

Working with Unaccompanied Children

A Community-based Approach



COMMUNITY
SERVICES
GUIDELINES

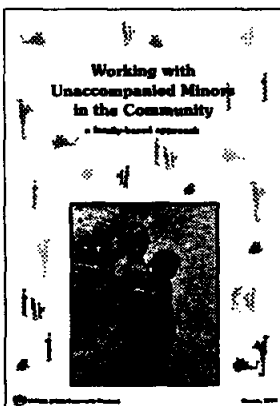
Revised May 1996
Second Edition

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Design and Layout:
LN Crossing



This manual is a revision of the guidelines published in 1994 under the title "Working with Unaccompanied Minors in the Community, A Family-based Approach".

F O R E W O R D

Despite the hopes at the start of this decade, massive displacements of populations as a result of conflict, civil strife and atrocities continue. Displacement has been the objective of gross violations of human rights as well as a consequence of actions with other primary aims.

Much attention has been focused on improving emergency response to the needs of refugees. Whether for large groups or for individual victims of persecution, it is recognised that this response must go beyond the provision of material relief. The response must also address their social, human and emotional needs, and help to heal psychological wounds.

Helping people to help themselves and to help others in need is at the heart of the community services approach advocated herein. This support must start at the earliest possible opportunity and continue in a structured and well-planned manner, reaching and giving priority to those who need it most.

These revised manuals seek to strengthen community services by providing practical guidance to those closest to the refugees. The manuals cover refugee emergencies, assistance to disabled refugees, urban refugees and working with unaccompanied minors. They reflect experiences and lessons learnt since the preparation of the original version.

Comments and suggestions for improvements are most welcome and should be addressed to Community Services (TS00), UNHCR Headquarters, C.P. 2500, CH-1211 Geneva 2 depot., Geneva.

With best wishes for your work.

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Defining terms

Child

"In keeping with the Convention on the Rights of the Child, UNHCR considers a child to be a person "below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier." Nonetheless, where an assessment of the actual needs of refugees above the age of majority under applicable national law, but below 18 years of age, reveals the necessity to implement measures normally applied to refugee children, the present policy will apply."

(UNHCR Policy on Refugee Children, presented to UNHCR Executive Committee, October 1993 as Document EC/SCP/82, as cited in "Refugee Children, Guidelines on Protection and Care", UNHCR, p. 163.)

Unaccompanied Children

"Unaccompanied children are those separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so.

The terms "unaccompanied minor" or "unaccompanied child" should always be used instead of "orphan". "A child is an orphan only if both parents are dead. This always requires careful verification and must never be assumed. Labelling children "orphans" tends to encourage adoptions, rather than focusing action on family tracing, foster placements and increasing the community support."

Source: "Refugee Children, Guidelines on Protection and Care", pp.121-122.

Unaccompanied

Being familiar with cultural practices and the way refugees may define "unaccompanied", for example, is critical. In some countries when a child is with the family of the father she/he is considered accompanied. When she/he is with the mother's family, she/he is considered unaccompanied.

The Family

“UNHCR has the mandate to provide protection and assistance for refugees and, guided by humanitarian and practical considerations, to find durable solutions for them. For refugees, returnees and other persons of concern, UNHCR seeks ways and means of assisting and protecting families by preserving and ensuring family unity and helping them to achieve self-sufficiency. [...]

Families protected and assisted by UNHCR vary in composition as a result of war as well as according to culture, tradition and generation. By the time families reach safety, they are often scattered, with siblings arriving with uncles, mothers with sons, grandparents with neighbours and, all too often, children arriving alone. [...]

In dire situations where unattached persons, friends and foster children have been considered part of the family, *humanitarian considerations call for an inclusive definition of the family*. At the minimum, this comprises the extended family, including dependent parents and children. Similarly, unattached persons who are not related by blood but still cared for by the family over a prolonged period are also considered by UNHCR, in special cases, as part of the family.”

*Source: Occasional Papers Series, No. 17, 1995,
Families in Exile: Reflections from the Experience of UNHCR,
United Nations, Vienna, 1995, pp. 1-4.*

Convention on the Rights of the Child*

Best Interests of the Child

All actions concerning the child shall take full account of his or her best interests. The State shall provide the child with adequate care when parents, or others charged with that responsibility, fail to do so.

Preservation of Identity

The State has an obligation to protect, and if necessary, re-establish basic aspects of the child's identity. This includes name, nationality and family ties.

Separation from Parents

The child has a right to live with his or her parents unless this is deemed to be incompatible with the child's best interests. The child also has the right to maintain contact with both parents if separated from one or both.

Family Reunification

Children and their parents have the right to leave any country and to enter their own for purposes of reunion or the maintenance of the child-parent relationship.

The Child's Opinion

The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

Protection of a Child without Family

The State is obliged to provide special protection for a child deprived of the family environment and to ensure that appropriate alternative family care or institutional placement is available in such cases. Efforts to meet this obligation shall pay due regard to the child's cultural background.

Refugee Children

Special protection shall be granted to a refugee child or to a child seeking refugee status. It is the State's obligation to cooperate with competent organizations which provide such protection and assistance.

** Extract from Summary of Main Provisions of the Convention on the Rights of the Child, adopted by the General Assembly of the United Nations on 20 November 1989*

part 1



Children's Needs

- ☒ The threat to a child's emotional well-being is significantly increased when lengthy or permanent disruptions occur between the child and the primary care-giver, or the child and the family.
- ☒ The emotional and intellectual development of children may be adversely affected by an extended stay in the artificial environment of a refugee centre or camp where normal life activities are impossible.
- ☒ Emotional and behavioural disturbances may also be a result of past traumatic experiences.
- ☒ All children need adequate physical care, human affection and intellectual stimulation to realize their full potential as adults.
- ☒ Unaccompanied children, in particular, need to feel secure in an environment which is stable and sustained.
- ☒ There are many circumstances prior to, during, and after their flight into exile under which refugee children are separated from their families. Different causes of separation have different implications for the care of the child and the potential for family reunion. Action to assist such children must take this into account.



In order to plan effective strategies to assist children separated from their families, understanding the basic needs of children and their developmental processes is a starting point.

All children have special physical, psychological and social needs that must be met for them to grow and develop normally. For this reason, refugee children are particularly vulnerable in an emergency and should be among the first to receive protection and assistance. Without family or other caring adults to provide for their needs, unaccompanied children are at even greater risk. They should be the "first among the first" to receive protection and care.

While assistance may be focused on the physical survival of the refugee child in the emergency phase, planning should also provide for the psycho-social needs of the child. A child's mental health is directly affected by the level of well-being of the family and community. Apart from the harm which may be caused to normal development by the disruption and insecurity inherent in refugee situations, additional problems may arise when children suffer or witness violence, abuse, torture or the loss of family members. In this respect unaccompanied children are particularly at risk.

The needs of unaccompanied refugee children should be identified and documented as early as possible by qualified and experienced child welfare personnel. A regular review should be carried out to ensure that their requirements are being met. If practicable, assessment should be made on an individual basis, as the age, personality, health, family and cultural background will affect a particular child's needs and the identification of appropriate solutions. The opinion of a child on his/her own needs should be obtained and given weight in keeping with the child's maturity and judgement. In large refugee populations, where individual assessment is not possible,

Children's Needs

such methods as surveys, meetings and interviews with children and key informants can be used.

In order to understand how children have been affected by their experiences and separation from their family, it is necessary to have a basic understanding of the age-specific needs, capacities and limitations of unaccompanied children.

For "normal" development, all children need adequate physical care, human affection and intellectual stimulation if they are to realize their full potential as adults. Despite slight variations in timing owing to cultural and other influences, all children pass through the same stages of development from infancy, through childhood and adolescence. In normal circumstances, children of similar ages will be found to be very much alike. (See also annex 1, Note on Developmental Stages.)

Unaccompanied children tend to be older than 10 years of age. While all children will be deeply affected by their experiences, younger children may not show it. Without proper, timely care however, the effects of these experiences will remain, only to emerge later in life. Knowing what happened to a child and how old he was at the time is vital to making an assessment of how these events have affected their development.

Assessing Development: There are many kinds of "ages". An assessment of the level of maturity of a child should take the following into consideration:

- chronological age (number of years lived)
- biological age (physical condition and development)
- psychological/emotional age
- sociological age (roles and relationships within society).

Children Need:

- emotional security and stability
- individual and sustained care by at least one adult, preferably someone of a similar linguistic and cultural background
- continuity in existing relationships with other adults and children
- continuity in social relationships, education, cultural and religious practices
- specific help to overcome particular individual problems
- unaccompanied children, in particular, need environments which provide as many stabilizing factors as possible and minimize possibilities for additional stress
- continuity of community and cultural ties is all the more important in the absence of family
- the stable nurturing care of an adult is especially important for infants and young children

The Effects of Separation: How these are manifested in the child are determined by age. Older children (from secure, loving families) are probably better able to cope with separation than younger children. Unfortunately the trauma of separation is frequently compounded by exposure to violence, persecution, hunger, and other major social upheavals. The presence of family and friends (adults and peers) and continuity of cultural practices however will go some way to mitigating the child's suffering.

Infants and toddlers are at grave risk. Repeated disruptions of the attachment process will eventually lead to withdrawal and an inability to respond with positive emotion towards others.

The initial separation will probably provoke the following behaviour:

- fits of intense crying
- reluctance to accept substitute caretakers
- refusing food
- digestive upsets
- sleeping problems.

Separation of children under the age five tends to undermine early physical, mental and social development. Until a new attachment is formed with other adults, the child is likely to exhibit regressive behaviour:

- thumbsucking
- bedwetting

- poorer impulse control
- temporary regression of verbal skills.

In four and five year olds there may be an increase in the incidence of nightmares and night terrors. There may also be an increase in fears of actual and imaginary objects (e.g. loud noises, animals, ghosts, witches, etc.) .

For school-aged children, attitudes to work, learning and social responsibilities are linked to the child's identification with adult role models. Separation from parents and the family may provoke the following behaviour:

- withdrawal from substitute caretakers
- depression
- irritability
- restlessness
- inability to concentrate
- disruptive at school
- withdrawal from play and peer groups in new settings.

Reactions to separation are likely to be transitory in adolescents who come from stable families or who have been able to form new attachments with other adults and continue age-appropriate pursuits: Initial reactions may include:

- depression
- moodiness
- withdrawal
- more aggressive behaviour
- psychosomatic problems (e.g. headaches, etc.).

part 2



Initial Steps
Identification, Registration
and Tracing

- ☑ There should be one focal point (organization/agency) to set policy and coordinate the programme.
- ☑ Programmes should actively seek to prevent the separation of children from their families. No change in the situation of unaccompanied children which might prevent family reunion should be contemplated unless it is vital for the health and safety of the children.
- ☑ Unaccompanied children must be identified and registered as soon as possible. The first source of information is the refugees themselves and the community leaders.
- ☑ The primary consideration in any action or decision concerning unaccompanied minors is to promote the best interests of each child.
- ☑ Every effort must be made to find an appropriate solution as soon as possible. In most cases this will be family reunion, as a result of successful tracing.
- ☑ Material needs should be met to the level and, to the extent possible, in the manner available to other refugee children.
- ☑ A family-based approach should be adopted. The children remain in the refugee community with their own families, foster parents, or other family groupings (e.g. adolescents living independently) and siblings are kept together.
- ☑ Continuity of the arrangements and persons involved in the care of unaccompanied children is fundamental. This can be best achieved through a community-based approach, where the whole refugee community is involved and responsible for the care of its children.
- ☑ For each and every child ensure:
 - immediate care and supervision is provided
 - as much information as possible is gathered on his/her background and the circumstances of the separation from his/her family;
 - medical, nutritional and psychological screening is carried out
 - tracing efforts are initiated to find and reunite the child with his/her family wherever possible.



In order to ensure children are helped in a systematic and uniform manner, it is essential to anticipate problems and initiate appropriate strategies from the outset.

Guiding principles:

- best interests of the child
- family unity
- community-based responses

Preparedness: The presence of unaccompanied children should be anticipated in all refugee situations. The number of children in this category may represent 2-5% of the total population. In most cases a special programme will need to be set up for unaccompanied children. In the case of mass influxes it is especially important to designate as soon as possible an agency with the necessary child welfare expertise to be responsible for the immediate and longer-term care of unaccompanied children. A system of identification and registration needs to be set up from the outset to ensure that the basic survival needs (shelter, food, water, clothing and health care) are met. Mechanisms for prevention, care, tracing, and family reunification will also need to be planned.

**Assisting Unaccompanied Children:
General Objectives**

1. prevention of separation
2. saving lives
3. meeting immediate needs
4. identification
5. tracing
6. family reunification
7. interim management
8. long-term care if tracing unsuccessful

Initial Steps

Preventing Separation: Programmes should actively seek to prevent the separation of children from their families. Actual and probable causes need to be identified and preventive action taken. Mothers in ill health, single-parent families and families with disabled members for example may need extra support to ensure that basic needs are met. In general, the refugees should be encouraged to keep their children with them. This message should be communicated clearly from the outset.

Parents may "abandon" their children if they think that their children will receive better care in a residential centre for unaccompanied children. Such centres therefore should be created only as a last resort with strict criteria for admission and on how long the child will stay before being placed with a foster family.

Causes of Separation: There are many circumstances prior to, during, and after their flight into exile under which refugee children are separated from their families. Different causes of separation have different implications for the care of the child and the potential for family reunion. Action to assist such children must take this into account.

Against parents' will, a child may be:

Lost

Accidentally separated from other family members, e.g. during population movements (spontaneous or organized).

Children are sometimes lost in emergencies:

- a) due to inadequate or inaccurate hospital records or tagging, and the movement of patients between institutions; and
- b) when taken away from apparently dangerous situations by service personnel or

volunteers seeking to protect or arrange medical treatment without first finding and informing parents.

