

Technical Guidance for Family Reintegration in Haiti

July 2023

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Foreword

In today's rapidly changing world, social work professionals find themselves operating in increasingly difficult, insecure, and complex working environments. This situation is quite true in the current context in Haiti. Having a Technical Guidance on Family Reintegration Procedure is crucial to have a common and efficient approach to challenges the social workforce faces today.

This publication presents a groundbreaking approach to support national efforts from the Institut du Bien Être Social et de Recherche (IBESR), and NGOs working with separated children, and to overcome the obstacles of collaboration within difficult, insecure, and complex working environments. By introducing a harmonized procedure specifically designed for social work professionals, the aim is to enhance their ability to collaborate seamlessly, maximise resources for increased efficiency, reduced duplication of efforts, enhanced information sharing, and promote positive change in the lives of children and their families.

The publication draws on case studies and best practices from various experiences in Haiti and abroad in the field of family reintegration.

Ultimately, this publication serves as a call to action for social work professionals, practitioners, educators, and policymakers by encouraging collaboration, unity of approach and shared values.

I can only commend all state, NGO and individual actors that were instrumental for this guide to see the light and those who will contribute to its dissemination.

Jean AYOUB,
ISS CEO and Secretary General
July 2023

Objectives and key users

The Technical Guidance on Family Reintegration Procedure in Haiti is a practical guide for the social workforce from the State, Civil Society Organisations and NGOs working with children separated from their families and being placed in residential care institutions or in other forms of alternative care in Haiti.

This Guidance is born from the needs expressed by the Institut of Bien Etre Social et de Recherche (IBESR) and several NGOs active in Haiti of support tools to promote clear and culturally adapted procedures for family reintegration.

It promotes the development of a well-connected, regional and national network of child protection professionals, and proposes an eight-step procedure to deliver quality reintegration plans in the specific context of Haiti. This tool also encourages a disability-inclusive approach to leave no child behind.

Acronyms

IBESR : Institut du Bien Être Social et de Recherche

BPM : Brigade de Protection des Mineurs

IGA : Income Generating Activities

RCI: Residential Care Institutions (named Maisons d'Enfants in Haiti)

Glossary

Definition adapted from the United Nations Guidelines on Alternative Care of Children, the Guidelines on Children's reintegration and IBESR "Directives sur la prise en charge des enfants privés de protection parentale".

Best interests of the child: In relation to children's care specifically, the Guidelines for the Alternative Care of Children articulate several factors that need to be taken into consideration in determining best interests, including:

- the importance of understanding and meeting universal child rights (as articulated by the UNCRC) and the specific needs of individual children;
- balancing children's immediate safety and well-being with their medium and longer term care and development needs;
- recognising the problems associated with frequent placement changes, and the importance of achieving permanency in care relationships;
- a consideration of children's attachments to family and communities, including the importance of keeping siblings together;
- the problems associated with care in large-scale institutions.

In assessing best interests, it is important to consider the strengths, as well as the weaknesses, of families, to ensure that maximum efforts are made to build upon strengths. This includes an assessment of relationships and not just a consideration of material needs (UN GA 2010).

Reintegration: The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life (BCN et al. 2013)

Reintegration plan: The process of determining whether the child's return to his or her family is possible and in his or her best interests, defining the steps involved and designating the body responsible for overseeing the process.

Residential Care Institutions: Generic term for any public or private social institution authorised by the Institut du Bien Être Social et de Recherches (IBESR) to take care of children in difficult or dangerous situations, without family support and therefore particularly vulnerable (children from destitute families, street children, children in conflict with the law, girl-mothers, children in domestic situations, displaced children, children with special skills, separated or permanently deprived of a family, orphan children)



Part I: Basic principles of family reintegration

It is widely recognized that the family is the essential unit for guaranteeing the harmonious development of the child, and this principle is enshrined in the preamble to the Convention on the Rights of the Child (CRC). The right of children to family life is also clearly articulated in the Convention on the Rights of Persons With Disabilities (Art. 7 and 19).

The 2009 United Nations Guidelines on Alternative Care for Children (hereinafter the U.N Guidelines) also clearly state that the family is the "fundamental group in society and the natural environment for the growth, well-being and protection of children" and that "efforts should focus on enabling the child to remain with or return to his or her parents or, where appropriate, other close family members" (§3).

