital status of foster parents, geographic proximity to biological family and siblings (when applicable), number, age and gender of other children and adults already living in foster home, safety and caring environment of foster home, educational needs of the child need to be considered during the matching process. Every attempt should be made to place the child with families of child's own linguistic, culture, ethnicity and/or religious heritage.
- **Siblings should not be separated by foster care placement**, unless there is clear risk of abuse or other justification.
- Community leaders should be consulted throughout the matching and selection process.

After foster career has been selected, there should be a good preparation for placement for foster carers and children.

- Before the placement, there should be a preparation for placement to introduce the child to foster family. The child's introduction into foster care should proceed slowly and cautiously.
- To facilitate the adjustment process for the foster child and carer(s), the DOLSW social welfare staff should arrange **pre-placement meetings between the prospective foster children and foster carer(s)**.
- Both the foster carer(s) and the child shall be prepared beforehand and provided with information. The foster child should be provided with information regarding the foster family. The foster parents should be provided with information about the reasons the child has been placed in alternative care or separated from his/her family, history of previous care arrangements, medical and psychological information and other information that is pertinent in providing appropriate care and protection.
- Objectives, goals and expectations of foster care placement should be explained clearly to the child/children and the foster family to acknowledge and understand.
- In consultation with the foster carers and child, DOLSW (or designated authority) shall decide



Promising practice

Developing memory or life book

REPSSI had developed a facilitator's guide for memory work workshops. The manual highlights memory work techniques that are designed to help families cope with death and grief, and to plan for the children's future adjustment and well-being. The techniques described in the manual include memory books and memory boxes. These help children build their identity and strengthen emotional capacity, to understand the past and be less afraid of the future. The books or boxes can include family pictures, writing or paintings. For more information visit:

<https://repssi.org/product/guide-memory-work-manual-facilitator-s-guide/>

the length of an **introductory placement period**, which can last from a few days to a few weeks depending on the situation of the child and family.

- Before the placement of the child in the foster family, a written agreement outlining the roles and responsibilities and provisions of safeguards to the children shall be developed and agreed upon between parties.
- The DOLSW social worker and foster carers shall protect the child's emotional health by providing the child with a **"life book" or "memory box"** that gather photos and significant activities of the child soon after being placed in care.

Step 5: Support and monitoring after placement

Throughout the duration of the placement the foster family should be provided with a package of holistic support services, to psychological and other supports and to avoid the care termination. Trained LWU and DOLW or CPN could provide counselling and advice to both children and foster families as needed.

- The social worker responsible for the case is responsible for regularly visiting the child and family before and after placement, and regularly until the case is closed.
- The district social welfare staff is responsible for overseeing and providing supports to the child and foster family as well as assessing the child's well-being. The social worker should make frequent visits and provide consultations as needed.
- Child Protection Network members can provide more informal support and keep their eyes and ears open to ensure that the child and family are happy with the arrangement, particularly in informal foster placements.
- Record keeping: The DOLSW completes regular case notes (at least every six months) to update the situation. They are responsible for keeping all placement files up to date for both children and care providers.

- The DOLSW completes regular case notes (at least every six months) to update the situation. The social worker is responsible for deciding when the case is closed, typically this only happens once the child is no longer in foster care, has returned to his/her biological parents, kin network or has aged out of placement and into independent living.

1.3 Residential Care

Residential care is a form of group care for children in an institution. The children are looked after, and care by teams of paid staff. All children in the residential care receive the same service irrespective of their age, gender, abilities, needs and reasons for separation from parents. Residential care is provided in lots of different settings and by several different providers. For example: the family-based care of SOS Village is the care provider to children in family-care environment with carers who are qualified, trustful, and reliable who could ensure safe and ongoing care for children and adolescents. These carers act as the parents of children and provide life skill trainings to adolescents (in a family-like group of 6-8 children).

Residential care is an alternative to foster care or kinship care. Children are often placed in residential care once other placement options, such as foster care, have been unsuccessful.

1. When residential care is a suitable option

The residential care for children may be arranged based on a voluntary of the child/children and family or under a legal mandate. Residential care should be considered only when a child's biological mother or father, extended family and/or kin network cannot care for the child for the reason of child safety, child protection or if it's not in the best of interest of the child and after other possible options have been considered and it is found that residential care is the most suitable for the child at the current situation. In addition, where it has not been possible to identify an appropriate foster family or adoptive family for the child. It may also be that the child has difficulty settling with a kinship carer or foster family and so residential care is viewed as more suitable. Considering residential care should select the most suitable residential care facility that are most suitable for the needs of each child.

2. Minimum standards for residential care

Residential care should be operating within a framework of minimum rights-based standards of children. The following, whilst not an exhaustive list, provides an example of such standards.

Quality of Care. The residential care facility has standards of care meeting the needs of children and aligned with international standards (e.g., CRC, UN Guidelines on Alternative Care) and best practices. The residential care facilities should be registered with the government, has government authorization to operate, and meets government requirements of Lao PDR.

Child Safeguarding. The residential care facility is committed to protecting children from abuse, exploitation, violence, bullying and neglect and has protection and safeguarding policies that are clearly articulated, rigorously implemented and available for review.