Abducted

Deliberately taken away from parents by other adults/organizations

Run away

Choosing to leave and live apart from their parents without parental consent

Orphaned

Both parents (or legal guardian) and close adult relatives in "extended" families having died.

With parents' consent, a child may be:

Abandoned

Deserted by parents who have no intention of subsequent reunion (this can include "unwanted" babies)

Entrusted

Placed voluntarily in the care of another adult, or institution, by parents who intend to reclaim him/her eventually.

A child may be entrusted or even abandoned when parents believe that his chances of survival will be improved by being with other people, or when facilities and services are established for unaccompanied children which are significantly better than those otherwise available.

Independent

Living apart from parents (alone or with others) with parental consent.

In conflict situations, children may also be:

Conscripted

Enlisted in fighting units with or without their parents' consent, or their own.

Principles for Immediate Care

Guiding Principle:

To promote the best interests of each child. The unique needs and situation of each individual must be considered.

- One focal point (organization/agency) to set policy and coordinate programme.
- A community-based approach. The children are kept in the refugee community. The community at large is involved and responsible for its children.
- A family-based approach. The children are to remain in the refugee community with their own families, foster parents, or other family groupings (e.g. adolescents living independently). Siblings are kept together.
- No adoption.
- No evacuation except when necessary to protect the health and safety of children generally and therefore not organized specifically for unaccompanied children.
- No residential centres (only as a last resort). If necessary temporary shelters can be arranged within the community to meet the most urgent needs for protection and care while awaiting placement with an appropriate family.
- Assistance to unaccompanied children to be at same level as for rest of the refugee population.
- Support to vulnerable families to help meet basic needs and prevent separation.
- Give priority to infants, children under 10 years, the sick and malnourished, child soldiers.
- Disabled children should be included in normal patterns of activities.
- Material assistance to foster families should, if given, be based on an assessment of vulnerability and not as a general incentive to fostering. Assistance can also take the form of community support (e.g. neighbours helping with daily tasks, child minding, moral support from community/social workers monitoring the family, etc).
- All children to be documented as soon as possible to facilitate tracing.
- Tracing to begin immediately (as soon as the child has been identified as unaccompanied).
- No family reunification without verification.
- Foster families should be encouraged to repatriate with children in their care.
- Repatriate groups together (e.g. adolescents living independently, siblings).
- Action should not be taken without consideration of the long-term implications for the child.

Priority Activities*

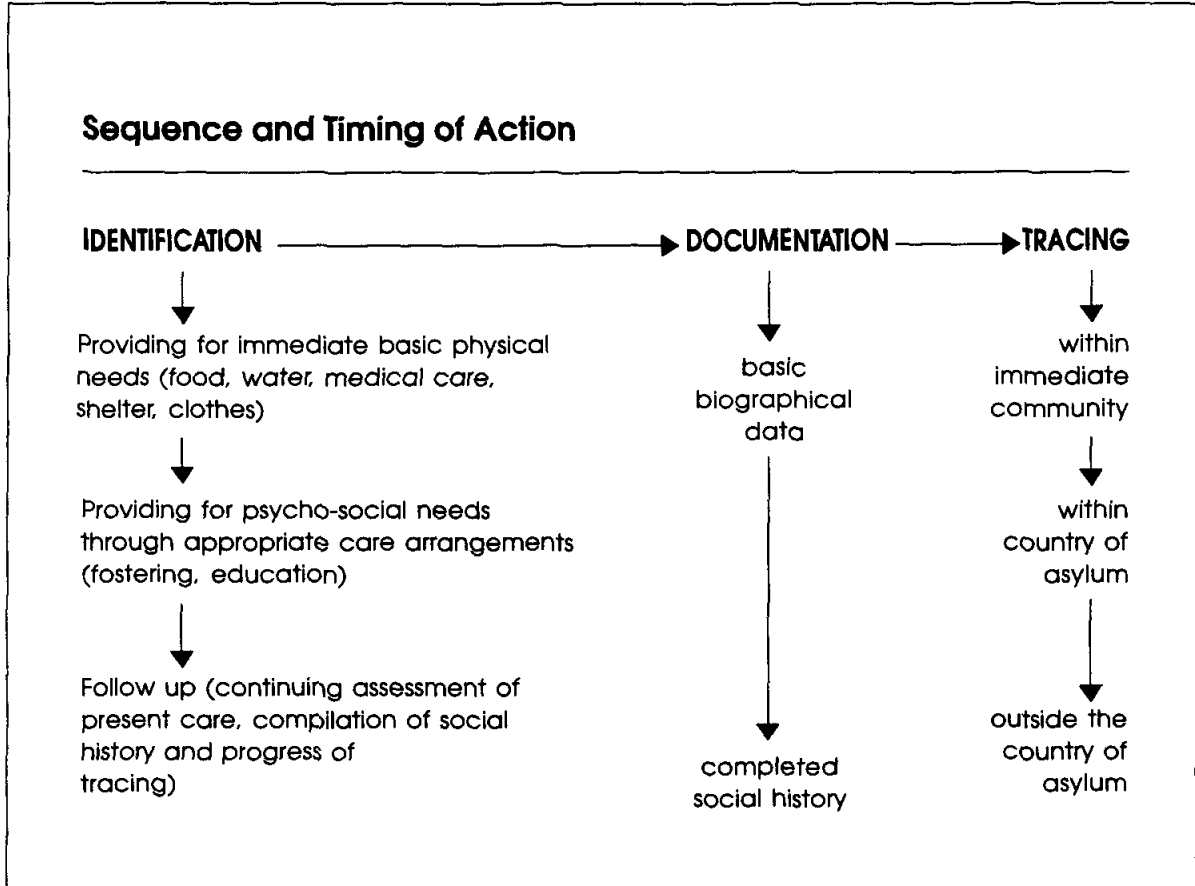
1. Set up mechanisms for the identification and registration of unaccompanied children:
 - communication network including key people (who are resourceful, accepted by everyone in community, with access to all groups of persons, particularly women, and having knowledge of refugee and local languages)
 - lost and found posts within refugee community and on routes of population movement
 - outreach to locate unaccompanied children within the community (house-to-house visiting, hospitals and clinics, feeding centres)
 - standardization of registration procedures

*adapted from "Assisting in emergencies. A resource handbook for UNICEF field staff", UNICEF, 1986), p. 399.

2. If children are not being cared for by a family, arrange to provide shelter, food and medical care for unaccompanied children, in simple community-level "emergency care" centres (small family-sized units within the refugee community) pending placement with foster families:
 - basic standards of care should be the same as for rest of the community.
 - group children in a culturally appropriate manner.
 - establish links with food distribution centres to ensure cards for rations.
 - establish a referral system with the health and nutrition sectors.
 - ensure minimum registration (if not already completed).
3. Provide support, where necessary, to families already caring for unaccompanied children to enable them to continue to do so.
4. Initiate tracing immediately through community channels/communication network.
5. Find and screen families in the community willing to foster unaccompanied children:
 - find out which adults would normally care for children separated from their parents
 - find out what are the traditional methods for caring for unaccompanied children
 - establish criteria for foster families (e.g. no exploitation, no sexual abuse, no military recruitment, equality of treatment with other children)
 - consult with refugee community for other criteria (e.g. known by neighbours to have a good character; does not have disputes within the family or with neighbours)
 - identify women who are breastfeeding and would be willing to act as wet-nurses.
6. Set up mechanisms for placement of children in interim care (foster families, independent living for adolescents, residential centres if these absolutely cannot be avoided) appropriate to his/her needs:
 - document the placement and subsequent movements
 - fostering agreements
 - draw up standards for protection and care in centres
 - follow up/monitoring by social/community workers.
6. For each and every child ensure that:
 - immediate care and supervision is provided
 - as much information as possible is gathered on his/her background and the circumstances of the separation from his/her family;
 - medical and psychological screening
 - tracing efforts are initiated to find and reunite the child with his/her family wherever possible.

Simultaneous action is needed to:

- prevent further separations
- confirm and publicize policies and provisions for unaccompanied children including responsibilities for protecting their interests and supervising arrangements for their care
- mobilize available child welfare expertise and train other workers/volunteers
- remove barriers (e.g. administrative, political) to family reunion where necessary and possible.



Notes

Preventive Measures Prior to Mass Movements:

1. Identify children at risk in: hospitals; institutions; boarding schools.
2. Raise awareness of the need to prevent family separation.
3. Investigate receiving capacity.
4. Set up (lost/found) posts along routes to initiate immediate tracing.

Evacuation:

No change in the situation of unaccompanied children which might prevent family reunion should be contemplated. There must be no transfer to a third country or any other removal unless such movement is vital for the health and safety of children generally, and therefore not organized specifically for unaccompanied children.

Check List

- Have all unaccompanied children been identified, registered and documented? Have families who are missing children registered details of the child?
- Are there single-parent households headed by men with children below the age of five years of age? Who is looking after these children?
- Are other single-parents able to cope with the situation? If not, is there anyone in the community able to help?
- What kind of resources exist in the community?
- Are there culturally appropriate facilities to identify and assist traumatized children?
- Have steps been taken to ensure appropriate care arrangements for unaccompanied children?
- Which adults would normally care for children separated from their parents?
- What are the traditional methods of caring for unaccompanied children?
- If the traditional patterns have been disrupted, what do the community and religious leaders, educators, and child care workers or local groups have to say about how such children should be handled?
- How can the community carry out a plan to locate unaccompanied children?
- Are there, or could there be, qualified groups or individuals within the community prepared to care for the children?
- Are there any concerned adults caring for children who are not their own? If this is the case, can such care be maintained and supported? Have the children been registered and documented? Has a foster agreement been signed?
- What is being done to improve the psycho-social environment of refugee children: (a) schooling; (b) organized play; (c) support of families in special need?





Good documentation is the backbone of a sound programme.

Identification: Unaccompanied children must be identified as soon as possible. The first source of information is the refugees themselves and the community leaders. Active efforts to identify unaccompanied children should be made, through a process of registration, house-to-house visiting, creation of lost and found posts. Places should be designated/established where:

- parents who have lost children can register enquiries
- members of all communities can report unaccompanied children for whom they are caring
- young unaccompanied children can be brought by people who find them but are unable to care for them
- older unaccompanied children can present themselves.

Unaccompanied children are also likely to be found in hospitals and clinics, feeding centres and orphanages.

Registration and Documentation: Time lost before interviewing the child is also information lost; particularly about the circumstances of a family separation which has taken place recently. As soon as identified, unaccompanied children should be specially registered. (During general registration exercises, unaccompanied children should be registered separately but cross-referenced to the family with whom they are staying.) The information required will depend on the circumstances. At a minimum note the child's name and location.

Circumstances permitting, the following steps must be taken as soon as possible:

- ask the child if he/she knows where the family is with whom he/she has been living

Identification, Registration and Tracing

(parents may be temporarily absent of the child may be sent by a parent merely to receive extra food)

- if possible, go with the child to the place where he/she was found and attempt to negotiate the continuation of assistance by the previous care-giver
- interview of the adult care-taker, and older siblings if any
- record made of all information available concerning the child's circumstances (including exactly where and when the child was found) from those who either brought the child forward, or with whom the child was found (this is especially important for infants and very young children)
- give the child a coded identification bracelet (enter the code/reference on the registration form immediately)
- make sure that appropriate care arrangements have been taken for the child
- have the child photographed with a small board on which at least his assigned reference number is clearly marked. Use a camera and film from which subsequent copies can be made for tracing purposes. If feasible, also take an "instant" picture to put into the file immediately.

The identification and registration process must be carried out carefully in order to avoid care-taker families abandoning children, or hiding children for fear that they may be taken away.

Legal Status: Legal responsibility for unaccompanied children rests with the government of the country of asylum. UNHCR however has the obligation to ensure that the High Commissioner's policies are enforced.

A legal guardian should be appointed to act in *loco parentis* for the unaccompanied child. In situations where refugee status is individually determined, special procedures must be instituted to safeguard the rights and best interests of the child (for details see "Refugee Children, Guidelines on Protection and Care", UNHCR, Geneva, 1994, pp. 100-101).

Tracing: As soon as unaccompanied children are identified, efforts must start to trace their parents or families, and ensure family reunion. One agency/organization should act as focal point for tracing activities to ensure common aims and procedures. Where feasible, tracing should be coordinated with the International Committee of the Red Cross (ICRC).

Even for unaccompanied children who report that their parents are dead efforts should be made to trace family members. In such cases it is possible that at least one parent is still alive. There is also the possibility of locating other family members or adults who may have more information about the parents, or who may be willing to care for the child.

The enquiring party, as well as the child, should be informed of progress made in tracing efforts. However, the asking of questions and the circulation of information must not endanger the child or the family. The potential benefits of tracing must always be weighed against the risks that the process could impose on the child and the family. The political context or the otherwise potentially dangerous circumstances of the situation should not be underestimated in the overall effort to reunite children with their families.

Verification: When the parents/family of a child have been traced and a child is claimed,

the claim must be verified. Before bringing the adults and children together, photographs, descriptions, accounts of events and family composition need to be compared.

Family Reunion: The assistance and support of a social worker should be made available to facilitate the child's re-integration into the family. The length and causes of separation

will be key factors in this process. Each case must be carefully assessed to determine what is in the best interests of the child. If family members are located in the country of origin and it is not possible for the child to rejoin them, the child should be assisted to maintain communication with them. In some situations the ICRC will be able to help with this.