Replacement protection should be defined according to the two key principles recommended in the Guidelines:

Respect for the **principle of "necessity"**, which protects children from unwarranted separation and placement in the alternative care system by ensuring that the child really needs a placement.

The **principle of "suitability"** requires that a range of good quality alternative care options that promote "the child's full and harmonious development" be available. In this way, when care is deemed necessary, each child's individual needs, circumstances and wishes can be met. This also requires an end to inappropriate placements, such as large-scale institutions and detention centres.

As a reminder: in principle, the aim of children's homes should be to care for the child on a temporary basis and actively contribute to the child's return to his or her family, or, where this is not possible, to guarantee lasting protection in an alternative family setting (§ 123 UN Guidelines and article 9 IBESR Guidelines on the care of children deprived of parental care).

The family is the fundamental basis of society, as stated in the Haitian Constitution (articles 259-260). The poverty and difficult living conditions or even homelessness of the family of origin should never be the sole reason for placing the child in an institution, as stated in paragraph 15 of the U.N Guidelines. Where this is the case, the competent authorities should put in place a system to help families regain their ability to provide for their child (as specified in article 23 of the IBESR Guidelines on the care of children deprived of parental care).

An approach based on the fundamental rights of the child according to the Convention on the Rights of the Child (CRC)

- Non-discrimination (Art. 2 CRC): All children have the right to develop their full potential and to be actively protected against all forms of discrimination. This means that reintegration programs must be inclusive and benefit every child without distinction of any kind, irrespective of race, sex, religion, birth, disability, national or social origin or other status.

- The best interests of the child (Art. 3 CRC) must be a primary consideration in all decision-making during the family reintegration process.

- Survival and Development (Art. 6 CRC): every child must have access to quality basic services ensuring his or her development, including support services for children returning to their families.

• The right to know and be cared for by one's parents (Art. 7 CRC): recognizes the priority of returning a child to his or her family when he or she has been separated from them and whenever this is possible and in the child's best interests.

• The right not to be separated from his or her parents against their will (Art. 9 CRC): the child has the right to live with his or her parents unless this is deemed incompatible with his or her best interests; he or she also has the right to maintain contact with both parents if separated from one or both of them.

• Child Participation (Art. 12 CRC): implies that the child's opinion must be taken into account in any decision taken on his or her behalf, including in the family reintegration process (taking into account the child's age and degree of maturity). The child's participation must also be taken into account, more broadly, in the development of family reintegration policies, to ensure that the child's needs are at the heart of the process.

Some key principles of Family Reintegration

• Children concerned: Efforts to trace the child's family in order to consider family reintegration concerns any child entering the alternative care system (children with or without a known parent-child relationship). Children should always be placed in temporary care. Every effort must be made to return children to their families as soon as possible or, if this is ultimately deemed impossible, to find other suitable family-type solutions for the long term.

• Temporality: Reintegration is not simply a matter of physically reuniting the child with his or her family. Reintegration is a gradual, supervised process (8 key stages are described in this document), which must be started for every child as soon as he or she enters the protection system and extended by a period of post-reintegration monitoring.

• Family reintegration must be part of the overall child protection strategy:

IBESR has made this a priority in its deinstitutionalization policy, which requires:

- A financial commitment from the Haitian government

- A sufficient number of qualified social workers trained in family reintegration procedures at national and regional level

- Clear legislation and a procedure adapted to the Haitian context as described in this document

- Active participation of children and families at every stage of the process

- Collaboration with other key ministries: health, education, justice

- The commitment of child protection stakeholders to support reintegrated children and their families at local level: IBESR regional offices, civil society organisations, community relays, religious and community leaders, etc.

• The do not harm principle: Any reintegration process should aim to benefit, not harm, children. This includes:

- A risk assessment to identify and mitigate the risks associated with each reintegration plan: The root causes that led to the initial separation must be addressed in order to protect the child in the process, ensure his or her sustainable return to the family and thus prevent further break-ups and separations. Since experience shows that the benefits of reintegration far outweigh the harm, the existence of a risk should not be used as an excuse for not actively considering and attempting to reintegrate a child. The reintegration plan must take account of potential risks, which may change

over time. Work must be undertaken with the family to connect them with appropriate support, in order to reduce risks before the child's return and after reunification, during follow-up. It is key to recognize that some risks cannot be completely eliminated and in these cases it is important to have clear links to support and services.