Admission Practices. Central to decisions made about placement of a child are the child's best interest and the determination that the placement is both necessary and appropriate to meet the child's needs.

Staffing and Management. Residential care staff are carefully selected, qualified, trained and supervised. There should be enough caregivers to provide adequate care and attention for each child.

Facilities. The residential care facility is deemed safe, and children are provided with private, safe, and accessible accommodations and hygiene facilities.

Caregiving. Children receive respectful and attentive care based on their individual needs and caregivers use positive, non-violent forms of discipline.

Access to Services. All children receive education services and have access to health, mental health, psychosocial, rehabilitation, nutrition, and social services, as needed.

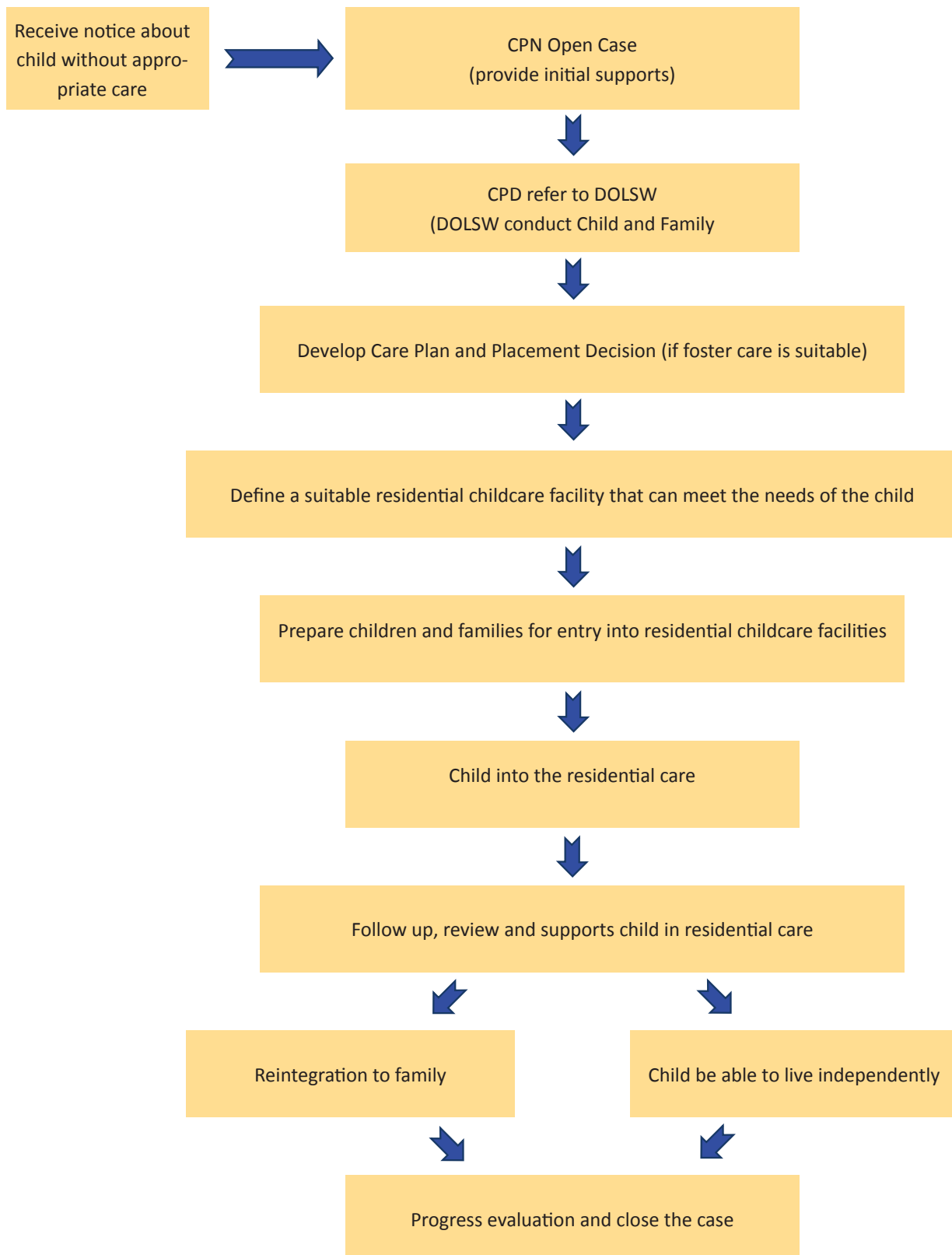
Care Planning. All children have a secure, confidential, and complete case file that includes the child's regularly updated care plan. Children and their families participate in development of the care plan, including the plan to address the needs of the child while residing in the residential care facility and the plan for the child to reintegrate with their family or transition to family-based care in a timely manner.

3. Process of residential care placement

As with all cases the first point of referral is when the case is brought to the attention of authorities at the community level. Several things need to be considered at this point and these considerations are in fact the first stages of the gatekeeping process. As can be seen below, the concept of gatekeeping is all that occurs between the decision that the child needs protection, and the decision to place the child in residential care. Simply by considering the following important considerations is in fact following a process of gatekeeping.