THE TRACING PROCESS

Identification

(mechanism based in community)

Documentation

(information from child and community)

Tracing

(within immediate community (refugees and local host population)

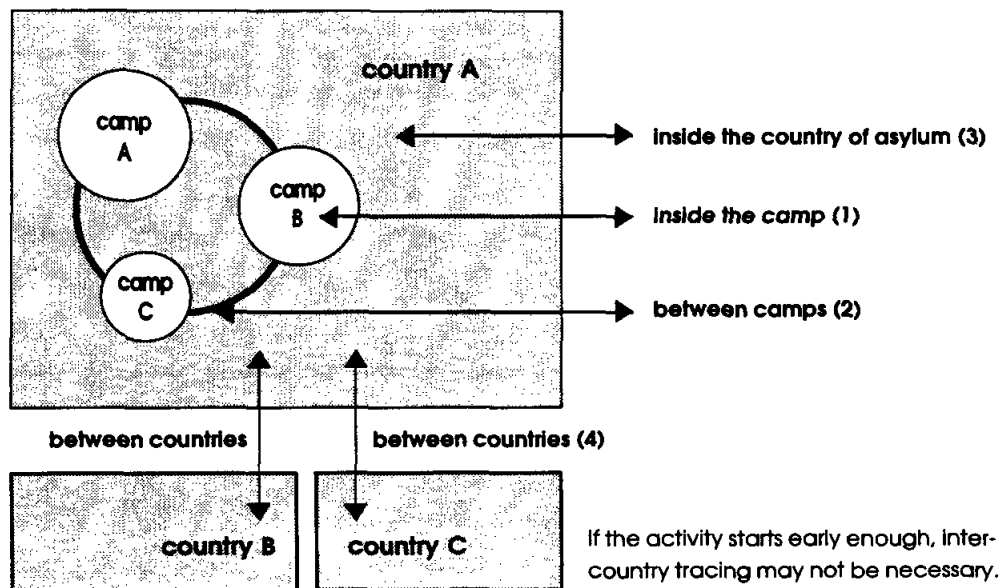
- notice-boards, community leaders, networking/referrals)

(in other camps)

(in other parts of the host country, outside camps)

(international - tracing through agencies (computerized database))

Family Reunification



Tracing Methods

The method(s) chosen will depend on the nature of the refugee situation. Some methods that have been used include:

Spontaneous Tracing

Parents actively go out and search for their children. This can be extremely effective in the immediate weeks following separation, especially when separation occurs locally.

Red Cross Messages

Spontaneous tracing is facilitated by parents or children sending messages via the ICRC to places where they think their children/parents are.

Case-by-Case Tracing

NGOs, other agencies, including governments go out to do tracing for individual children. This method is time consuming, labour intensive and demanding of transport.

Photo-tracing

This has produced excellent results in some contexts. One of the simplest and most effective methods has proved to be the posting of photographs which contain the child's reference number, on special bulletin boards, for example in community centres, for public view. Also, data sheets, including photographs, can be reproduced, bound into volumes and circulated among the refugees. Certain NGOs have acquired considerable experience in implementing such programmes.

Computer Matching

Tracing requests are completed by parents or relatives. These are entered into a database and checked against children registered. Where a match is found and verified, reunification can be arranged.

Media Tracing

Use of television, radio and newspapers to advertise tracing programmes, and to advertise information about particular children.

Baby Tracing

Mothers who have lost babies have been transported to centres to try to identify their babies. Photo-tracing is also used for this group.

Mass Tracing

Using the information base of all children separated from their families, whether in the country of origin or exile, lists are produced by local area of origin. These lists together with photographs are read out/displayed at public meetings, gathering places, etc.

Family Mediation

Families sometimes abandon their children in the expectation that they will receive better care. When such children are identified community workers must mediate with the family to persuade them to take the child back into the family.

Check List

- What measures have been taken to identify unaccompanied children?
(Outreach, registration offices, lost and found posts, feeding centres, hospitals, etc)
- What mechanism has been put in place for tracing family members of unaccompanied children?
- Has the child been photographed?
- What steps have been taken to preserve the confidentiality of the information provided by the child?
- If family members have been traced, have their claims been verified (by photographs, comparison of descriptions and accounts of events)?
- What measures have been taken to support and facilitate the child's re-integration into his family?
- If family members have been located, but it is not possible for the child to join them, is the child being assisted to maintain communication with them?



part 3



Organizing Care:
A Community-based Approach

Durable Solutions

- ☑ A community-based approach: solutions for unaccompanied children should be found within the community.
- ☑ Where there are considerable numbers of unaccompanied children, the establishment by the UNHCR office of a special unit for the care of unaccompanied children is recommended.
- ☑ Any organization involved by UNHCR in the care of unaccompanied children must be in agreement with the principles and policies of the Office and not have conflicting objectives, such as adoption, resettlement or religious conversion.
- ☑ The care of unaccompanied children should be undertaken, as far as possible, by persons of the same ethnic and social background as the children in order to ensure cultural and linguistic continuity. Thus refugee foster families should be preferred.
- ☑ Before placing children in foster care, the following conditions must be fully satisfied: the family can provide a stable, secure environment, the proposed foster family has been screened for willingness and capacity to care and nurture the child (or children – siblings are kept together), registration of the child, formalization of the placement by a written agreement, regular monitoring of the child /family after placement.
- ☑ It is advisable that groups of adolescents living independently choose an adult to take responsibility for them in addition to the community monitoring system.
- ☑ Exclusive breastfeeding remains the safest and most adequate way of feeding young infants under 6 months of age, even if they are separated from their own mothers (wet-nursing).
- ☑ The refugee community at large needs to be involved and made responsible for its children.
- ☑ **Institutional care should only be considered as a last resort.**



Help the community of refugees to develop appropriate responses based on their previous cultural practices.

Best Practices: The best child care workers are likely to be respected adults within the refugee community, for example older parents with child-rearing experience. Child care workers must be properly supervised, and supported with training programmes. Unaccompanied young women can be recruited as assistant child-care workers, thus giving them useful work as well as some measure of security.

Where there are considerable numbers of unaccompanied children, the establishment by UNHCR of a special unit for their care is recommended. The assistance of the appropriate national authority, UNICEF and qualified NGOs should be sought. The advice of a person with proven experience in the care of such children in similar situations is likely to be valuable in assessment and programme formulation. If suitable expertise is not available locally, it should be requested from Headquarters.

Where outside assistance is required, the criterion must be competence to manage the specialized services needed. Any organization involved by UNHCR in the care of unaccompanied children must be in agreement with the principles and policies of the Office and not have conflicting objectives, such as adoption, resettlement or religious conversion.

Programmes for the care of unaccompanied children must be carefully co-ordinated with all involved to ensure common aims and standards.

One of the most important principles of the care of any child is that relationships must be stable. Unaccompanied children will develop very close bonds with other children and adults. Development and maintenance of a

Organizing Care: A Community-based Approach

strong bond with the person looking after the child is crucial. Thus continuity of the arrangements and personnel involved in their care is fundamental.

Family-based Care: Foster care in the emergency phase is considered as care by a family outside the normal culturally accepted family structures, on an interim basis, pending family tracing and reunification. The care of unaccompanied children should be undertaken, as far as possible, by persons of the same ethnic and social background as the children in order to ensure cultural and linguistic continuity. Refugee foster families therefore should be preferred to local families. If possible, in anticipation of voluntary repatriation (families are encouraged to repatriate with the foster child in their care), the foster family should also come from the same area of origin and intended area of return as the child. Every effort should be made to place the child (or children in the case of siblings) with an appropriate and caring foster family within the refugee community. Compatibility of the child with the foster family should be kept in mind when making placements. Ethnic differences should be borne in mind, but should not become an issue when placing children of mixed marriages. However, staff should be ready to respond to problem case together with the Protection Officer. Careful account should also be taken of cultural attitudes towards fostering. For instance, in some cultures the family may take in a child, but only as a servant.

Before placing children in foster care, the following conditions must be fully satisfied:

- The community where the foster families reside must be sufficiently secure and stable to ensure that the child and family can live in safety and that regular monitoring of the child is possible.
- Before a child is placed with a family, the organization responsible for the care of the child screens the family with regard to their willingness and capacity to provide an adequate level of care and nurture for the child; information about the prospective foster family should be gathered through reliable community networks, religious associations, etc.
- The child is registered (using the ICRC documentation form) before any placement is made.
- The foster placement is formalised with a written agreement (UNHCR form, annex 9), signed by the head of the foster family, agreeing to provide care for the child as a member of the family under the supervision of the organization responsible for the child and to return the child on request of that organization in the event that this is determined to be in the child's best interests (i.e. for family reunion, or if care is judged to be inadequate).
- The written agreement also states what assistance, if any, the foster family is to receive.
- The organization responsible for the child monitors the child's well-being at least every two weeks. The follow-up must be strict and should include monitoring of health and nutritional status of the child. The organization must have sufficient resources to provide regular and competent medical check-ups of the children. Psychological well-being should be monitored regularly by a social worker.

Where an unaccompanied child is living voluntarily with a family or an adult not related to her/him and the child's needs are being met adequately, the relationship should be respected.

It merits repeating, however that unaccompanied children living with other families should still be identified and documented, and the quality of their care arrangements should be assessed. This process must be done carefully in order to avoid disrupting the care relationship or encouraging care-taker families to abandon or hide the presence of such children."

Special attention should be given to situations in which children are found to be abused, exploited or neglected, and appropriate alternative arrangements made for them.

(source: Refugee Children, Guidelines on Protection and Care, UNHCR, Geneva, 1994)

Adolescents

Arrangements for adolescents should be made on a case-by-case basis, seeking the solution that provides most stability. Most adolescents will probably choose the option of living in groups. Unless they are related it is advisable to separate boys and girls. These groups should be followed up by the community monitoring system. It is further advisable that they choose an adult who will take responsibility for them in addition to the community monitoring system.

Infants

Feeding is an important aspect of caring for unaccompanied infants and young children. Exclusive breastfeeding remains the safest and most adequate way of feeding young infants under 6 months of age even if they are separated from their own mother. Continued breastfeeding after 6 months is an important source of high quality nutrients in times when the diet is marginal. Breastfeeding also continues to protect the child from disease.

Where a child's own mother is not available an infant can be fed by a surrogate mother. This is

called wet-nursing. A wet-nurse can be a mother who is breastfeeding her own child. She may also be a mother who has just lost her own child. Or, she may be a woman who is not breastfeeding, but who is ready to let the infant suckle at her breast, and establish a milk supply. This is called relactation.

Care should be taken in the selection of a wet-nurse. If possible, she should be screened for HIV. However, where screening is not possible, the risk of feeding the infant with infant formula should be weighed against the risk of the infant acquiring HIV by a potentially infected woman. Where it is unlikely that infant formula can be prepared hygienically and safely, and where the prevalence of HIV is low, breastfeeding will normally be the preferred mode of infant feeding.

Care within the Community: Every community has its own mechanisms (regulated by its beliefs, social values, customs, traditions and preferences) which determine how problems are solved. A community-based approach seeks to enhance and improve existing "coping mechanisms" which may include: family relationships, mutual assistance among neighbours, local social and economic organizations, community leaders, religious institutions/practices/leaders.

Apart from the families fostering children, the refugee community at large needs to be involved and made responsible for its children. The refugee community network (communication/dissemination of messages and information) will be vital to identification and tracing efforts. Refugees can be trained as community workers for outreach activities (searching for and identifying unaccompanied children, supervising and mediating with the foster families). Training and orientation of teachers should also be undertaken. The wider community also has a role to play in monitoring the well-being of unaccompanied children. Fully integrated into the community, the children will benefit from programmes and activities organized for all refugee children (e.g. schooling, games, sports, religious practices).

Residential Care:

Fostering in refugee families is the preferred option. Residential care should only be considered as a last resort.

Where special residential centres are required, small units of five to eight children are preferable with the numbers of house-parents being determined in the light of the ages and particular needs of the children. These centres should be integrated in the refugee community but must be carefully supervised. Large centres should be avoided. Apart from the likelihood that individual attention will suffer in large centres which *cannot provide adequately for the child's developmental needs*, experience has shown that there is a tendency to provide special services unavailable elsewhere. This can actually attract children who are not unaccompanied.

Siblings should live together. In certain circumstances unaccompanied children may have been living together as a group and have close emotional bonds with the group. It may be in the interests of the children to preserve such groupings, or relationships within them, where possible, while at the same time establishing a substitute parent relationship.

Standards for such centres need to be drawn up covering all aspects of protection and care to be provided

Adoption

There is no adoption in the emergency phase.

Adoption should not be carried out if one or more of the following apply:

- a) there is reasonable hope for successful tracing and family reunification in the child's best interests;**
- b) a reasonable period (normally at least two years) during which time all feasible steps to trace the parents or other surviving family members have been carried out has not yet elapsed;**
- c) it is against the expressed wishes of the child or the parent; or**
- d) voluntary repatriation in conditions of safety and dignity appears feasible in the near future and options in the child's country of origin would provide better for the psychosocial and cultural needs of the child than adoption in the country of asylum or a third country.**

The paramount consideration in all placements and adoption should be the best interests of the child.

Check List

- Has an agency/organization been identified to coordinate care arrangements for unaccompanied children?
- What measures have been taken to disseminate policies and procedures on care – to refugees, NGOs, government, UN agencies?
- Is there a monitoring system in place to follow up on children placed with foster families?
- Does the family environment offer stability, security and safety for the child?
- If children are being cared for in institutions, have standards for their protection and care been drawn up?
- Have foster families been screened for compatibility and capacity to care and nurture children placed in their care?
- Has the wider refugee community been consulted/involved in arrangements for the care of unaccompanied children?
- Have any siblings been separated?
- What criteria have been established to select foster parents?
- On what basis is assistance provided to foster families?
- Have women been identified who would be willing to act as wet-nurses if required?
- How are adolescents living on their own supervised?
- Are unaccompanied children full integrated into the refugee community (schooling, games, sport, religious practices, etc)?
- Are there any concerned adults already caring for children who are not their own? If this is the case, can such care be maintained and supported? Have the children been registered? Has a fostering agreement been signed?
- What is being done to improve the psycho-social environment of refugee children: (a) schooling; (b) organized play; (c) support of families in special need?

Notes:





Children have a right to express their views and desires regarding their future.