- Respect for informed consent and confidentiality are also essential pillars in protecting children in the process.

- Prevention of abuse by child protection workers or other stakeholders for whom a zero-tolerance policy for sexual harassment, exploitation and abuse must be put in place.

- Consideration should be given to preventing stigmatization of the reintegrated child or his/her family, and special efforts should be made for advocacy or awareness-raising programs.

However, reunification is not always possible for several reasons:

Firstly, the impossibility of tracing the family or any other member of the extended family. It is then essential to consider a permanency plan such as adoption or long term foster care in accordance with current haitian legislation . Traces of these searches should in ANY CASES appear in the child's file.

Secondly, in cases where the family has been identified and/or traced, the assessment of the family and the child may reveal that a return to the family is not desirable because it is unsafe and not in the child's best interests, (the reintegration efforts should appear in the child's file) as in the following cases, for example:

• *If problems of abuse, neglect, domestic or sexual violence against any child in the household have been identified during the child and family assessment.* These aspects must be duly assessed. When the child has been removed from parental care in the case of child endangerment (severe abuse, neglect, maltreatment), reintegration into the extended family should then be considered if, and only if, it is in the child's best interests. Indeed, when parents are failing, it is not always in the child's best interests to be cared for by his or her extended family. Social welfare professionals (social workers, educators, psychologists, etc.) must carry out an assessment of the family and the community to determine whether it is possible to keep the child in the family or community environment.ge

• *If the family is located in an area of high insecurity and difficult access due to gang control/violence/ insecurity for social workers.* It is not recommended to reintegrate the child in such an environment, as this would not be considered safe for the child, the family or the social workers. Maintaining ties should be encouraged until reintegration can take place, relocation of the family of origin should also be considered. If this is not immediately possible, temporary placement of the child with an extended family or a foster family in a secure area should be preferred to institutionalisation.

• *Sometimes the family may be reluctant to reintegrate the child.* In such cases, awareness-raising and discussion work with the family is essential, and it can take a long time before the child can return home. In the meantime, it is important for the child to be able to benefit from high-quality family-based alternative care, as well as regular assessment of his or her situation, so that his or her legal status and life plan can be adapted if necessary. In some cases, the child will not return.

Siblings

Children placed in children's homes may be part of siblings whose dynamics, needs and interests vary when they are separated from their parents. Within the same sibling group, some children may have remained with the biological family, while others may have been placed in different settings (another children's home, extended family, foster family, etc.). However, the international legal framework clearly encourages siblings not to be separated.

Relationships between siblings and with other parties involved must remain at the heart of determining the best interests of these children - keeping them together or separating them when necessary. While much research has demonstrated the importance of keeping siblings together, more recent research has also shown that keeping siblings together at all costs is not always the best way to proceed, and may ultimately lead to a failure of family reintegration. Each child's needs are unique, and a return to the family may be in the best interest of one sibling, while another option may be in the best interest of another. At times, the process may take longer for some teenagers at odds with their families than for their younger siblings. In other cases, it may be necessary to separate siblings as a result of abuse by one member towards another. It is therefore crucial to assess the best interests of each sibling, as well as those of the group, in order to prevent further family breakdown and trauma in the future.

Collaboration and networking

To be effective and optimal, the various stages of family reintegration, in particular those linked to family tracing and assessment, physical reunification and follow-up, require a process of collaboration and coordination between state actors (IBESR central level and IBESR regional offices) and non-state actors (civil society social workers, community volunteers , etc.) as well as Residential Care Institutions (RCI) staff.

Biological families are often far away from the RCI, sometimes in different departments, making social work difficult, even dangerous, and very costly without the logistical support of a nationwide network of actors. IBESR, as the child protection authority, could play a leading role in developing a solid networking strategy and concerted planning between key actors at the central and regional level.

Networking at the national level and across Haiti's 10 departments is crucial, and would offer many advantages, such as :

- Reduce the logistical costs of social work: the child's social worker (in the area of the RCI) works in liaison with the social workers in the area of the family, who carry out the social work with the family.
- Ensure better coordination of the resources and technical capabilities of the various actors.
- Enable more efficient work with families, adapted to the local context, thanks to social workers in the area of the families having better knowledge of the local context, resource people and available services.
- Reduce the risks associated with inter-departmental travel in a context of security tensions, thus ensuring the safety of social workers and the continuity of their work with families.