- Keeping the child as close as possible to their family of origin
- The removal of a child from his/her family as a last resort

Figure 3: Key steps in case management for Residential Care



- Protection from abuse, neglect, and exploitation
- Poverty never being the only justification for removing a child from his/her family.
- Safeguarding all the rights of the child
- Permanency as a key goal
- The importance of keeping siblings together
- The recognition of the care provided by relatives as valuable care options for children.

Step 1: Identify children in need of residential care

- When a Child Protection Network has received a concern from the community, the CPN or the appropriate committee should first make an **informal assessment of the situation**, complying with the Laos Child Protection Case Management Standard Operation Procedures (SOP) and talking to the family members and caregivers. It is also important to talk to the child – if possible, the consent of the parents should be sought, especially if the child is under ten years old.
- After informal child and family assessment, if it is not emergency case CPN could address the **concerns informally**. This can be done by talking to family members, involving other local people where needed, especially elders, heads or members trusted by the family and child.
- If the concerns could not be addressed informally and if residential care is being considered, then it is likely that the option of kinship or foster care has been explored and is not possible. The primary focus should be protecting the child from whatever immediate circumstances may be requiring them to need residential care so the child may need some form of **emergency or temporary care** immediately. It is important for the social worker to **explain to children and families who you are, why you are involved, how you can help, and what other agencies may be involved**.
- **Record keeping:** CPN and DOLSW social welfare staff should note action taken in the records.

Step 2: Referral to a social worker and child assessment

- If a Child Protection Network, authority, or Social Worker has completed Step 1 (above) but the tension or conflict has not been addressed successfully and it is determined that a child needs to move from current care to the residential care, a referral should immediately be made to the nearest social worker or DOLSW. Once a referral process has been completed, the DOLSW becomes responsible for completing the next steps of case management, beginning with a formal child assessment.
- The DOLSW social welfare staff **conduct a comprehensive child and family assessment**, focusing on why it is not suitable or possible for the child to remain in a family setting or current care. The **assessment** should document the child's physical, mental, emotional health, nutritional status, education and family history and extended family connections, placement history (if any), and the child's needs including educational, medical, social, cultural, and religious. This in-depth information is needed to **ensure the type of residential placement sought will meet the child's needs**.
- The district social worker responsible for case management will open a case file at referral which will include the full child assessment once completed as well as and other required information into the field.
- **Record keeping:** Child Protection Networks should record the referral to the social worker in the usual reports and store in a secured place.

Step 3: Case planning and Residential Care placement

- Identifying a suitable placement for the child that can meet the child's needs can be a difficult and complicated process which may require the **provincial CPAC to play an important role in providing support and advice to the district social worker or CPN** to identify an organisation who is able to provide residential care to the child.
- Not all children who require residential care are orphans. Where they exist, and where they do not pose a risk to the child, **parents and family should be involved in the case planning and identification of a care placement.**
- If the assessment suggests that the child requires a residential placement, **the district social worker should present the placement case to the Child Protection Network** to review the assessment and agrees with the social worker, the child, and the family of the suitability of the decision.
- Residential **placements should be ratified by CPAC and Social Welfare** who is responsible for monitoring and overseeing the child's welfare in the residential care facility.
- The district Social welfare staff is responsible for case planning, placement identification and approval, and case monitoring.
- The Child Protection Network and district and also provincial CPAC will provide ongoing support and monitoring where necessary.

Process

- Develop a **care plan** with the child and all the significant people in a child's life. Where possible, the biological parents and/or family should be involved, especially when the care plan has family reintegration as the long-term goal.
- The care plan should include initial family assessment; outline the support needed by the child (and family), who will meet those needs, what the follow up should be and the appropriate time frame for each action, including the proposal for budgeting for care (if any); outline how the case will be managed and supervised and by whom.
- Explain the expectation of child and family, identify on how the relationship between child and family will be maintained, the goal of long-term care for children for example: returning to family shortly or a long-term residential care until 18-year-old or able to live independently.
- When considering residential care, the **child and family should have independent advocacy and support**, especially if the child is not old enough to express their own views or has a disability that limits their ability to express their own views.
- Care planning **meetings should be held regularly** (ideally every six months) and reviewed by all those involved in the plan.

Residential Care Placement

- Residential care placements should closely coordinate and collaborate with MOLSW, MOES (for boarding schools and monastic schools), LWU (protection shelters) or NGO for temporary shelters. Therefore, **a database of available residential places should exist at the provincial or national level.** This will allow the social worker to **understand what kind of residential placements exist and what kind of care they provide.** Knowing what kind of services exist will allow those planning the child's care to **apply the principle of suitability.**

- Although sometimes the choice is limited to simply what is available, **a child should not be placed in a residential service that cannot meet their needs.** E.g., a child with a disability should be placed somewhere the child's disability is understood. The placement should allow the child still to be **within a reasonable distance that would allow family to visit** if it is safe for them to do so.
- **Record keeping:** The district social welfare staff completes a placement form and maintains a complete case file on the placement, including a separate file on the foster family (in the case of formal foster care) in DOLSW and report to POLSW.

Step 4: Child & family Preparation for Placement.