Participation in Decision-making: Decisions on durable solutions must reflect the particular needs of each minor. The usual practice of UNHCR is to allow unaccompanied minors over 16 years of age to make their own decisions regarding durable solutions. The choices of children aged 9 or 10 who are sufficiently mature to make rational decisions about durable solutions should receive appropriate consideration. In any case, all children should be given the opportunity to indicate their preferences and participate in the process of finding the solution that will be in their best interests.

Decisions about durable solutions should take into account:

- the child's prospects for family reunification
- the individual needs of the child
- existence of relatives able and willing to care for the child (and siblings if any)
- existing care arrangements.

If the parents have remained in the country of origin, the following factors should also be taken into consideration where possible:

- the possibility of reuniting the child with the family without risking the safety of either
- the wishes of the parents for the future of the child
- the wishes of the minor, assuming the child is capable of mature judgement.

Durable Solutions

Voluntary Repatriation: The possibility of voluntary repatriation should at all times be kept under review, and actively pursued whenever appropriate. Planned voluntary repatriation must ensure that children being cared for within the refugee community are not abandoned when existing incentives and support are no longer available. The repatriation of unaccompanied minors should be carefully monitored and planning should provide for follow up after return to ensure the continued care and well-being of the child.

Where large numbers of refugees are repatriating, arrangements for their return must ensure that families are kept together. Enlisting refugee leaders to help with preparations, announcing the movement as far in advance as possible, and encouraging family members to travel in one group will help prevent further separations.

If repatriation is not feasible, local integration in the best interests of the child is the next preferred solution. Resettlement should only be considered where other solutions prove to be inappropriate.

Resettlement: Where the resettlement of a foster family is being considered, the nature and durability of the relationship between the child and the family must be carefully assessed by a qualified and experienced child welfare worker to help determine whether they should remain together. It is important to balance the child's need for continuity of care, and length of time spent with the foster family, against the possibility of ultimate family reunion.

Return of Rejected Asylum Seekers: Unaccompanied minors who, after due process, are denied refugee status, or are found to have no valid claim to other forms of protection on other grounds and are not permitted to stay for other compelling reasons may be returned to the country of origin. In such cases UNHCR should promote the fulfilment of the following conditions prior to their return:

- a) parents or close relatives of the unaccompanied minor have been traced; and that the minor's family has been informed about the return of the minor;
- b) that other appropriate placement and care arrangements have been identified in case of absence of family members in his country of origin.

**Repatriation Operations:
Help Prevent Children Becoming Separated!**

- 1. Be on the alert for children becoming separated. If you see a child lagging behind, alert the parent.**
- 2. If you find a child who appears to be lost, do not assume loss. Ask around. If someone knows the child, see if that person will take the child.**
- 3. Do not remove the child until you are sure of true abandonment. It may be possible to take the child to the front of the queue to see if the parent claims the child when passing.**
- 4. Set up a place where parents can register children whom they have lost.**
- 5. Use a megaphone to announce lost children.**
- 6. Take photos of lost children to display along the route.**
- 7. Give advice to parents on how not to lose their children.**
- 8. Provide transport for vulnerable groups (whole family).**

Leaflet prepared by UNHCR in collaboration with SCF (UK)

Check List

- What steps have been taken to ensure that children in foster families are not abandoned during voluntary repatriation?
- Do children have appropriate documentation (e.g. travel documents, ICRC tracing form, health card, vaccination documents)?
- What measures have been taken to continue monitoring of the child after repatriation?
- Has the child been given an opportunity to express his/her preferences in finding and appropriate durable solution?
- In the case of resettlement, have all other solutions been exhausted? Is this in the best interests of the child?

Notes:



part 4



Getting the Social History Together

Preparing
and Conducting Interviews

Documentation

Completing the Social History Form

- ☑ Ideally the interviews need to be conducted in private with nobody else around. It should be made clear to the children and those caring for them what the interview is about, what kind of questions will be asked and why.
- ☑ Every child has the right to be heard and contribute to decisions made about them.
- ☑ **A completed Social History should present a picture of who the child is and how he came to be that way. The form is simply a tool used to present this picture. It can be adjusted to fit a particular child's needs, but his story should never be altered to fit the form.**
- ☑ The interviewer, is responsible for protecting the child's right to confidentiality.
- ☑ Information about each child should be entered into a record on a continuing basis as it is revealed. As far as possible, all information should be recorded in a manner which will be useful for tracing and reunification.
- ☑ The people consulted about the child will be of the same culture and ethnicity, will have known the child for some time and will be those in whom the child trusts and has confidence. Ideally, the interviewer should also share the culture and language of the child.



A good social history will help in long-term tracing and family reunification.

Once basic needs have been met and children are in a safe environment the next stage is to ensure that all efforts are made to reunite them with their families. Effective documentation of the child, his story and all relevant information will help to ensure that subsequent actions are taken in the "best interests of the child".

Individual files must be opened and maintained for each child, recording all relevant information including arrangements for care and tracing. In addition to the initial registration of basic biographical data (see registration form, annex 8), the file should include a "Social History" of the child which is compiled over time.

This documentation will be the basis for decisions regarding measures to be taken for legal protection and the physical security of the child; the provision of assistance and services appropriate to the her/his needs (physical, psychological, educational, and social), and tracing of family members. In the longer term, it will be necessary for planning appropriate durable solutions for minors who are not reunited.

For some refugees, the Social History may also be the only record they have of this period of their life, and may be of legal and psychological importance years after durable solutions have been achieved.

Information will be obtained from observation of and interviews with the child alone, from relatives, care-takers, family friends and neighbours, teachers, other trusted members of the refugee community and the child's

Getting the Social History Together

peers. Medical personnel and child welfare staff should be consulted on the child's health and developmental status.

Timing: Timing is important in producing a good Social History. There are two ways in which timing must be considered:

- a) when the different questions within the form itself are presented, and
- b) when the form is completed in relation to other documentation.

For example, a question on camp history cannot be started until the child has been in the camp for at least some time. It should be updated as closely as possible to the time the child departs from the camp. On the other hand, information concerning life in the country of origin and the journey to the first asylum country should be recorded as soon after arrival as possible, preferably at the time the registration form is completed. By completing the initial part of the Social History, together with the biographical data, the child is less likely to have forgotten important information, and unnecessary repetition of questions about his/her background, family and departure can be avoided. Collecting background information as soon as possible also helps reduce distortions that result when children are influenced as to how they 'should' respond to certain questions.

In compiling the Social History, three areas of concern must be kept in mind: tracing, the Social History itself, and record-keeping. Different kinds of information are needed for a complete file, and the timing of the interviews for collecting it is important. However, the three areas overlap and each will supply answers for the other two. The information requires special considerations for confidentiality and protection

of the children involved. This is particularly true of any information, such as a tracing card, that may be circulated for others to see.

Cross-cultural Considerations: Understanding culture is vital. Cultures are the rules, norms and beliefs shared by a group of people. Culture determines how people behave towards others, communicate with one another and think about themselves and their world.

Culture defines what is right and wrong, good and bad, masculine and feminine, desirable and disgusting, and even what is real and unreal. Culture is transmitted from one generation to the next by parents, teachers and religious leaders. Culture is learned at a very early age. Our sense of who we are is tied to our cultural identity. For this reason, when people move from one culture to another, they are under considerable strain. To change cultural beliefs and to give up cultural values and customs is to give up a part of ourselves; we would have to change our ideas about who we are ...

Communication can never accurately convey feelings and thoughts. In cross-cultural communication, accuracy is further jeopardized because of assumptions made about other cultures.

Different cultures will, for example, differ over the role of women, the concept of family and what is acceptable for discussion. Values, beliefs, perceptions and concepts are not the same, and assumptions based on one's own cultural experience may readily crystallise into a set of biases and prejudices about others.

For these reasons it is preferable that those working with refugees in the community share the same language and cultural background. If this is not possible, community workers from other cultural backgrounds will need to develop

skills to compensate for these differences. They will need to learn as much as possible about the child's culture as well as understanding the sources of their own values and beliefs. Meanings of words, especially those used to express ideas, values and judgements need to be checked scrupulously, the spelling and pronunciation of places and names recorded accurately.

Working with an Interpreter: Ideally, those working with refugee children should share their culture and language. If this is not possible, interpreters selected from the refugee community may be used.

While interpreters are usually selected for their language ability, other considerations, such as maturity, personality, relations with others, educational background, level of intelligence, patience and enthusiasm, should be taken into account. An interpreter should also be accepted by the refugee community as a person who is neutral and capable of relaying information on an impartial basis.

Refugee interpreters will need training and preparation so that they understand their role. Communication occurs verbally and non-verbally, so the interpreter must be skilled at interpreting one culture into another and all parties must trust the interpreter to convey their meaning accurately. A working partnership can be achieved when the purpose of the interview is made clear and when time is made for preparation.

Some difficulties encountered by interpreters and ways to overcome them:

Lack of Objectivity: Messages may be blocked or distorted if there is a strong bond between the child and the interpreter, or a weak link between the interviewer and interpreter. Make

time during the interview for discussion with the child about the role of the interviewer and that of the interpreter.

Alienation: If the interpreter identifies too strongly with the interviewer, he may be seen by the child to be judging or patronising. This will result in the child feeling alienated and defensive. The child may mistrust the interpreter, or the interpreter may not be the right "match" for the child: age, sex and expectations should all be considered in the selection of an interpreter.

Conflict: If there has been no preparation with the interpreter beforehand, the interpreter may misunderstand his role which is primarily to facilitate cross-cultural communication. The interviewer and the interpreter must convey to the child that they are working together to help him.

Time should be set aside for proper preparation, including discussion about difficulties in translation; expectations of interpretation of nonverbal communication (the interviewer's and the child's); the interpreter's views on the child's past, present and future and how these personal opinions can be "left outside" the interview and not influence the interpretation.

The need for word-for-word interpretation should be explained, as well as for accurate feedback from the interpreter on all the child's responses, including silence or avoidance of the answer. These responses also convey information.

Discussing the case with the interpreter after the session helps to identify mistakes made by an inadequate understanding of the culture. It also helps to understand how the interpreter feels about the case. Such periodic evaluations help to level out differences of approach and values which could exist.

Interviewing Children

Keep it simple, informal and friendly. Let the exchange be as human as possible.

The Child's Belief: You must be very clear with the child about the purpose of the interview. If necessary, work with someone else whom he already trusts. This is in order to minimize the child's possible misperception which in turn may distort his responses.

Observation: Remember to note what is not said or significant omissions.

Physical signs: Note physical (nonverbal) forms of communication and record them in the light of the child's own culture. Body language is as important as what is spoken.

Listening: Resist giving advice, relating stories, passing judgement; all these will interrupt the child's story.

Questioning: How you ask questions will affect the child's response. Ask open-ended questions; resist filling silences which you find uncomfortable.

Talking: Limit your comments to those which put the child at ease or which encourage him, for example, by repeating a key phrase.

Trust: The child must sense that you accept and respect his story.

The Unconscious: Behaviour is not always planned or consciously understood. Knowledge of this will help you know yourself, be less judging of the child's story and help you understand possible underlying explanations of the child's response/behaviour.

Objective Experience/Subjective Response: For every objective factual experience, there is the internal, maybe unconscious subjective response to it. You must try to understand this relationship.

Know yourself: Try to become aware of your own shortcomings and prejudices so that you do not impose them on the child.

Judging: Your job as interviewer is to elicit and record the child's objective/subjective history without imposing your own.

Role of the Interviewer: The child will respond to you as 'you'. As interviewer, you will touch off many subjective reactions in the child, such as fear, anger, hope. You will be attributed with many preconceived perceptions such as your power over their future. Do not react too subjectively.

Honesty: The more consistent you are, the greater the trust he will have in you. This will also affect your work with other children in the camp. Be consistently honest about your role and consistently accurate with information.

Public Image: Remember that children, adolescents and others in the camp will quickly know who you are and form impressions about you and your role. How you behave publicly and professionally will therefore affect your task.

Requirements for Interviewing Children

- | | |
|-------------------|---|
| Warmth | Sincerity |
| Empathy | Flexibility |
| Understanding | Knowledge of Human Behaviour |
| Acceptance | Clarity of Thinking |
| Concern | Analytical Ability |
| Respect | Listening |
| A Sense of Humour | Questioning |
| Tact | Responding |
| Sensitivity | Recording |
| Perceptiveness | Control of Aggression/Inappropriate Behaviour |

Some of the Factors Influencing Responses in the Preparation and Completion of the Social History

- | | | |
|---|---|---|
| <p>Child</p> <ul style="list-style-type: none"> Age Life experiences, especially the cause of separation Social, cultural and educational background Physical and mental health Personality Behaviour Current care arrangements, living conditions Atmosphere in camp/refugee community Expectations of the interview | <p>Circumstances of the Interview</p> <ul style="list-style-type: none"> Use of interpreter Timing Privacy Environment Rumours Previous interviews Previous documents | <p>Interviewer</p> <ul style="list-style-type: none"> Life experience Professional experience Social and cultural background, Language, Knowledge of refugee situation Rapport with child/interpreter/care-takers/refugee community Objectivity Sensitivity Interviewing skills Knowledge of child's future possibilities Knowledge of the child |
|---|---|---|

Check List

- What steps have been taken to preserve the confidentiality of the interview and the information recorded?
- Does the interviewer share the same language and cultural background as the refugees?
- What are the selection criteria for interpreters? Are interpreters accepted by the refugee community?
- What training and preparation is provided for interpreters and other community workers recruited from the refugee and local communities?
- From whom can the interviewer gain information about the child (e.g. caretakers, teachers, peers, medical personnel, friends, neighbours, community leaders and those running camp activities)?
- What nonverbal measures can be used to collect data about the child (e.g. observation of play; drawing, games, drama, story telling, songs, etc.)?
- Would group meetings with refugees be helpful?
- Has the purpose of the interview and the Social History form been explained: to the child; to the adult caretakers? Does the interviewer have the support of the caretaker(s).
- Has the child been prepared for the interview? Timing? Will there be someone available to check on the child and reassure him after the interview?
- What is normal development for children in this culture? What is the camp norm?
- Has the child been given a chance to express his views, to make changes or discuss the information recorded?