Practical recommendations to create a network of partners are proposed Part II. step 2 Family tracing.



Part II: 8 steps to family reintegration

1. Assessing the child's needs

2. Family Tracing

3. Assessing the family and surrounding community

4. Reintegration decision

5. Preparing the child and family and preparing the individual care plan

6. Physical reunification of the child

7. Follow-up/post reintegration support for children and family

8. Case closure



STEP 1: ASSESSING THE CHILD'S NEEDS

It is of fundamental importance to undertake a thorough and participatory assessment of the needs of the child placed in a children's home to determine whether it is in his or her best interests to be reintegrated into his or her family, and to design the reintegration plan accordingly.

This section is based in particular on articles 12, 24 and 25 of the CRC, articles 41, 25 and 26 of the CRPD and paragraphs 2-3, 14-15, 49-52, 60, 123, 166-167 of the UN Guidelines.

Objectives of the child's needs assessment

The child's assessment aims to:

1) Understand the child's needs and make informed decisions for the child to ensure immediate care in the children's home.

Answers the question: What are the child's urgent needs and how can we meet them?

2) In consultation with the child, gather information to trace the child's family.

Answers the following questions: Where does the child come from? What is the child's history? What information is available to trace the child's family? What factors led to the child's separation from his family and placement in a children's home? What measures can be taken to support the family and the child in their community in a positive and sustainable way?

3) In consultation with the child, determine the child's permanency plan so that he or she can grow up in a family environment. An assessment of the child and his or her family is necessary to determine whether reintegration is possible, safe and in the child's best interests.

Answers the question: What is the best option for the child after placement in the children's home?

Basic principles of child needs assessment

The child is the main and most relevant source of information. By listening to the child, professionals can learn about his or her personal situation and background, key information about the family and people who are important in the child's life, the main difficulties encountered, the child's perception of the separation from his or her family, and his or her hopes and fears about reintegrating into the family.

The assessment of the child and the determination of his or her life plan is a **team effort and must be drawn up by a multidisciplinary team within the RCI** (social workers, educators, medical staff, psychologists) to gather different perspectives on the child and his or her needs.

Child assessment concerns all children in care, without discrimination. As **soon as a child arrives in a children's home,** the possibility of family reintegration must be examined as a priority, **regardless of the degree of information available on the family, and even if staff consider that the chances of tracing the family are slim.**

Only an assessment of the child and the family can determine whether the return into the family is possible, whether it is in the child's best interest, and whether it will provide a safe, stable environment conducive to the child's development. Reintegration plans must be decided on a case-by-case basis, according to the child's individual needs and wishes.

The possibility of returning the child to his or her family needs to be reassessed regularly, as the child's situation and needs evolve, and new information enabling the family to be traced may come to light (from the child himself or herself, from a member of the child's family or community of origin, from a professional, etc.).

The different phases of assessing the child's needs.

Actions and deadlines

1 Upon the child's arrival: Gather as much information as possible on the immediate needs of the child and his or her family of origin, and on the circumstances of the separation.

Children are not always in a position to provide information to facilitate family tracing (very young, traumatized, disabled children, etc.). It is therefore essential to **gather as much information as possible from the person bringing the child in** (police, Brigade de Protection des Mineurs (BPM), family members, other) **or from the previous child RCI.**

You can use :

Tool 1: Entry report template (see below)

Tool 2: Checklist of information to be collected in cases where the child is in transit from one children's home to another (see below).

2 Carry out an assessment a few days after the child's arrival, to better understand the child's needs and **the psychosocial support required**. This assessment can be carried out by a psychologist or medical staff and concerns the child's **physical and mental health** (emotional stress, trauma, signs of abuse, malnutrition, etc.).

3 Evaluation of the legal status of the child as well as **medical and psychosocial** assessment should be carried out at least **every 3 to 6 months.**

You can use :

Tool 3: Evaluation of the child's legal status grid (see below)
Tool 4: Medical evaluation grid (see below)
Tool 5: Psychosocial evaluation grid (see below)

4 Evaluation throughout the child's **stay**: carried out by **listening to the child and making observations** during the child's daily routine.