- **The district social welfare staff in collaboration with POLSW and CPN is responsible for preparing the child and family for the placement into residential care.** The head and support staff of the residential placement should also be involved in preparing the child.
- Where possible, arrange the child and family to visit the placement in advance to get to know and familiar with the placement and ensure that the place can meet the needs of the child.
- Explain to the child and family why the decision to place a child in alternative care is made
- Explain to the child where they are going, who they are going to live with, why they are going to live there, and when they will move and who else will be living in the place. Give as much information as possible about the new place.
- Explain to the child any roles and responsibilities and expectations that the placement may have, for example, daily routines or helping with household chores.
- Inform the child what information the placement have about them, and about what steps have been put in place to address specific requirements they may have.
- Explain to the child how long the placement will be for, and what arrangements are being made, such as family tracing or mediation, towards their long-term care.
- Inform the child of who to contact and how to contact if they have any urgent problems or needs. Give them a phone number.
- Ask the child if they have any questions or concerns and try to address them and provide the placement with as much information as possible.

Step 5: Regular formal placement review

- When the child is placed in a residential care, the case should not automatically be closed. DOLSW with the coordination with CPN should maintain the communication between social workers, the placement, and the family throughout the residential care placement. **All parties involved in the care planning are responsible for maintaining regular contact with each other.**
- Continue assessment of the needs of children even after the child enters residential care. Children's needs change as they grow and so assessment should be ongoing, and the **assessment should be done by the care staff in the residential placement.**
- The social worker and staff of residential care should monitor and supervise each child living in residential care. Social worker is responsible for monitor and overseeing the child's care, the progress the child is making, and maintaining a link with the child's family.
- A meeting should be held every 6 months and attended by the child, the child's family, the social worker who placed the child and staff from the residential placement to review the progress the

child has made in placement, and consider whether the child can return home, or whether the placement continues to meet the child’s needs.

- o After a period of time, the circumstances might have changed. The child may now be able to return to his/her family, kin may now be able to look after the child, a foster carer may have become available for the child, another placement that better meets the child’s needs may have become available or the child may now be old enough to live independently. In any of these cases, the cycle of assessment and planning begins again and the process of preparing for a new placement begins again.
- o Even if the circumstances have not changed the child’s physical, intellectual, emotional, and social development should be charted through a process of formal review.
- **Children should be provided with effective follow-up and counselling.** Before the transition out of residential care, there should be careful preparation of the transition from residential care to the family home or to live independently.
- **The social worker should conduct the assessment and planning of what happens next for the child** before the children transition out of the residential care.
- Both the placement and the social worker should **keep a record of these meetings.** Records of

Individual factors		Family factors	Broader economic and social factors
Children and adolescents	Social norms for girls and boys (i.e. encouraging girls to be more passive than boys)	Family expectations about roles (i.e., assumptions about household chores for boys and girls)	Views on physical punishment (i.e. boys’ acceptance of physical punishment, making it hard for them to complain)
	Sexual and reproductive health needs and understanding for boys and girls	Family norms (i.e., early marriage for young girls)	Social norms about education attendance (i.e. girls do not have to attend secondary schools)
Caregivers and family	Men may feel less confident about asking for parenting guidance, especially a single parent	Extended family assumptions about what men and women should do can affect the level of family support when a caregiver is struggling	Care provider with low income and have more children to care for might not provide adequate care for every child
	There may be a higher expectation on grandmothers than grandfathers to care for the kin children	Girls may be expected to help provide care for younger sibling	Social norms about divorce may put pressure on single parents
Community members	Women and girls may tend to have the main caregiving and household responsibilities		Social norms may accept violence in the home, encourage men to have access to alcohol
Service providers and policymakers	Personal, social and cultural norms of the service providers can influence assumptions about children’s behavior and needs	Assume that female caregivers are likely to be better, or assume that a rick male household header who is the best caregiver	Gender norms about social workers themselves may reduce the ability to receive support from other service providers

these meetings should be shared with the child and family.

2. Operation Procedure of Alternative Care

2.1. Consideration Procedure

2.1.1 Gender considerations in alternative care

Age	Recommendations
0-3 years	Children under the age of three should be placed in a family setting (kinship or foster care, with people able to work with that age group of children), rather than institutional care. Family setting care would enable the child to have a one-on-one, stable caregiving relationship.
4-6 years	If after all prevention and reintegration options have been exhausted and reintegration with the birth family is not feasible, domestic, and international adoption is recommended.
7-10 years	For the child's best interest, kinship or foster parents should seek strong attachments between infant and birth families with frequent, prolonged visits with the biological parent(s) should be arranged - more than once a week, for several hours at a time, including caregiving activities. The child should live near his or her biological parents. These actions will help facilitate family reintegration.
11-14 years	The child who has been in alternative care for some years is likely to have adjusted to alternative care placement by this age; the child may be able to maintain a connection with his/her parents through less frequent visits supplemented by phone calls and letters.
15-18 years	For long-term development and behavioral outcomes, continued contact and strong attachment with family is still highly recommended. Education and recreational activities should be part of the care planning arrangement.
18 years and over	Care arrangements and social support as 4-6 years age group. If the child has no contact with his/her birth parents, a social worker should try and facilitate connection.