Information about a child can be collected from a variety of sources.

Sources of Information: As direct conversation with the child may not be possible for reasons of language, culture, or physical accessibility, it may be necessary to adopt a wider range of activities to collect information from and about the child.

- **Background information:**
This may be obtained from discussions with refugees and community workers on cultural matters, the flight into exile, camp life and other aspects of the refugee situation.
- **Information about the child:**
Potential sources of information may include those caring for the child on a daily basis, teachers, trainers and other people running camp activities, other refugee adults who have contact with the child, refugee families/friends and peers of older adolescents, and medical personnel when appropriate. The people consulted will be of the same culture and ethnicity as the child, will have known the child for some time and will be those in whom the child trusts and has confidence.
- **Group meetings with refugees:**
Interviews with carers can be conducted in groups or on a one-to-one basis. Sometimes more information emerges in groups as people exchange views or report what others have not seen (see annex 5).
- **Peers and older siblings:**
For infants, practically all information must come from different groups of adults. Peers of older children are significant sources of information. Adolescents may have relied heavily on these relationships for some time. They will have taken on the importance of family and fulfil that need for each other.

Preparing and Conducting Interviews

- **Analysis:**

In obtaining information from others, before, during or after interviews, there will be some differences in observations. The person collecting the information should note his opinion of the reasons for these discrepancies.

Some Practical Considerations

- It is always more productive to work with the child when the atmosphere in the camp is calm and there are no major movements or upheavals. If conditions are not like this, it should be noted as the child's responses will be influenced by these disturbances.
- Remember that the person conducting interviews is a public figure and children may tailor their answers accordingly.
- In a group or on an individual basis, the interviewer should be introduced to those caring for the children, and the reasons for the interviews and the Social History form itself explained in full. Their assistance should be enlisted in preparing the children for the interview to help reduce tension and false expectations.
- The interpreter and anyone else who may be involved in the interviews should also be introduced, so the care-takers are fully informed of who each person is, and who will be asking the questions.
- The care-takers should be engaged in the process of compiling each child's Social History. They may be able to suggest other sources of information that may have been overlooked (e.g. friends in the camp or anyone who visits). If they are caring for a group of siblings, the need for separate and group interviews should be explained.
- If any of the children they care for are particularly anxious or frightened arrangements should be made for a person the child trusts to be present at the beginning of the interview to introduce the interviewer to the child (but not during the interview).
- To continue the level of trust and communication, remember to ask frequently if the adults have any questions concerning the interviews, the child's answers, etc. and if they feel there is anything else that should be known about the child. It is necessary for the interviewer to be available and willing to discuss the children with them and to enlist their help in his work.
- Once the interviewer has met one or more times with the adult care-takers, the child will be well aware of the impending interviews. While it is desirable that, regardless of age, they be prepared for the interview, it is not a good idea to inform them too far in advance. The time in between will be spent in anxiety, growing expectations, speculations and rumours among the children, particularly in the older age range. One or two days is usually sufficient notice.
- While the 'ideal situation' would be to complete the interviews within a few days, this is not likely to be realistic.
- It will be obvious in the course of interviewing if a common belief is circulating and each child responds with the same answer to a particular question. If this occurs, it will need to be discussed with them in the interview, or as a group, if they are older. It will not be possible to dispel all expectations about the interview but it is very important to do so as much as possible.
- The timing of an interview, in relation to

arrival and length of stay in the camp, is important. Information on the child's experience before his camp arrival is best collected as quickly as possible. Obviously sections of his past history in the camp must be recorded at a later time to be of any value.

- If the UNHCR basic registration form has been completed previously, this should be reviewed (and any other relevant documentation already prepared) before the interview and should be at hand during the interview for crosschecking if necessary.

Conducting Interviews: Ideally, interviews need to be conducted in private with nobody else around. In the case of younger children who are extremely frightened, it may be necessary to include an adult who can reassure the child at the beginning. However, in no circumstances should the adult answer any questions, prompt or supply information for the child. (An interview with the adult can be done later, and they should be reassured of that.)

Introductions: The interviewer should introduce himself to the child and explain carefully what the interview is about, what kind of questions will be asked and why.

Interpreter: In an interview conducted with an interpreter, questions should be directed to the child. The interviewer should appear attentive and interested in the answers, not simply to what the interpreter says. In this way the focus is on the child. He/she will not see the interviewer as 'talking about' him/herself with the interpreter, but directly to him/her. The interviewer can learn a few words of greeting, or simple questions, in the child's language to help in this contact.

Difficulty talking about an event: If, in the interview, a child is unable to talk about a particular event, but can supply answers for other questions, it may be necessary to leave out that event for the moment. The interviewer can explain that he/she understands the child's difficulty and that they will talk

about it 'later'. This allows the child time to gain control of his emotions before discussing it with again. It may be possible to return to the topic later in the same interview or at another time. Alternatively, the child might be able to describe the event to a carer or another adult they feel close to. They in turn can give the interviewer the information at a later point. While this is not ideal, it is preferable to pressing a child who is not emotionally ready to answer these questions.

Questions: The child should be encouraged to ask questions throughout the interview.

Accuracy: The importance of giving correct information and being as accurate as possible needs to be stressed, but it should also be pointed out that there is no 'right' or 'wrong' answer, only the story of what has happened to the child.

Time to stop: The interviewer must be prepared to recognize when the child's limits have been reached: the carer(s) can be asked what signs to watch out for; he/she can conduct an initial preparatory interview with the child; questions can be modified or postponed, depending on the urgency; the interview can be ended if there are persistent signs of anxiety; when time is pressing, it may be necessary to involve those who have worked with the child for a period of time.

Ending the interview: The interview should be concluded with a discussion about more normal present-day events which restore a sense of security. Carer(s) may be brought in who can then be with the child. Their questions should be encouraged. This helps the child feel more in control. The interviewer should also try to ensure that an adult is around later in the day to check on the child and to reassure him. The child will need time after the interview to restore his coping abilities (e.g. interviews should not be conducted before the child is likely to be going to bed, and preferably they should not be held during school hours).

Feelings of Guilt: Children, especially younger ones, believe themselves to have a much greater influence on what happens to them than is realistically true. For example, they may feel that separation from their family is in some way their fault; they may even feel that the death of a parent is in some way their fault; or they may wonder why the parent(s) did not love them enough to prevent the separation or death. The range of feelings from guilt, to anger, or 'unlovability' creates feelings of low self-worth which are normally counteracted by family. In the absence of family, such feelings can, if not identified, continue to adult life.

Older adolescents may feel tremendous pressure to conform to their understanding of parental wishes for them. Guilt and self-blame may also add to the emotional burden that affects their self-image and view of the world. Responses to questions may thus be distorted by instructions from the family which may be inappropriate, or by anxiety, or remorse.

Whatever the practical difficulties, the child must be allowed to proceed at his own pace. Trust that he will know that for himself. The information needed and the questions asked, pose a threat to the very beliefs and defences the child has adopted to survive in the face of great loss, upheaval and dislocation. At the least, such questions provoke a great deal of anxiety as to the purpose of the question, or what the 'right' answer might be. He may believe that his ability to manipulate the interviewer is the only means of survival.

Young Children: The Social History for a young child will be built on observation of the child, information from the child and from others. All this will be underpinned by the interviewer's knowledge of the culture, camp life and stages of child development modified according to the child's culture.

All children go through these stages, but culture, trauma, camp life and other variables will alter the timing and expression of the

stages. Discover the cultural 'norm' and the camp 'norm' to understand the child's responses to the questions. As the child matures, his responses may change as his intellectual maturity alters his ability and whether his responses appear culturally normal or not.

If there is reason to be concerned about the child's emotional or mental health, a professional should be called in.

Although the child may be too young to recall facts about his past life, imaginative questioning may lead to clearer facts. For example, a child may not know how many relatives he/she has, but could tell who came to stay, whether they played together, whether they lived near or far. Or, not knowing the family's socioeconomic situation, he/she might know if father worked in an office or in the field. What did their house look like? Was it near other houses? What kind of transport did they use? Was their house near a hill or the sea? Was there a special landmark nearby?

On education and literacy, were there books at home? Did the child go to school or his brothers and sisters? What did they study? What was the teacher's name?

Concepts of time and distance are not only influenced by the child's stage of development, but also by culture. Does the child recall the season or a festival when he became separated from the family.

The interview with the child's carer-taker(s) should reveal information and comments on the child's daily routines, such as sleeping and eating patterns. They and others may have observations on the child's play. This playing may contain information which sheds light on past history which the child was unable or unwilling to discuss. Finally, carer-taker(s) and others can provide insight into the child's friendships, or absence of them; closeness to others, or absence of it; and general daily behaviour.

Other measures for Collecting Data: In addition to the above, other methods for collecting information may include:

- **Children's Drawings:** Drawings relating to their experience, their family, the flight into exile and their vision of the future can be a powerful source of information if used properly.
- **Games:** Group games skilfully organized can be another source of information (a useful text for these types of activities is *Cognition through Games, A Handbook for Workshops for Children ages 7-14*, T. Kovac-Cerovic et al., Belgrade, 1993).
- **Drama:** Role playing not only provides an insight into the child's experiences, but is therapeutic as a controlled outlet for emotions.
- **Story Telling:** Real life events can be woven into stories to help children recall situations, places and people.
- **Songs/Singing:** can help relax the atmosphere, express emotion and allow observation of feelings in a non-threatening atmosphere.
- **Creative Workshops:** Self-expression is encouraged through sessions using available materials.

These methods call on skilled observation and analysis in order to ensure that the information obtained is accurate. The training of refugees and local staff in these skills is vital to ensure appropriate cultural and linguistic content.

Adolescents and Young Adults: Young people may be easier to talk to in that they can give more information more readily than younger children. Communication may also prove more difficult because they are more likely to need to keep control over their lives.

Their past consists of a childhood interrupted by war, dislocation and massive loss. This is likely to lead to an absence on their part of

trust, understanding and acceptance of the purpose of an interview with them. This is in turn compounded by their maturity in some ways, conflicting with immaturity in other ways.

The interviewer must understand something of the developments which occur at adolescence and be able to translate them into cultural and age-specific expressions.

There are physical changes which come after puberty to which the adolescent must adjust. These link to their developing adult identity which is set also in their growing ability to think and reason. All of these changes will be affected by the adolescent increasingly turning to his peer group for support.

Adolescents need to be treated with respect for their independence and young adulthood, even though they may remain immature in some ways. The role of the interviewer and the purpose of the interview should be explained to them. They should be invited to ask questions so that they feel they are working with the interviewer.

Confrontation should be avoided. It should be borne in mind that the interviewer is symbolic of a range of significant matters in his life: for example, of adults who may have deserted them, been oppressive or untrustworthy; camp restrictions which may be the source of enormous frustration and anger to them; the world, which is uninterested and uncaring about them.

Talking may provide them with the opportunity to release their feelings of frustration, loss, grief, anger and so on, which they have not dared to do with those on whom they depend for survival. The limits set by the interviewer, by explaining again the purpose of the questions can be helpful if it is done in ways which are consistent, honest, interested and accepting.

The feelings, wishes, anxieties and expectations of the adolescent regarding his past, present and future whatever they are should be recorded. These observations will comple-

ment the fact that on top of everything else they are struggling to balance their past life with the demands and attractions of life in a new setting.

Every child has the right to be heard and contribute to decisions made about him. It is not the role of the interviewer to dispute his views.

It may be helpful to see a group of young people together as part of the preparation for seeing them individually. Certainly, the impression made on one young person will affect how the interviewer is seen by the others.

The older and the closer the child is to the age limit for 'care', the more important it is that the person interviewing him is open, honest and realistic. It may be necessary to discuss with the child his/her views on the options available to him; options to do with how he/she plans to support himself, who he/she might look to for support; whether his/her friends are facing similar problems and what their plans are. What training might be undertaken; what is anticipated regarding future contact with friends or family. The observations recorded should note how realistic the young person is about his/her present and future life, given the opportunities and limitations of the present situation.

The observations of the interviewer must explain, to some degree, with the young person's past experiences, when and for how long he/she has been separated from his family; and what were the circumstances of that separation: *that is, how emotionally damaged the young person might be, despite his/her apparent maturity and coping strategies.* Adult or controlled behaviour may mask hope and childlike expectations as to the influence the interview will have on his future. In the interests of consistency and encouraging the active participation of the minor in preparing the Social History, it may be helpful to ask him about his fears, disappointments or expectations of the interview.

He/she may struggle to hide his/her anxiety and uncertainty by distorting his/her responses in bravado or false information. He/she may, for instance, alter his age depending on his/her perceptions of the possible advantages. Age can be checked in a range of imaginative ways such as, educational ability; relating age to events of which the minor would have knowledge; physical appearance; other adults' impressions of his/her age. Although none of these ways may give you accurate results.

The young person will, in the end, decide what and how much to tell you. He/she needs defences in the present situation, to deal with the past, the present and to anticipate the future. However, reference can always be made to other people's observations of the young person, his/her social ties, ability to cope and so on.

Finally, time should be allowed for the adolescent to ask questions, for some questions to be repeated, and to give him/her a chance to discuss the information recorded. He/she may, for instance, feel it would be helpful to go through the completed Social History and make appropriate amendments, especially when it is realised that the interview is intended to help establish a clear plan for the future.



Comparing past and present information can be very helpful...

Comparison with Previous Documentation: A comparison with previous documentation, may reveal conflicts in the basic information. In record-keeping, it is generally not a good idea to alter or change completed information that has previously been recorded. If there is a discrepancy it is necessary to try to find out what, when and why, before accepting the validity of new answers. If the previous answers are found to be untrue, this should be noted when recording the new information and an explanation given as to why the new information is seen as being accurate.