A relationship of trust needs to be built up gradually between the child and the child's social worker. Some children need time to feel confident enough to share their stories, memories of their families of origin, wishes and fears.

You can use Tool 6: Practical advice for listening to the child (see below)

Stakeholders responsible or involved

Regular assessment is done by the RCI staff or the organization that has the child in custody.

It's a team effort, with every member of the RCI staff (educators, teachers, nannies, nurses, cooks, janitors, maintenance staff, etc.) able to contribute to the assessment, since everyone knows the child.

Children must be encouraged to participate, give their opinion and express their views

TOOL 1: Entry Report Template
Entry Report: Information To Obtain On The Arrival Of The Child In The Residential Care Facility

This document must be filled in with the person who brings the child in order to gather as much information as possible about the child. It is important for the child to keep a record of this moment by collecting the following information that may be his/her only link with his/her origins.

Name of the facility in charge of the child.....

Date and time of arrival .....

I. BASIC INFORMATION ABOUT THE CHILD

***For the RCI**, these items are basic information about the child. They enable to identify and record the child and ease the communication with him as well as his/her care.*	Date and time of arrival in the facility	
	Name(s) and forename(s) of the child	
	Sex	
	Date of birth	
	Place of birth	Hospital ☐ At home ☐ Other ☐
	Religion if known	
***For the child's future**, this information is the basis of his/her origins and personal history.*	Mother tongue	
	Location of the child before arrival? Please detail the name(s) of the facility(s) and/or hospital(s)	☐ With his/her birth parents: from.....to..... ☐ With relatives: from.....to..... ☐ In another centre: from.....to..... ☐ In hospital: from.....to.....
	Physical description and, if possible, a photography of the child (in attached file)	

II. INFORMATION ABOUT THE PERSON WHO BRINGS THE CHILD

***For the RCI**, this information is precious should it be necessary to reconnect with the person who brings the child in order to have further details on the origins of the child and the circumstances of his/her placement.*	Name(s), forename(s), gender	
	Age	
	Address	
	Phone number	
	Relationship between the child and the person (father, mother, relatives, police, child protection services, local authorities, social welfare department, etc.)	
***For the child's future**, this information is essential, should s/he not know anything else about his/her origins. S/he may know thus how s/he has arrived into the centre.*	Professional position of the person in case s/he belongs to an official authority	
	In an attached file: Copy of the identity card of the person and Photography of the person	

III. REASON FOR THE PLACEMENT IN RESIDENTIAL CARE

***For the RCI**, this information enables to start social work and to support the child in this always traumatic stage.* ***For the child's future**, this information gives him/her details on the circumstances of his/her placement and enables to better understand the decision of his/her birth parents.*	☐ Orphan ☐ Abandoned in a public place, without known parentage: provide details relating to circumstances of abandonment (place where the child was found, the person who found the child, etc.) …… …… ☐ Withdrawal of parental authority by a judicial decision ☐ Brought directly by the family of origin
	If the child is brought directly by the family of origin, what is the demand of the parents, if known (temporary placement or long term placement, etc.)?
	If the child was brought by his/her family or if parental authority was withdrawn, what were the reasons and circumstances of the placement (poverty, illness, abuse, etc.)?

IV. INFORMATION ON THE FAMILY OF ORIGIN

***For the RCI,** this information is essential to start the social work and the investigation within the family and to determine rapidly the legal status of the child. It provides details on the siblings in order to attempt reunification if they are also under protection measures.*	Name and age of the mother if known	
	Name and age of the father if known	
	Address, phone number(s) of the mother and/or the father	
	Ethnic origin of the parents if known	
	Civil status, number of years together, bond between the parents	
	Number of brothers/sisters and sibling position if appropriate	
***For the child's future,** these items give him/her essential information to lead research on his/her origins should s/he wish to do so later.*	Are the child's brothers and sisters: - remaining with the parents/family?	Yes ☐ No ☐
	- placed in the same facility?	Yes ☐ No ☐
	- placed in another centre?	Yes ☐ Name of the centre: No ☐
	- placed in a foster family?	Yes ☐ No ☐
	- other?	

TOOL 2: CHECK LIST of documents and information that must be collected when a RCI closes, and which must accompany the child during his transition to another children's home.