Acknowledging the different experiences of boys and girls is important in alternative care. The table below shows some examples of the different experiences of boys and girls, the different experiences and roles of men and women carers, and providing services to children of different genders and the range of services that are needed.

2.1.2. Age-specific considerations for alternative care

Children at each age have different perceptions and experiences. Children at each age also have different demands and needs for different care. Consideration of the child's age is important in alternative care options. The chart below shows the different experiences and needs of children at each age group.

2.1.3 Special Consideration

Different case has different circumstances. Therefore, response to each case will be different. The following areas need to be considered when developing a local case plan.

Urban areas where sometimes family and community networks have been disrupted and where there is a lot of movement of people, it may be harder to know how to identify and reach vulnerable children. It will be important to involve groups that are active in the urban areas, such as community associations, youth-led groups or CSOs. It is also very important to involve local community-based volunteers.

When it is difficult to identify an obvious community actor who can support the child who has already separated from the family, it is particularly important to provide immediate emergency shelter support for children, such as through an emergency foster care family, temporary shelter such as LWU's Protection Shelter, or NGO shelters such as Peuan Mit or Sensavang are good examples. Remember that different children need different types of care arrangements, depending on their age and circumstances. Although ideally a family environment is best, it may not always be right for children immediately and it may require some time in different forms of care before a child can be with his or her family. This is the reason why individual child assessment is important, and why we need to listen to the child's voice.

2.2. Decisions to place children in alternative care

When it is determined that a child cannot stay in the current care arrangement, and needs an alternative solution, more formal procedures should be followed. Under the supervision of the district and provincial CPAC and Secretariat Unit at MOLSW, para-professional social welfare staff, DOLSW and member of the CPN should be involved in the child case assessment and care decision.

While taking actions, the child may stay where they are, (i.e. in the same household or village) and receive monitoring and support by the CPN. In some cases, the child may need to move to a new care placement, such as kinship care, foster care and residential care, for example a shelter or a children village, for a temporary or emergency.

Before placing children in any type of alternative care, it is important to note that children's opinion is the core of action and there is **no one-size-fits-all solution** for all children. **Quality child assessment and child best interest are the key determinants for the most suitable alternative care for each child. Depending on the needs, wishes and best interests of an individual child**, the child may move between different care arrangements until the right solution is found for them, and the solution is likely to change over time as the child develops and grows.

When considering placing children in alternative care, it shall be based on the necessity and appropriateness through consultation with children and their families. Initial supports should be provided to parents and family to enable them to continue providing care for their children and all measures should be taken to prevent facility separation.

Key take-away about alternative care

- **There is no one arrangement that is automatically best for all children. Placement decisions should always be made with children at the centre of that decision.**
- It should be guided by a child and family assessment, and an individual care plan.
- The goal is to reunify the child with his/her family, if this is in the child's best interest.
- If reunification is not possible, then an alternative care placement should be selected based on the individual needs, wishes and interests of the child.
- Reunification, family support and permanency planning should be carried out in parallel, while the child is in alternative care.
- Aftercare services should be planned and provided for children or youth leaving alternative care.

2.3 Child Monitoring and Assessment in alternative care

When the child is placed in a residential care, the case should not automatically be closed. DOLSW with the coordination with CPN should maintain the communication between social workers, the placement, and the family throughout the residential care placement. **All parties involved in the care planning are responsible for maintaining regular contact with each other.** Until the case is closed, the social worker responsible for the case should regularly visit the child and family before and after the placement. CPN members could provide informal supports and closely monitor the child and family to ensure the progress or if any additional support is needed. Child monitoring and assessment should be ongoing process. **The social worker** and staff of residential care should monitor and supervise each child living in residential care and continue assess the needs of children even after the child enters residential care. Social worker is responsible for monitoring and overseeing the child's care, assess the progress and development child is making, and encourage the children to maintain the contact and link with the child's family.

Section IV: Responsibilities and Implementation

Children are surrounded by people and institutions. For successful and quality implementation of this guideline, all related parties, sectors shall commit, coordinate, collaborate and support each other to protect the children, and provide quality alternative care to children. Everyone has a responsibility to make sure that the individual child is protected from harm, at all levels. Three key sets of actors are critical:

- Central/National level: MOLSW, LWU, MOHA, MOES, supervise and support the implementation;
- District and Province: Labour and Social Welfare sector, provincial Lao Women's Union, Education and Sports apply technical procedures. In addition, CSOs and NGOs contribute to child support and protections.
- Village: CPN, Village head, local CSOs, as well as community members can provide initial informal supports and assistance to children and families.

Apart from the public organizations, UN agencies, civil societies and NGOs as well as other related organizations play a significant role in providing support and assistance to children in needs especially in the emergency cases.

1. Responsibility of Central/National Level

The Ministry of Labor and Social Welfare is in charge of disseminating the guidelines, organizing training, publishing and producing publicity materials and distributing the guidelines to relevant parties and those interested in meeting childcare options; MOLSW also is responsible for organising awareness raising and understanding about alternative care in society as well as in the local area, MOLSW is the key coordinator for conducting study and research good practices and lessons learned from the region and internationally to compare and learn consistent lessons to apply to the actual local conditions and organize monitoring and data collection of actual implementation at all levels to collect data for updating recommendations at each stage. The Ministry of Education and Culture is responsible for planning and updating the draft guidelines in order to be in line with the actual situation that changes from time to time.