If the previous documentation was completed by someone else, a meeting should be arranged with him/her, if possible, in order to help clarify the answers being recorded in the Social History. The previous interviewer cannot be expected to remember the details of each interview, but he/she may be experienced in the attitudes of the children in general towards interviewing, and be able to explain why the answer to a particular type of question may have changed at a later date.

Finally, to avoid confusion, some reference needs to be made at the beginning of the Social History to indicate if there are other forms or interviews already completed. While the child is in a camp or care arrangement, this may seem unnecessary and the need to mention the UNHCR registration form or other documents may seem too obvious. However, once these documents are processed, there is no way of knowing how they may be circulated or divided in the future. If the Social History does not contain some key information regarding the child, such as religion, language, ethnic background, etc., it is then very important to indicate at the start that this form or version is one of a set of documents and does not include all information.

Documentation

Misinformation: Older adolescents may feel tremendous pressure to conform to their understanding of parental wishes for them. Guilt and self-blame may also add to the emotional burden that affects their self-image and view of the world. Responses to questions may thus be distorted by instructions from the family which may be inappropriate, or by anxiety, or remorse.

Giving misinformation as a survival strategy is not unusual. It can arise from their perception of the interview, the stress involved in it, coping strategies developed from their dangerous past, or disturbing previous interviews. They will reveal information only when they feel safe to do so, when they feel they cannot lose what they have gained so far.

Younger children especially may need to deny the loss of parents and family. It is too painful to acknowledge so they change their story to one which is acceptable to them emotionally. A child may be unable to bear the uncertainty in his/her life and fear for his/her family's welfare, complicated by feelings of guilt and anger.

It is easier to say that the family is 'dead'. In a series of interviews a child can go from refusing to recognise a photo, to admitting knowing the person, to recognizing a distant relative, before finally identifying the person as a close relative. Along with the need to deny the separation is the overwhelming fear that the person would be 'lost' again. To admit that a person he/she has declared 'dead' is in fact alive, is to risk again the pain and grief of a future separation from the family.

When a child is interviewed for the Social History over a period of time, the story may begin to change. If the child is experiencing

some stability and security, this may allow him/her the time and emotional recovery necessary to begin to approach the thoughts and feelings he/she has been denying. He/she may begin to replace defences with the reality of the past.

The child's denial of events may arise from witnessing actual death or forced separation. He/she may not accept this loss and claim relatives are alive or living somewhere unknown to the child. These stories may change depending on new information received by him/her, or as he/she becomes better able to accept what has happened.

Whatever the practical difficulties, the child must be allowed to proceed at his/her own pace. The information required and the questions asked, pose a threat to the very beliefs and defences the child has adopted to survive in the face of their great loss, upheaval and dislocation. At the least, such questions provoke a great deal of anxiety as to the purpose of the question, or what the 'right' answer might be. He/she may believe that his/her ability to manipulate the interview is the only means of survival.

What happened to a child and how old he/she was at the time will be vital not only for the Social History, but also as a means of revealing how these events affect his responses, whatever his/her age is now.

Infants and Pre-Verbal Children: Social Histories of children in this age range will be essential for tracing and for them in later life as a record. Information must be obtained by observation, by discussion and collaboration with others.

Infants should be photographed as soon as

possible. They change rapidly, especially if they have been malnourished, and especially to those who may lead to the family but do not know the infant that well. Photographs should be circulated rapidly to places where people may identify the infant.

Medical/paediatric professionals may be able to assist in assessing the progress of the infant in relation to developmental stages. Without this knowledge, observations should be limited to accurate accounts of the infant's behaviour.

While all infants develop through the same stages, cultural and other differences create variations in timing. It is the responsibility of the interviewer to find out what the variations are for this infant's culture.

It will be necessary to find out what 'normal' development looks like in the camp, and what is culturally normal in order to gauge the infant's progress. Progress may have been affected by, for example, malnutrition, separation from the mother. What is the usual timing of developmental steps in this culture? How does this infant compare with others in the camp with families?

As soon as possible and as accurately as possible records should be made of any information on the location, time and circumstances of the infant being found. This is vital to tracing attempts. Tracing personnel must be consulted on what information they need. Any details can be significant, for example, if shelling occurred in the North, people are likely to have moved South.

When a care-taker gives up an infant for whom he is no longer willing or able to care,

obtain as much detail from him as possible which can then be verified and tracing begun.

When an infant is abandoned in hospital, information should be obtained from anyone who might have been near the parent as well as details from hospital records.

When an infant becomes orphaned in the camp, all who knew the parent(s), including medical personnel, should be interviewed in case tracing can result in locating a relative/friend willing to care for the infant.

Young Children: Records must be made of the information and memories provided by the child as well as the interviewer's observations about how he/she gave it, how he/she reacted to the questions, how he/she copes with the interview.

The interviewer must record his/her assessment of the child's maturity in relation to his/her past and present experience and culture.

An assessment of the child's emotional state, personality and coping ability should also be made and noted. Is he/she avoiding, aggressive, withdrawn? What indicates this?

Labels should be avoided. Descriptive and judging words carry widely different meanings in one language, let alone across cultures.

After the initial interview(s), additional information, comments and perceptions by others about how the child deals with the world, will be needed to fill out the Social History. In obtaining information from others, before, during or after interviews, there will be some differences in observations. A note giving possible reasons for these differences should be added to the file.

A WORD OF WARNING

The interviewer is responsible for protecting a child's right to confidentiality. If there is a risk in giving certain information about him/her, such as names of relatives or addresses of parents, this must not be entered where it is possible for others to see. There may often be politically sensitive situations for refugee children which must be carefully considered from a protection and legal point of view before records are completed and circulated.



A completed Social History should present a picture of who the child is and how he came to be that way. The form is simply a tool used to present this picture. It can be adjusted to fit a particular child's needs, but his story should never be altered to fit the form.

The Social History form is a tool to help child workers to get a complete picture of the child's life before and after separation in order to assist the process of tracing and reuniting the child with his/her family. It should be adapted to suit the needs of the given situation, and should be translated into the local languages to enable full participation by the refugees themselves in this process. **Information about each child should be entered into a record on a continuing basis as it is revealed.** As far as possible, all information should be recorded in the same way, and in a manner which will be useful for tracing and reunification. A sample form and family chart are included in Annex 1.

When collecting and recording information, attention to details and accuracy of spelling cannot be stressed strongly enough.

Section A The Child

Names

The child's name and other basic data should match that on the UNHCR Registration (bio-data) Form, if it is being used. Include any other names the child may have been called by family, friends or in the course of his or her travels. It should be indicated where, when and by whom these names were used.

Average age presentation

If the child claims a new or different date of birth than that on previous records, an explanation or the child's reason for doing so should be included. If there is some question as to the validity of these reasons, this should be noted and explained.

Script

Where names of people or places are to be recorded in a script other than that of the refugees', they should be recorded in the original script as well, e.g. in Roman and Arabic characters. Also, a standard phonetic system should be used to ensure consistency in the way names normally written in one script are recorded in another.

Historical Landmarks

A child may not know the actual year of his birth. However in many Asian countries, the years are named after animals the child may know it was the year of the dragon, dog, rat, etc. Some groups relate years to significant events (the year the new hospital was built, the year of the flood, etc.). This knowledge will help in identifying a child's age.

Completing the Social History Form

Significant family members

These people may also include close friends, step-parents, foster parents or others who have cared for the child in the past.

**Section B
Family
Information**

Separate records

Where brothers and sisters accompany the child, record the same information for each child. The relationship of two or more children to each other should be clearly stated, particularly if family names differ. This is a valuable source of crosschecking the interviews for accuracy. While there may be one file for the children of one family, each child should be interviewed or questioned individually.

Sibling groups

Accurate recording of sibling names will avoid a lot of confusion, even though separate forms will be completed for each. Individual interviews should always be done, concluding with a group one. Where a sibling group has been previously registered under the name of one of the children, e.g. as "head of family", indicate this on the Social History form of each sibling.

In general, a decision must be made on how to go about this interview, how to complete the forms for sibling groups and on how to maintain consistency with all groups.

Consistency in recording at this stage will prevent a multitude of errors later on. For example, under whose name/ number will the sibling group be filed and how will all the records show that this child is part of a sibling group?

**Section C
Information
on Non-
family
Members
Important
to the Child**

The child should be given the opportunity to include and explain others who are important in his life, e.g. teachers, neighbours, friends, older siblings, caregivers.

Relationship Chart

The people included in the Relationship Chart could be from several groups in addition to family or relatives:

- a) Adults from a formal or 'spontaneous'* foster-care arrangement which occurred after the separation of the child from his family.
- b) Designated guardian by instruction of the parents before the child's departure, or someone who took responsibility for him during the journey to the country of first asylum.
- c) Friends among peers with whom the child has become close.

Last known address

Concerning the current last known address, the following questions may be useful:

- a) Does the child have any addresses, current or otherwise for the people listed?
- b) Has the child made any attempts to contact any of the people on this list? Before arrival in the camp? After arrival in the camp? If so, what happened?
- c) Does the child receive letters or messages from anyone? If so, from whom and how often?
- d) Does the child receive money, clothes, medicine, etc., from anyone? If so, from whom?
- e) When was the last time the child saw the persons mentioned above and how well did he know them?

Comments

Use the "comments" space to describe the nature of the child's relationship to any of the persons included in the bio-data form or the Relationship chart of a Social History. Include any explanations or justification that might be useful in evaluating the importance of these relationships to the child. If the child says that he wants to live within the camp or to be relocated with someone listed in the bio-data form or the Social History, be sure to record this in the space "Comments".

Accompanying persons

- a) Was the child with any other person/ group who might offer some information about him?
- b) Where can this person/group be found and interviewed?
- c) What was their relationship with the child?
- d) How did they come to be together?
- e) How long did they stay together?

Identifying locations

Be sure that names of countries, places, camps or other locations are clearly written and spelled correctly (at least phonetically) and all necessary information for identifying the area is given.

Landmarks

Names, pronunciations, even locations of camps or shelter can change. Try to anticipate this possibility by giving additional information, such as distances from better known places, whether near a road, river, lake, etc.

**Section D
Circumstances
when the Child
was Found/
Identified**

**Section E
Information
Concerning
the Child's
Separation
from the
Family**

Record detailed answers to the following questions:

- a) How did the child come to be separated from the family? Why?
- b) Under what conditions did the child last see the parents or other family members?
- c) What does the child think happened to them?
- d) Does the child think they are alive or dead? Why does he believe this is true?
- e) Can the child recall the date and time of the separation?
- f) Did the parents depart from the child or did the child depart from the parents? Was this separation forced or voluntary?
- g) If the family was travelling, does the child know where they were going, or in what direction?

Death of parents

Unless a parent died in the camp and direct confirmation is possible, it is best to record "presumed dead" when this is reported by a child.

Family relationships (questions for adolescents only):

- a) How well did you get along with your family?
- b) Did you ever stay away for long periods of time before now?
- c) Were you ever sent away or did you run away from them before now?
- d) How do you plan to communicate with your family?

Previous events

Include details of any previous breakdown of normal life or reasons for break-up of the child's family, i.e. political events, ethnic background, movements from one place to another, etc. If a child lived with someone other than his parents, include this and indicate why.

Open-ended questions

Open-ended questions which require a narrative answer have advantages and disadvantages. The advantage is that the child's own words can be recorded about what has happened, can incorporate details and information in a related sequence. Comments about what the child said and how he said it can then be added. The disadvantage is that there may be some specific details that are essential to include that may be overlooked in the narrative. It should be borne in mind, that others, not familiar with the situation, events or past history of the child's country and host country, will be reading the files and possibly attempting to make important decisions based on the information recorded.

Pre-separation

Ask the child to describe details of his life before the separation occurred. Include a brief narrative description of this time. Build a picture of the daily life and routines of the child for the records. Include information on family life and activities in the country of origin, including education, extracurricular activities and interests, to demonstrate the child's potential.

**Section F
Information
about the
Child's Life
before and
since the
Separation**

Social and economic status of family

Questions about whether the child's house has electricity, appliances, plumbing, etc., may give an indication of the family's economic status.

Include such information as home village and provinces, whether this was rural, urban or in a town, with whom the child lived, occupation(s) of parents or guardians, the place and time of his last contact with them. If one or both parents are missing or believed to be dead, include relevant details.

Post-separation

- a) After the child's separation from the family, where did the child go? How long did he stay here?
- b) Can the child describe the people he was with after the separation?
- c) Can he describe the places?
- d) Indicate dates and lengths of time, where possible. For example, how long has it been since the child last saw his brother/ sister?
- e) How long was he on the journey before he reached the place where he was found?
- f) When did the changes in his life happen?

Relationship with parents

- a) Did the parents send the child out? If so, why?
- b) What special information did the parents give?
- c) If the parents were unaware of his departure, why?
- d) Has he contacted parents since departure or received a letter from them?
- e) How and when does he plan to contact them?

Previous departures

Had there been any previous attempts to leave the country? If so, give details for each.

Persons in loco parentis

- a) Was anyone responsible for the child during the journey?
- b) Did he know them before that time?
- c) What is the relationship at present?

Section F
(continued)

Reasons for leaving

- a) What was the special need or motivation for leaving the country?
- b) Were there any other major events, former addresses, or significant people in the child's life not recorded under the above headings?

Establish a sequence/guide for locations.

Try to show the sequence of events in the child's history clearly and, where possible, the length of time in various locations.

Try to record the names and descriptions of locations and any other information which may make identification of the locations more likely.

Importance of details

When preparing notes, be sure to include ALL details. What seems insignificant at the time may be of vital importance later.

Assume the notes will be read by someone unfamiliar with details of the situation.

Section G
Child's
Physical
Condition
Health and
Past Medical
History

Medical records

Medical forms should be completed by qualified medical personnel and be included in the child's records.

Specific health problems

Ask about particular health problems (such as asthma, tuberculosis, bilharzia), recent illnesses or injuries. Record information about any immunizations a child has had previously or that has been given to him during the emergency. (See sample form in annex 6.)