- ☐ Child's full name, date and place of birth ;
- ☐ Child's birth certificate ;
- ☐ Siblings' full names if the child is placed with siblings
- ☐ Full names of parents or extended family members;
- ☐ Place of origin, telephone number of parents and/or extended family members;
- ☐ Date and reason for placement, circumstances of the child's arrival at this children's home (who brought the child to the RCI, name and telephone number) ;
- ☐ Procès-verbal de constat d'abandon (in the case of abandoned children) and search documentation;
- ☐ Child placement form and placement order issued by the Judge, if applicable;
- ☐ Medical report including the child's medical history, medication taken or being taken, any traumas or incidents suffered.
- ☐ Basic information about the child: behavior, personality, needs, physical characteristics, daily habits, etc...

TOOL 3: EVALUATION OF LEGAL STATUS

This evaluation will help to define a permanency plan according to the individual situation of the child. Thanks to this information the child will know (once s/he will reach the age of majority) what has been done for him/her.

This element is the basis to help professionals to understand the situation of the child and undertake the necessary next steps.	Status of the child: ☐ Orphan ☐ Abandoned without known parentage ☐ Abandoned with known parentage (placed by his/her parents in view of adoption) ☐ Relinquished by his/her family of origin ☐ Left temporarily by his/her family of origin ☐ Withdrawal of parental authority by a judicial decision
For the RCI, *enables to have a written track on what has been done to find the birth family of the child.*	Details of the social inquiry (to fill in when it is undertaken): Conducted by: ..... Date of the beginning of the enquiry: ..... Length of the inquiry: ..... Stages and actions taken: ....
These elements help ***the professionals*** *to know if family reintegration is possible and to design the child's permanency plan.* ***For the child's future,*** *these elements will enable him/her to know the efforts made to reintegrate him/her in his family of origin.*	Was some form of social work undertaken in order to try and reintegrate the child into his/her family of origin or the extended family? Yes ☐ No ☐ If yes, what action was taken? ....

TOOL 4: REGULAR MONITORING OF ANTHROPOMETRIC DATA AND GENERAL OBSERVATIONS (*This regular recording is a simple and effective tool to screen eventual developmental delays of the child.*)

Data Date + Age	Length	Weight	Head circumfe-rence	Malnutrition (yes-no)	General observations on the child's development and/or important elements to note and monitor

VACCINATIONS

Vaccines		Date of injection	Date of booster	Date of recall	Date of recall	Date of recall
Tuberculosis	Yes ☐ No ☐					
Diphtheria	Yes ☐ No ☐					
Tetanus	Yes ☐ No ☐					
Mumps	Yes ☐ No ☐					
Whooping cough	Yes ☐ No ☐					
Rubella	Yes ☐ No ☐					
Poliomyelitis	Yes ☐ No ☐					
Hepatitis B	Yes ☐ No ☐					
Other immunisations (for ex. measles, etc.)	Yes ☐ No ☐					

MEDICAL CONDITION

For the RCI, *these elements enable to monitor the health status of the child during his/her stay.* ***For the child's future****, they are very important to know for his/her future life.*	Did any illnesses occur during the child's stay in the facility? Yes ☐ No ☐ If yes, provide details relating to the illness(es) and indicate the child's age when it/they appeared, and any complications: Disease.....date .....at .....months/years; complications..... Disease.....date .....at .....months/years; complications..... Disease.....date .....at .....months/years; complications..... Disease.....date .....at .....months/years; complications.....
For the child's future *and his/her (future) family, previous medical history is essential to know in order to ensure an adapted follow-up.*	Details of any hospitalisation of the child during his/her stay in the facility (date, circumstances, name of the hospital and treatment given) ....
For the RCI*, this information is essential to ensure an adapted caring, design a life plan and, if needed, find an adequate family for the child.*	Does screening of a disability/specific medical condition take place since the child is in care? Yes ☐ No ☐ If yes, provide details of which disability and indicate the age of the child when screening took place: ....
For the child's future and his/her family*, these elements enable to know the care s/he benefits from during the placement and to ensure the follow-up of this caring.*	What treatments/therapies are foreseen and how often should they take place? . ...
	Does a specialist follow the child? Yes ☐ No ☐ If yes, what kind of specialist: .....
This opinion helps design the most adapted permanency plan to the child's needs and helps prospective adopting parents to make a decision regarding the child.	Opinion of the specialist (or the doctor responsible) on the evolution of the child's illness/disability, the impact on his/her daily life and assessment of future potential to live in an independent fashion (attach the report): ....