The Committee of Protect and Assistance of Children and relevant central ministries and organizations are responsible for publishing and implementing this guideline successfully according to their roles and responsibilities as well as providing support, coordination and participation in monitoring the implementation of this guideline.

2. Responsibility of Provincial and District Level

POLSW and DOLSW coordinate with CPN and CPAC committee at the provincial and district levels to disseminate and promote the guideline and support related parties to contribute into the alternative care for children in the respective areas. The following suggests can be used to encourage and bring different people together for alternative care, especially at the district and village level close to the case.

Step 1: Find people in the district and community levels who have already played some roles in providing alternative care to children at the district and community levels (even if they call it something different).

Step 2: Map local services and resources (especially human resources, including CPN, village head, religious leaders, CSOs, etc.) who can cooperate with you.

Step 3: Train the actors on the concept of family-based alternative care, the Guidelines, roles and responsibilities, and basic referral processes.

Step 4: Convene meetings with related parties at local levels and develop a TOR with the team on responsibilities and local referral pathways. When a case is identified or informed by CPD, DOLSW focal person should quickly mobilize the team to assess the situation and prepare/implement the case plan based on the TOR.

Step 5: Organize CPAC or CPN meetings on alternative care at local communities regularly (recommended: quarterly) to share information and support each other with difficult cases.

Step 6: Explore and seek additional resources from the potential funding sources.

3. Roles of Village and local levels

At the village level, the main entry point for keeping children safe in their homes while ensuring that children are protected from harm is the **Child Protection Network**. In alternative care, the CPN members should:

- Record information upon receiving a report on child without appropriate care in communities.
- Conduct the initial assessment using Child and Family Assessment Form.
- Decide whether the situation requires immediate attention. If the concern is not emergency case, CPN could define the responses and provide informal support available within the communities (See Keeping Family Together Principle: Informal support within Communities).
- keep a record of the support provided to the family and make notes of which types of support are working well.
- When the concern is an emergency case and requires alternative care, CPN should coordinate and raise immediate concerns with service district labour and social welfare for further actions.

In villages without CPN, the Village head can check whether there are other village volunteers (i.e. Village Development Committee or Village Education Committee or Village Mediation Unit). It is encouraged to organise regular meetings on child rights coordination to discuss how to best administrate and coordinate the services as well as establishing the village CPN.

Apart from the public organizations, UN agencies, civil societies and NGOs as well as other related organizations play a significant role in providing support and assistance to children in needs especially in the emergency cases.

4. Coordination actions on alternative care

The following diagram on the next page are central to a strong community-focused alternative care response. The core team may vary depending on local circumstances.