Handicaps

The factual information is particularly important if there is a medical, health or psychological handicap identified that needs attention in the near future. Physical handicaps need to be identified and treated without isolating the child from normal camp activities or school.

Previous medical records

Review the child's medical records. If no medical information is available you need to make a note of this for the file and request that someone follow-up on this and find out how the medical history can be gathered. If, due to the circumstances, no medical records are provided and none will be in the near future, you can ask the child and any caretakers additional questions regarding the past and present health of the minor until the medical records are prepared.

Previous educational attainments

Before arrival in the camp: the highest grade child completed; subjects studied; any special, unusual or major changes in child's education in country of origin?

School-leavers

If the child left school some time before his departure, indicate the reasons and whether it was voluntary or not.

After arrival in the camp

List and describe the child's participation in any of the following (briefly describe the levels achieved in each in a way that will be clear to someone not familiar with the camp):

- a) Academic education; vocational training (specify area), apprenticeships and other skills or trade training; language study; religious training or education; any other tutoring or study arrangements.
- b) If appropriate, describe the child's attendance patterns and any special achievements, for example:
- c) Does the child like school, his teachers, other students?
- d) What is his easiest subject, most difficult, favourite?
- e) Does the child plan to continue his education?
- f) What areas are of special interest?
- g) What were his career plans in the country of origin?
- h) What would be the child's plan following repatriation, local integration, or resettlement?

The above questions must be selected to fit each situation and only appropriate ones should be asked.

**Section H
Educational
Background
(formal and
informal)**

**Section I
Present Care
Arrangements**

One way to present the answers to the following questions about care arrangements in the child's record would be to divide the answers into three parts:

- 1) What the child tells you about care arrangements.
- 2) What others (especially carers) tell you about the care provided.
- 3) The interviewer's opinions and observations about the care the child receives.

Current care arrangements

Describe the child's care arrangement (such as foster family, distant relative, children's centre, living independently, etc.).

Physical and emotional status

Describe the current physical and emotional state of the child. To what extent are the child's physical and emotional needs being met, and how?

Important relationships

What relationships are currently important to the child?

Adjustment

- a) How has the child adjusted to his present situation and how has he integrated into it?
- b) Describe the child's participation in any recreation, sports, or other activities. Include not only reference to the specific activities in which he has been involved, but also describe the degree of importance these have had for the child.
- c) Describe the child's participation in religious activities and/or traditional cultural practices. To what extent does the child see these as important in his life?
- d) Describe the child's development in camp, including social patterns, interests, likes and dislikes and behaviour.
- e) Record the child's opinions, feelings and expectations about his life, both present and future. Mention of positive as well as negative attributes is necessary for a balanced picture.
- f) A description of day-to-day behaviour and personality can be just as helpful as the account of isolated or unusual behaviours to those who will work with the child in the future. Describe the child's social patterns within the camp, his ties to others in the community and the overall picture of how he has adapted and fits into the current situation.
- g) If there have been specific instances of unusual or negative behaviour that you feel significant for future placement, these must be explained here to bring attention to the area of difficulty.

Living arrangements

In recording information about living arrangements, define what you mean by such terms as group care, spontaneous fostering, independent living, and extended family. These terms vary greatly in meaning from country to country, from agency to agency - and even from person to person.

Needs

Specify any needs identified, including such areas as material, nutritional, medical, psychological, or others relevant to the situation. Include opinions and observations about the adults caring for the child or in daily contact with him or her.

Camp location

If there might be any difficulty locating the child in the camp, under "address", add the name of anyone likely to know how to locate him (particularly for older adolescents), e.g. best friend, teacher, etc.

Camp history

Questions on camp history cannot be completed until the child has been in the camp for at least a few months and becomes a part of the care system. It should be updated as closely as possible to the time the child departs from the camp. Information concerning the child's life in the country of origin and journey to the first asylum country should be recorded as soon after arrival as possible, preferably at the time the bio-data form is completed.

**Sections J
and K
The Child's
Wishes and
Plans for the
Future and
Other
Relevant
Information**

Review of bio-data

If much time has elapsed (2-3 months) it may be necessary to go through the *bio-data form* with the child to confirm that he has no more information to give or has received no further information. If six months or more have passed, it would be good to conduct a re-interview for an assessment of the child's behaviour; he may feel more able to talk about what has happened to him and provide more accurate information.

Concluding the interview

This may be a point in the interview where a child might want to tell something to the interviewer or ask the interviewer something. It can also be a way of gently concluding the interview.

Special requirements

- a) Does the child have any special problems or special needs?
- b) What action may be needed now or in the future in response to these needs?
- c) What are the future wishes, opinions, desires the child expresses about himself?

Frame of reference

It is helpful to include a *frame of reference* when recording a child's expectations. Describe the attitudes of the adults around the child, the atmosphere where he is living and how realistic the child's ideas are, given the circumstances.

Defining special needs

Questions concerning special needs of a child can be used as an opportunity to include a particular need or request of the individual child. Be specific about what is meant by special needs. While you may want to note an immediate need, it might be more appropriately brought to the attention of those who care for him, rather than recorded on the form. For example, a child may repeatedly request a material need, such as clothing, shoes, school supplies, which may be important to fulfil but not necessarily appropriate to list in the permanent *Social History*.

It would be appropriate to record such needs as the types of special consideration or attention the child might benefit from most. For example, did he express a great deal of enthusiasm for a certain topic such as art, mathematics or skills he might possess that are a particular source of pride and self-confidence? This is worth noting so that others caring for the child can encourage or praise this interest in the future.

Future plans of the child

Does the child repeatedly express a strong opinion or desire about future plans, location, relations, etc., that could realistically be met? This type of information is of greater concern to the older child.

Needs related to disability

Also important would be information concerning any medical, physical or disability needs the child may have that are not already detailed, or that you wish to emphasize.

Completion of the Record

Sign and date all reports or forms. Show your name and organization clearly.

Add new information to the file when it arises, and sign/date it.

Include a photo of the child in the record. This should preferably be black and white (which will not fade as colour will). It should be made from a negative and not be an instant picture, so that extra copies can be made for use in tracing.

If new information is added at a later time which conflicts with previous information, this needs to be indicated on the file. State which information you feel is accurate.

Is there any point you feel has not been mentioned or did not seem appropriate to include in other areas? Sometimes it may be just a feeling or idea you have about the child that you think should be included. Even though this may be an impression you have, not founded by a reason you can pinpoint, it may be important to include, as long as you clearly explain that it is your personal impression or feeling. It is better to express it now than to wonder months later if you should have done so or not.

Check List

- ❑ **Accuracy:** There is the possibility that due to ever-changing conditions in the area, no other interview will take place or the opportunity to review and correct errors may not be possible in the future.
- ❑ **Sequence:** Be sure the narrative follows a logical time sequence and indicate dates or lengths of time, where possible.
- ❑ **Names and spelling:** Names, pronunciation, even location of camps can change. Anticipate this possibility and provide any additional information that may be relevant. Record names and descriptions of locations in both the child's script and if possible the local script.
- ❑ **Families and special relationships:** Record which people are of special significance to the child and describe the relationships within their cultural context.
- ❑ **Sequence and camp history:** Others reading the Social History may not be familiar with camp names and locations. Give enough descriptive information to clarify locations. Provide significant background information (things that would have greatly influenced the children living there). Be sure sequences of events are accurate and easy to follow.
- ❑ **Other people's comments:** They are particularly valuable when they shed light on the child's adjustment and integration into the life of the camp. This will tell you and other readers something
- ❑ **Social History as a 'Voice?':** The Social History should convey - among other things - the child's personality and feelings.
- ❑ **Special needs:** Describe them carefully and specify, if you can, what action is required at the present time or in the future (especially if the child has any form of disability or handicap).
- ❑ **Background:** You need to provide background information of, for instance, the atmosphere in the camp, the expectations of the adults around the child and so on, in order to set the main questions into appropriate context.



annexes



Despite slight variations in timing owing to cultural and other influences, all children pass through the same stages of development from infancy, through childhood and adolescence. In normal circumstances, children of similar ages will be found to be very much alike.

Early Childhood (18 months - 5 years)

This is a period of rapid mental and physical growth. Movement becomes progressively more coordinated: at 18 months the child can drop things intentionally, at 2 years a ball can be thrown in a specific direction and at five the ball can be bounced on the ground and caught with both hands.

Language development is marked. In all cultures, a relationship between walking and speech is evident. The utterance of recognizable words coincides with the child's first steps. In most cases, the basics of grammar and the ability to talk in sentences will have been acquired by the age of three.

From 3-5 years of age, playing increasingly includes "pretending" and make believe. These games of the imagination let children overcome fears and anxiety. In the game, frightening events can be safely reenacted; or the child's version can replace actual events and experiences.

In contrast to younger children who will be frightened by loud, unexpected noises, unfamiliar people or animals, the 4-5 year old will also be frightened of imaginary dangers. At this age nightmares become increasingly common. Children of this age also often find new or unfamiliar surroundings a cause for apprehension, especially if they are not accompanied by their parents.

Through parental discipline and interaction with other family members, the child begins to acquire knowledge of right and wrong, to be able to exercise self-control. Appropriate behaviour is reinforced by the child's identification with the parent, his social role model.

Middle Childhood (6-11 years)

Children gradually develop the capacity for logical thought and can see things in 'relational' terms. He is able to see the reverse of things and put himself in the place of others. Between 6 and 8 years of age children are able to understand the idea of death in relation to their parents or themselves.

The learning process is begun, through teachers at school (reading and writing) or through other adults in the community (e.g. practical skills required in the community to earn a living or to make a home). People outside the family become important: other adults as social and cultural role models, and peers for self-esteem (the child assesses his successes and failures by comparison with his fellows). Stable family and adult-child relationships are critical factors for healthy development during this period. Feelings of self-esteem are not only related to personal achievements and failures but to the perceptions of the family. Conditions in the home may lead to a sense of pride for the family, or feelings of shame and embarrassment. Attitudes to work, the community, social roles and responsibilities also begin to be learned and reinforced at this stage.

Adolescence (12-18 years)

In early adolescence rapid growth and major changes in body and appearance can lead to strong, conflicting emotions, and feelings of insecurity and self-consciousness.

The adolescent's sense of identity (the sum of his childhood experiences) is consolidated during this period. The sense of identity is bound up with relationships (positive and negative) with others; family history and traditions; religious beliefs, political ideals, social/cultural values and standards; role choices; physical and mental well-being. Personal identity gives the adolescent a strong sense of who he is, what he believes, what he can or cannot do. If no coherent idea of the self evolves, the resulting confusion may give rise to anti-social behaviour that reflects their continuing self-doubt.

The process of separation from the family begun in adolescence is a gradual one. Peer relationships become more important as family bonds are loosened. Yet, while the adolescent may be capable of independent thought, of taking responsibility for his own actions and making choices, he will tend to continue to rely for some time on his parents for advice, security and material support.

Summary of some of the things children of different ages* can do (in terms of sense of touch, movement, joint and muscle sense, the development of the hand, sight, hearing, speech and language development).

0-1	month	reacts to temperature (warm and cold fingers) if the baby is held upright on a firm surface, it makes "walking" movements recognizes its mother's voice can make all sorts of sounds
3-4	months	plays with its fingers and things that hang can support itself on its forearms can stretch out its hand and take an object and also begin to let it go babbling and plays with sound smiles at other people can follow an object with its eyes from side to side, up and down and in a circle
5-6	months	investigates things with both its mouth and fingers; plays with toes can hold a large object with both hands can move an object from one hand to the other imitates and repeats its own sounds
8-9	months	crawls on its stomach and can stand if supported enjoys experiencing the world wants to be carried can play "give-take" games can have an object in each hand and hit them against one another imitates all sounds it hears and understands separate words
12	months	can play with chalk, pen and paper begins assisting with dressing empties its bowels regularly
12-18	months	stands and walks by itself with its legs apart squats on its heels and gets up again
18	months	can drop things intentionally points at things it wants no longer dribbles understands that it is to empty its bowels

** Despite slight variations in timing owing to cultural and other influences, all children pass through the same stages of development from infancy, through childhood and adolescence. In normal circumstances, children of similar ages will be found to be very much alike.*

Notes on Developmental Stages
Annex 1/4

2	years	walks sideways can throw a ball in a specific direction can distinguish a form that looks similar to the one the adult is holding
3	years	can sort out objects according to shape in different piles understands "give one to every child" jumps with both feet together
4	years	runs well balances along a thickly drawn line sits still and concentrates can feel different weights can imitate movements with its body can pour water into a mug with one hand
5	years	can talk about a previous occurrence can see totalities - that a half-finished house is to be a house able to bounce a ball against the ground and catch it with both hands can make itself stiff-limp can stand on one leg without support
6	years	can sort objects according to length can differentiate surfaces (different types of sand, cloth and suchlike) can put the thumb against the finger tips has a dominant hand stands on one leg 8-10 seconds with eyes closed
7	years	can tie a bow able to explain the difference between two things can catch a small ball can control facial muscles like closing one eye, looking glad, angry or sad can do somersaults
3-7	years	the child begins to use words and images to think about reality. He tends to think he is the centre of the world and has difficulty imagining himself in the place of another.
7-12	years	the child begins logical thought and can see things in 'relational' terms; he is able to see the reverse of things and put himself in the place of others.
12+	years	the child can think in abstract terms, reason by hypothesis and generalize. He becomes interested in ideas, the future, and political, religious and social problems.

Sample Social History Format
for Unaccompanied Child/Adolescent*
Annex 2

Indicate any other forms completed on the child. For example:

- Registration
- Medical records
- Part of sibling group
- Others (specify)

Registration number.....