Conclusion and medical report on the appropriate permanency plan envisaged or to be considered for the child (detail the prospects and risks, the implications for the family)

TOOL 5: PSYCHOSOCIAL EVALUATION

Emotional Background Of The Child And Potential Special Circumstances:

These elements enable to understand the links between the child and his/her birth family and to know if family reintegration is possible, secure and in his/her interest.	Nature and frequency of contacts with the birth family:..... ....
	Evaluation of social and emotional relationships between the child and each member of his/her family (father-mother, siblings, grand-parents): ....
This data is essential to determine the most adapted permanency plan to the child's needs.	Evaluation of the possibility for the child to form new family links if family reintegration is not possible: ....
If the child is old enough to be consulted, it is important to record what the child thinks about the project planned for him/her.	Report of consultations with the child: ....

TOOL 6: Practical tips for listening to children

By whom? One-on-one sessions between the child and a staff member should be organised (preferably by the child's social worker). For girls, a female staff member is preferable.

Where? In a comfortable, relaxed atmosphere

How can we help? Be open and non-judgmental towards the child and what he or she may reveal. It may be helpful to use drawing or mapping to facilitate this process. Try to determine, as far as possible, that the story being told is correct. This could be during the session, using open-ended questions and probes, or in later sessions or other activities.

Depending on the child's reaction, several individual sessions may be needed, alongside other counselling and support activities, before the child can talk about his or her family and evoke memories that may be relevant to family tracing.

Areas to discuss with the child should include:

- ☐ What he/she liked at home;
- ☐ The difficulties they encountered at home;
- ☐ Who took care of him;
- ☐ Who was important to him/her ;
- ☐ The work done by family members and the family's financial situation;
- ☐ Family members' state of health ;
- ☐ The family's physical location (last known to the child); and
- ☐ Names of parents, extended family or significant other, and any contact details.

Indicators for beginning reintegration process:

- ☐ The RCI staff has initiated discussion with the child about reintegration and the child has been given the opportunity to express his/her thoughts and feelings about the return to his/her family. Mediation here is key to help the child navigate through his/her feelings regarding their parents/ family and prepare the child and family to reunify (see step 5).
- ☐ The family is known and still has contact with the child
- ☐ In cases when the family is unknown, minimal information is available to locate the family of origin.
- ☐ In cases of extreme abuse (reported at this stage), the abusive family member no longer lives in the home. In cases where the child has been removed from parental custody by the *Brigade de Protection des Mineurs* due to abuse or violence, the child's extended family should be located and assessed.



STEP 2: FAMILY TRACING

Family tracing is the process of finding family members or primary legal or customary caregivers who can help re-establish, contact or reunite the separated child with his or her family in the child's best interests (see UN Guidelines on Alternative Care: paragraph 42, 43).

Basic principles for tracing a child's family in the Haitian context.

Efforts to trace the child's family to consider family reintegration must involve **every child entering the alternative care system,** even in situations where very little information about the family of origin is available.

At this stage, staff should bear in mind that the tracing process can be long and difficult, so the information gathered from the person(s) bringing the child to the children's home, and that shared by the child, if he or she has the capacity to do so, is crucial. **Each detail can lead to the family**!

Collaboration between state and civil society actors in the family's area and in the area of the RCI is essential, especially when the family is far from the RCI and/or travel is dangerous. This facilitates the exchange of information, reduces costs, relies on the local actors' knowledge of the context, limits travel and avoids duplication of effort, while respecting the child's dignity. (See below for practical recommendations to develop a network).

Involve and **cooperate with the families of children already reintegrated**, as they may have key information to pass on about how they came to be contacted by recruiters or promoters of Children's Homes and can thus provide leads for research.

Practical recommendations to create a Network of partner organisations in Haiti at national level:

→ Define a **local coordination body** in each of the 10 Haitian departments: IBESR Regional office, jointly with a focal point (NGO representative), create and manage a network of partners in child protection at department level. The role and responsibility of the IBESR regional office should be adapted given their resources and capacities. It's key to capitalise on existing networks such as the ones developed for foster care or working groups of child protection in some departments.