Figure 4: Key actors addressing alternative care for children

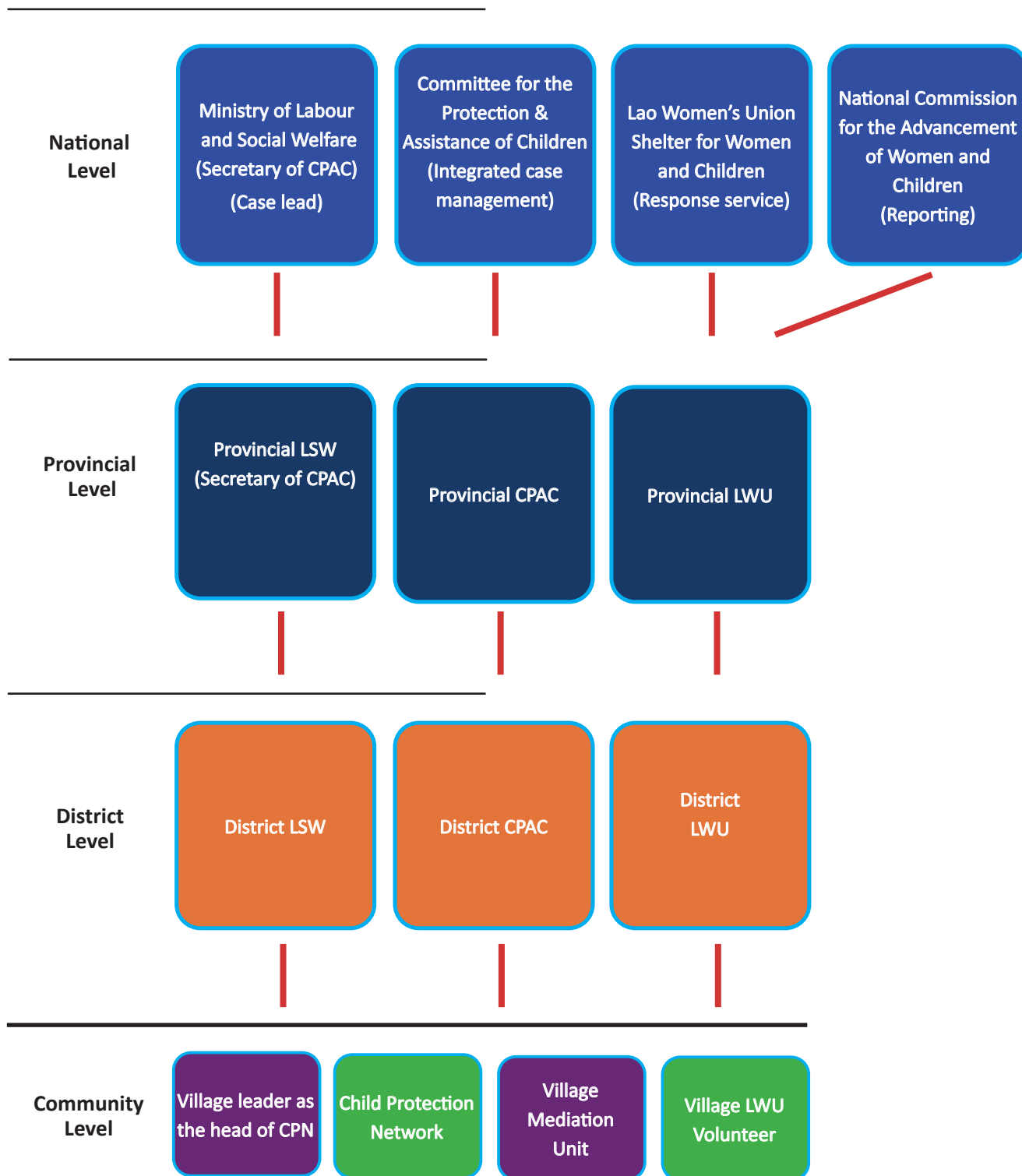
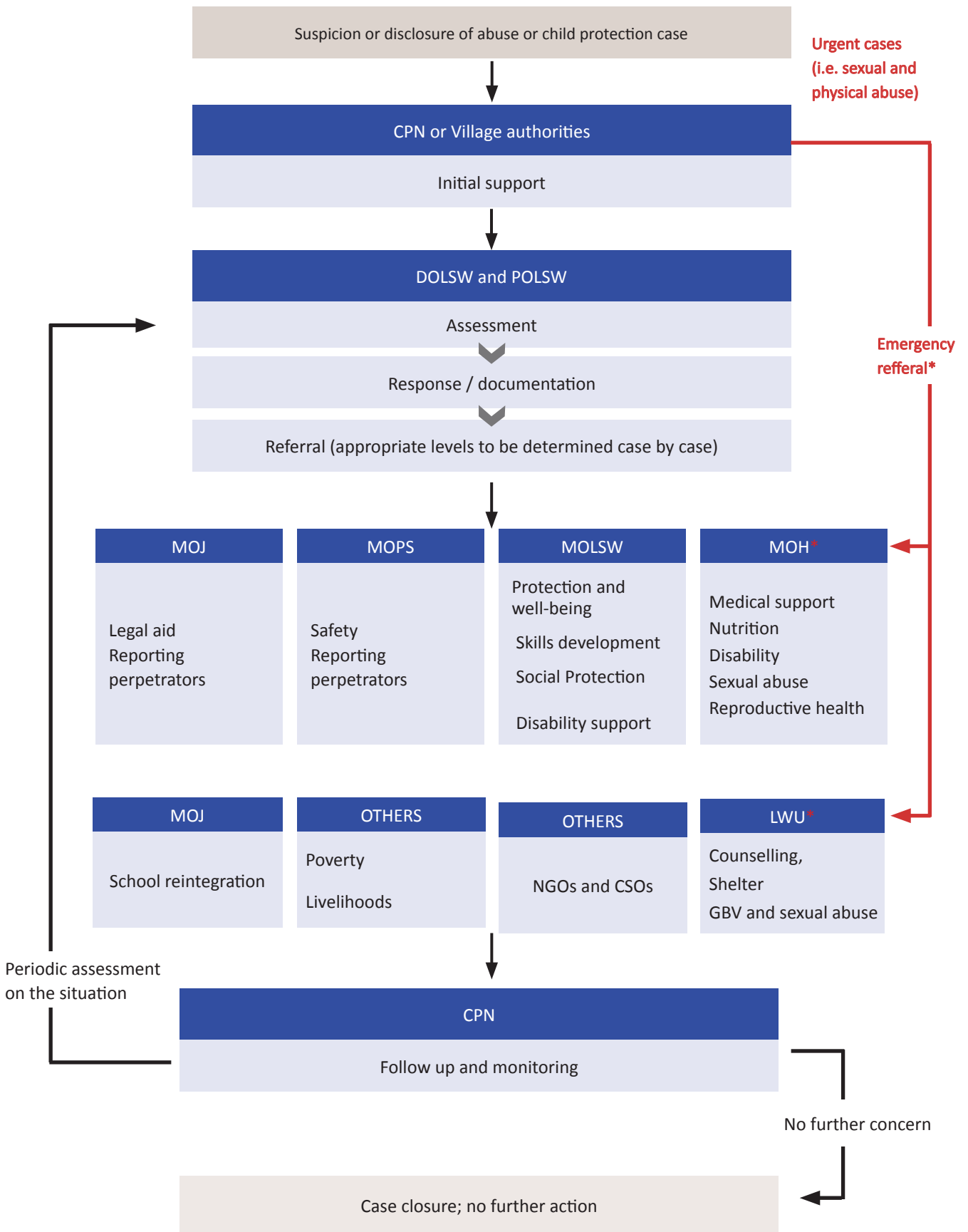


Diagram 5: CPN Referral Pathway

REFERRAL PATHWAY



5. Implementation

This guideline is effective since the date of signature. Related sectors especially the labour and social welfare at all levels, related public organisations, national and international organisations, civil society and NGOs contribute to the implement and dissemination of this guideline effectively.