Section A: CHILD

Family name: _____ Given name/forename: _____
Also known as: _____
Sex: _____ Date of birth: _____ Age: _____
Place of Birth: _____
Nationality: _____ Tribe/caste/ethnic origin: _____
Religion: _____ Languages spoken: _____
Education/schools attended/educational level: _____
Last permanent address: _____
Identifying features, marks or scars: _____
Personal belongings _____
Current address: _____

Section B: FAMILY MEMBERS

(Complete family chart: include mother, father, brothers, sisters, grandparents, aunts, uncles, other relatives and household members)

Accompanying brothers, sisters, other child relatives

Name: _____ Relationship: _____
Age/date of birth: _____
Previous address: _____
Present whereabouts _____

If parents are dead, give date, place and cause of death _____

Section C: NON-FAMILY MEMBERS IMPORTANT TO THE CHILD

(Past and present)

List names, whereabouts, etc

Section D: CIRCUMSTANCES WHEN CHILD WAS FOUND/IDENTIFIED

When and where was the child found? (give dates, time and place)

With whom was the child? (give names, addresses and relationship to the child)

*adapted from *Unaccompanied Children in Emergencies: A Field Guide for their Care and Protection*, Williamson & Moser, ISS, 1988

Sample Social History Format
for Unaccompanied Child/Adolescent*
Annex 2/2

Section E: INFORMATION CONCERNING THE CHILD'S SEPARATION FROM THE FAMILY

Date and place of separation:

Reasons for the separation:

When and where did the child last see the parents or other family members?

If the parents are presumed dead, why does the child believe this to be so?

Section F: INFORMATION ABOUT THE CHILD'S LIFE BEFORE AND SINCE SEPARATION

Record places, people, and important events the child remembers

Where and with whom has the child lived, and for how long?

Record places, people and events the child remembers

**Section G: INFORMATION ABOUT THE CHILD'S PHYSICAL CONDITION, HEALTH,
AND PAST MEDICAL HISTORY**

Section H: EDUCATIONAL BACKGROUND (formal and informal)

Section I: CURRENT SITUATION - PRESENT CARE ARRANGEMENTS

Note relationships with other children and adults; information about the daily care of the child; any specific needs which are not being met, etc.

Section J: INFORMATION ON THE CHILD'S WISHES, PLANS FOR THE FUTURE

With whom does the child wish to be reunited?

What is their relationship?

Where and how might they be located?

Section K: OTHER INFORMATION

Please include any further information which could help in tracing the child's family, including names and addresses of other people who might be able to provide information about the child and the circumstances of the family/child separation.

Signature of interviewer
Organization
Place

Date

Name		Also Known As	Relationship	Sex/ Status	Date of Birth	Occupation	Previous Last Known Addresses	Present Address	Latest Contact (when, where)	Comments
First:										
Family:										
First:										
Family:										
First:										
Family:										
First:										
Family:										
Other Contacts:										
First:										
Family:										
First:										
Family:										
First:										
Family:										
First:										
Family:										
Give names/addresses in local script/characters and in Roman letters.										

Sample questions from an infant health assessment form:

1. How old does the housemother think the infant is at this time?
2. How old was the infant upon arrival?
3. How long has she cared for the child? Any previous caretakers?
4. How would she describe the present health condition of the child?
5. What was the infant's health upon arrival?
6. Is the infant presently taking any medication?
7. How often has the infant been to the hospital/clinic and been seen by a medical person in the past month? Previously? Please explain why?
8. How is the child currently feeding?
9. If the child is or has recently breastfed, how many times in 24 hours?
10. Is the child getting other milks or food?
11. How many times in 24 hours?
12. Ask the house mother to describe how she prepares the other milks or foods.
13. How are they fed to the infant?
14. Ask her whether and how she stores the other milks or foods.
15. Has the infant gained lost/stayed the same weight in the past two weeks?
16. Can the housemother describe any difficulties in feeding (does the infant cry during feedings, spit up more than usual, is hard to feed, etc)?
17. Sleeping habits: How long does the infant sleep at one time throughout the day?
18. Does the infant have diarrhoea? If so, how often? Has the infant had diarrhoea in the past month? If so, has the infant seen a medical person?
19. Does the infant vomit or spit up frequently? If so, when (after crying, eating, sleeping, etc). and how often?
20. Does the infant have trouble adjusting to new foods or liquids?

Sample questions for group interviews of adult caretakers

These questions were used in the Khao-I-Dang camp in Thailand in 1980 for group interviews with Khmer refugee workers about the children in their care.

Do you have any children who:

- have trouble sleeping at night?
- have dreams/nightmares? (if yes, how often per week?)
- frequently wet the bed during the night?
- cry a lot?
- seem unhappy or depressed
- don't talk to the house-parents?
- don't talk or play with other children?
- fight a lot or play too roughly with other children?
- have problems in school?
- have difficulty eating? (too much - too little)
- act differently from other children or who you think act strangely
- have you ever taken any children to be treated at the spirit ward or for treatment by the Krou Khmer?*

Can the housemother give her opinion of the emotional health of the infant at this time? Does she think the infant cries too much? Is the infant too quiet? Afraid of other people? Listless or unresponsive? Please describe any comments the housemother may have concerning the infant in her care.

Can the housemother say approximately what age the infant was when he did the following:

- began to smile and vocalize noises; react to loud noises
- respond to voice or caretaker; reach for objects; laugh
- imitate sounds; try to feed self; recognize the caretaker
- say two or three words; stand without support; understand some words
- walk without help; feed self; point to own nose, eyes, etc., when asked
- follow simple directions; name familiar objects; run well.

Please include any additional information that might contribute to an overall description of the infant.

* originally used for Khmer children, this question would need to be rephrased using the appropriate name for spiritual, traditional or religious treatments of unusual behaviour.

Sample Health Card
Annex 6

Health card Carte de santé										Card no. Carte no.									
										Date of registration Date d'enregistrement									
Site Lieu					Section /House No. Section/habitation No.					Date of Arrival at Site Date d'arrivée sur le lieu									
Family name Nom de famille										Given names Prénoms									
Date of birth or age Date de naissance ou age						or ou	Years Ans			Sex Sexe		M/F	Name commonly known by Nom d'usage habituel						
Children/ Enfants	Mother's name Nom de la mère					Father's name Nom du père													
	Height Hauteur		Cm	Weight Poids		Kg	Percentage wt/ht Pourcentage poids/haut.												
	Feeding programme Programme d'alimentation																		
	Immunization Immunisation		Measles Rougeole	Date			DPT DTP	Date			1			2			3		
		Polio	Date			SCG	Date						Others Autres						
Women/ Femmes	Pregnant Enceinte		Yes/No Oui/Non		No. of pregnancies No. de grossesses			No. of children No. d'enfants					Lactating Alaitante		Yes/No Oui/Non				
	Tetanus Tétanos		Date			Feeding programme Programme d'alimentation													
General Générales					(family circumstances, living conditions, etc) (circonstances familiales, conditions de vie, etc)					Comments Observations					Health Santé (brief history present condition) (bref résumé des conditions actuelles)				
Date	Condition (signs/symptoms/ diagnosis)				Treatment (medication/dose/ time)				Courses (medication /due/given)				Observations (change in condition) Name of health worker						
	Etat (signes/symptômes/ diagnostic)				Traitement (médication/dose/ durée)				Application (medication requise/ effectuée)				Observations (changement d'état) Nom de l'agent de santé						

Simplified Social History Format
for Unaccompanied Children
Annex 7

Camp:
Zone:
Road:
bf card no:

SOCIAL HISTORY FORMAT FOR UNACCOMPANIED CHILDREN

1. Child

Family name:..... Other name (called by):.....
Sex: Date of birth (or age):

Place of birth:
Nationality: Ethnic origin:

Last residence in (country of origin)
Prefecture/Commune/Secteur/Cellule:.....

Date of arrival in..... (country of asylum)

Identifying features:.....

Present health status:
.....
.....

2. Accompanying sisters, brothers or other relatives if any:

Name:..... Age:..... Relation:.....
Name:..... Age:..... Relation:.....
Name: Age:..... Relation:.....

3. (a) Family members the child has been separated from:

Mother's name: Alive: yes/no/don't know
Residence of origin:.....
Last contact (where and when):.....

Simplified Social History Format
for Unaccompanied Children
Annex 7/2

Father's name: Alive: yes/no/don't know
Residence of origin:
Last contact (where and when):.....
.....

3. (b) Other family members (brothers, sisters, grandparents, uncles, etc)

Name: Relation:
Last contact (where and when):

Name: Relation:
Last contact (where and when):

Name: Relation:
Last contact (where and when):

4. Circumstances of flight (alone, with whom, relatives lost on way, etc)

.....
.....
.....
.....

5. Current situation:

Name of family head where child is staying:

Single/female/male:..... Total no. in household:

Relation if any to child:

Urgent needs/recommended action:

.....
.....

6. Other information/remarks (e.g. information useful for tracing of relatives, etc)

.....
.....
.....

Date: Signature of interviewer:.....

PHOTO

Organization
Place
Interviewer
Date

A. CHILD

Last name
First name
Also known as (nickname)
Name presumed to be true: Name given after separation from family:
Sex
Date of Birth
Nationality
Tribe/caste/ethnic origin
Religion
Language/s spoken
Last permanent address
Identifying features

B. FAMILY MEMBERS

Full names of father
Full names of mother
Complete family members (attach family relationship chart, see annex 3)

C. SEPARATION

Date and place of separation from parents/family
Circumstances of separation: place where family might have gone to
If parents presumed dead: place, date cause of death
When and with whom child lived since separation
Date when child arrived at present location/where child was found
Name of person child was with at that time: relationship
Whereabouts (even possible) of that person now

D. PRESENT SITUATION

Type of accommodation
Current address
Name of current care-giver
Relationship to the child
Names and address of other adults and/or children in the area who know the child/child's family

E. CHILD'S WISHES

Name/s of person/s the child would like to trace
Relationship
Possible whereabouts of person/s to be traced

**Foster Care Placement Agreement
for Interim Care Arrangement
Annex 9**

-
1. The (*) _____ after a thorough social assessment agree to place:
in the care of : _____
presently residing in: _____

 2. The placement took place on: _____
Mrs _____ and Mr _____ will
 - a) Care for the child/children in the same way that they would for their own.
 - b) Release the child/children without any problems in the event that the parents and/or family members come to reclaim the child/children.
 - c) Under no circumstances place the child/children in the care of others including those who might claim right of custody without authorization from UNHCR and _____ (*).
 - d) Ensure that the child/children receive the necessary medical, nutritional and emotional follow up and vaccinations.
 - e) Notify UNHCR/ _____ (*) prior to any move to another location including change of residence in and outside the present location.
 - f) Be responsible to contact _____ (*) Community Workers for guidance/advice should the need arise.

 3. (*) _____ on the other hand will:
 - a) Undertake follow-up visits on a regular basis through Community Workers/Community network, and, where necessary, assist and facilitate the foster family in accordance with the agreements in clause 2.
 - b) Keep the family informed of the progress made to trace the parents and close family of the child/children.
 - c) Have the right to remove the child from the placement/family if there is evidence/report of mistreatment.

 4. This agreement is NOT an adoption agreement, but only a temporary placement agreement to ensure proper family-based care for the child/children while tracing efforts to find the family continue.

 5. Decision about the child/children placement will be made by both the foster parents and _____ (*) in the best interests of the child/children. The child/children's wishes must be heard and wherever possible taken into account.

 6. This agreement could be subject to review in the face of future major development/change s.

 7. This agreement is in recognition and appreciation of all the care and support given to the child/children by the foster family, both previously and in the future.

Signed by: _____ and _____
(foster parent/s) (project supervisor)

_____ and _____
(cellule leader) (NGO project leader)

Signed at: _____ on _____

This agreement is binding and effective from the date of signature.

(*) Insert name of implementing partner for child welfare activities. In the absence of implementing partner, UNHCR will sign the agreement with the foster parents or other care providers.

Unaccompanied Children Programme
Referral Form
Annex 10

Referred by: _____ Date: _____

Child's Name: _____ Age: _____

Ration Card No.: _____

Camp Address: _____

Guardian's Name: _____ Relationship: _____

Information: (other information that may help, e.g name of parents/commune at birth)

Request: (e.g. for tracing, transfer, etc) _____

Action to be taken (to be filed in by social assistants):

Outcome: _____

Signature: _____

Unaccompanied Child Transfer Form
for Family Reunification
Annex 11/1

A. Place of origin:

NGO responsible _____

Reporting officer _____

Date _____

Information about unaccompanied child

Full name _____

Age _____

Sex _____

ICRC/grand fiche no. _____

Ration card no. _____

Other relevant papers with the child _____

Present address _____

The child lives with (full name): _____

Relationship _____

Other siblings (brothers and sisters) to be transferred with the child

	Name	Age	Sex	No.*
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

B. Receiving end (wher child is going)

The child is going to be reunited with:

Full name _____

Relationship _____

Address _____

C. Expected date of transfer _____

Person responsible for transfer _____

Any other information, comments, suggestions, etc _____

* grand fiche number

**Unaccompanied Child Transfer Form
for Family Reunification (Handover Certificate)
Annex 11/2**

The following child/children

Complete Name	Mother's Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

who was(were) staying at:

has been handed by _____ over to

Full name: _____

Date and place of birth: _____

Present Address: _____

ID card number: _____

Relationship: _____

Signature: _____

Organization: _____

Place and Date: _____

Form for Repatriation
of Unaccompanied Child
Annex 12

CHILD'S IDENTITY _____ **AGENCY IN CHARGE:** _____

Ration Card No. _____ Code given by the Agency: _____

Full name: _____ Sex: _____ Age: _____

Last address in [country of origin]: _____

Father's name: _____

Mother's name: _____

HEAD OF FOSTER FAMILY:

Full name: _____ Sex: _____ Age: _____

Last address in [country of origin]: _____

Father's name: _____

Mothers's name: _____

Last address in the camp: _____

Is the child repatriating with the above-mentioned foster family? Yes No

DESTINATION

Person receiving child if travelling alone: _____

Relationship with child repatriated: _____

Prefecture: _____

Commune _____

Date of departure _____

1 copy to: UNHCR/agency in charge/ ICRC tracing

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