6. Monitoring and Evaluation

- Labour and social welfare at all levels take the ownership in monitoring and evaluation the progress of the implementation and dissemination of this guideline.
- Develop tools and materials for systematic monitoring and evaluation the implementation and dissemination of this guideline.
- By coordination with related parties, the labour and social welfare at the central and local levels record all information regarding to the situations, outcome, challenges and recommendations on the implementation of this guideline. This information will be used for the guideline amendment to be suitable for the changing situation and circumstances.
- Develop plan and conduct monitoring and evaluation of the implementation and dissemination of this guideline. The first monitoring should be after six months of implementation. The second assessment should be during the mid term of implementation and during the second year of implementation. This assessment will record all information regarding the situations, outcome, challenges and recommendations on the implementation for the guideline amendment.
- Provincial and district labour and social welfare regularly monitor the progress of guideline implementation at the local level and report to the central level.
- International organisations, NGOs, development partners, civil society organisations and private sectors are important implementing partners contributing technical supports and funding for the implementation, dissemination and evaluation of this guideline.

Acronyms

CPAC	Committee for the Protection and Assistance for Children
CPN	Child Protection Network
CRC	Convention of the Rights of the Child
EBS	Ethnic Boarding Schools
ECD	Early Childhood Development
Lao PDR	Lao People's Democratic Republic
LDC	Least Developed Country
LSIS	Lao Social Indicator Survey
LWU	Lao Women's Union
NPA	National Plan of Action
NSEDP	National Socio-Economic Development Plan
MOES	Ministry of Education and
MOHA	Ministry of Home Affairs
MOLSW	Ministry of Labour and Social Welfare
SOS Village	SOS Children's Village
UN	United Nations
UNICEF	United Nations Children's Fund

Glossary

For the purpose of this guideline, the following terms and meanings are used for this guideline and some of the terms would have different and definitions in other documents and used for different purposes.

Child: refers to anyone younger than 18 years.

Child's family or family of the child: refer to the biological or immediate family of the child.

Caregiver/Career: A person with whom the child lives who provides daily care to the child, and who acts as the child's 'parent' whether they are biological parents or not. A caregiver can be the mother or father, or another family member such as a grandparent or older sibling. It includes informal arrangements in which the caregiver does not have legal responsibility.⁶

Care: refers to the providing of suitable, continuous and quality care, nurture and guidance at a physical, emotional, social, and psychological level to the children by either their families or from other primary carers who are meant to replace the family environment and who are responsible for their wellbeing and development.⁷

Family-based care: Includes kinship care, foster care and other forms of family-based care such as guardianship.

Children without appropriate care: are children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social, and psychological level from either their families or from other primary careers who are meant to replace the family environment and who are responsible for their wellbeing and development.

Alternative care: Refers to the different alternative cares providing for children without parental care or at risk of being without parental care. There are different types of alternative care, including informal and formal and for short- and long-term period.⁸

Kinship care: Family base care within the child's extended family or with close friends of the family known to the child which has been ordered by a competent administrative body or judicial authority.⁹

Foster care: is the care where children are cared in the family-like care environment of a family other than the children's own family that has been selected based on selection criteria of foster careers and supervised for providing such care for children.¹⁰

Institutional care: is defined as a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult careers. The same service is provided to all children irrespective of their age, gender, abilities, needs and reasons for separation from parents. The service provision is often depersonalized, and care is delivered following a strict structure and routine. Large residential schools or orphanages would be an example.

Best interests of the child: is a child rights principle, which means that adults must do what is best for the child. in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies. The interests of children and

⁶ Better Way to Protect ALL Children: The Theory and Practice of Child Protection Systems. Conference Report, UNICEF 2013 p.2)

⁷ Fact Sheet – Children Without Appropriate Care. Save the Children International 2010.)

⁸ International Guidelines for the Alternative Care of Children

⁹ United Nations Guidelines for the Alternative Care of Children.)

¹⁰ United Nations Guidelines for the Alternative Care of Children

young people should be thought about at all levels of society, and that their rights should be respected by people in power.¹¹

Child protection system: A child protection system can be defined as Certain formal and informal structures, functions, and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children.¹²

¹¹ Article 3 of the UN Convention on the Rights of the Child)

¹² Better Way to Protect ALL Children: The Theory and Practice of Child Protection Systems. Conference Report, UNICEF 2013 p.3)

Attachement

1. Individual Child Case Recording Form
2. Child and Family Assesment Form