→ Each local coordination body identifies **a network of partners in its department** made of IBESR regional office and civil society actors: **NGOs willing to be included in the network,** having the operational capacity to deliver social work activities at a departmental level and having good connection with resource persons at community level to support family tracing efforts (i.e.: community and religious leaders, health centres staff and other people involved in traditional communication channels). This identification can be done through a mapping and quick assessment of partner organisations.

→ **Train involved stakeholders** in a harmonised, standard procedure for reintegrating children, such as the one presented here.

→ **Develop a clear and transparent cost procedure for logistical expenses** incurred when one organisation carries out family tracing work or family assessment for a child in the care of another organisation.

→ Reflect on the **possibility of using a well-organised electronic filing system** in Haiti to share documents between professionals (database type). Without such a system, copies of documents can still be shared electronically (scanned copies of physical documents emailed between parties).

→ **Organise regular case management meetings within the network** at the departmental level to monitor progress of tracing activities and family assessment. At the national level, regular meetings between local coordination bodies and IBESR central office are key to reassess their organisational capacities in light of changes in the security context, for example

.

Procedure for tracing family members through a network of actors in cases where children and families are not located in the same department.

Networking can also be useful for tracing activities within the same department, particularly when security conditions make it impossible to travel between certain areas or communes within the department.

Actors involved:

Area of the RCI where the child lives:

- Social workers in contact with the child (RCI staff or organisation that has the child in custody), preferably 1 reference social worker in charge of case management and coordinating activities

Presumed area of the family:

- Local coordination body
- Social workers in contact with the family (regional IBESR and/or staff from local NGOs identified by the local coordination)
- Community networks

Procedure (to be updated regularly):

The child's social worker collects data on his/her family of origin and forwards the necessary information to the local coordination body of the presumed area of the family to assist with family tracing (the local coordination body of the area of the RCI can also be informed and copied on the request).

↓

The local coordination body of the presumed area of the family activates its local network and forwards the search request to the partner NGO geographically closest to the area of the family.

↓

The local partner NGO initiates tracing activities using its community network. The child's social worker and the local partner identified and willing to trace the family are connected and provide regular updates on the search.

↓

Once the local search has been completed (successfully or unsuccessfully), the partner NGO informs the local coordination body and passes on the information gathered directly to the child's social worker. The information is then recorded in the child's file.

Managing costs within the network

It is essential to **define a clear, fair and transparent policy for managing the costs associated with** family **tracing**, and thus avoid any risk of disengagement from local partners or corruption.

A **roadmap** needs to be drawn up between the actors, describing financial management and answering the following questions: who covers the costs, who coordinates the budget, who transfers the budget to local partners to cover research costs, how budgets are transferred, how costs are calculated on a lump-sum or actual basis, what proof of expenditure needs to be provided, etc.

Recommendation : The local coordination body could serve as a point of coordination, facilitating connection between organisations needing family tracing services and organisations providing family tracing services. The organisations involved (the requesting partner and the service provider) work out the budget and payment for services between themselves. Preferably a draft budget is prepared by the service provider who receives the budget from the requesting partner before the tracing starts. The service provider justify the expenditure, exceeding the cost of the research being based on actual expenses, with an upper limit.

IBESR should seek to include in their funding strategies support for organisations in tracing/assessments activities.

Techniques to facilitate family tracing

To facilitate the search, local partners, as well as the regional IBESR can:

→ Contact community leaders, particularly in rural communities, who have been trained in various regions on protection aspects.

→ Activate community volunteer committees in the department (e.g. committees in the South department, very effective relays for family tracing).

→ Display lists of children/for whom families are being sought in public concentrations in presumed places of origin.

→ Visit popular markets to quickly circulate information about wanted families, and also to locate and meet people from the areas where these families are presumed to live.

→ Use community radio. The results are effective, but care must be taken to protect the child and respect confidential information.

→ Place advertisements in local newspapers, describing the child's characteristics, the place where the child has been dropped off/abandoned, the child's clothes, etc. Radio and newspaper advertisements should be repeated regularly.

Identify and respond to the risks and challenges associated with family tracing

Children without adequate documentation:

Some children may not have a birth certificate or other documents, or documents may have been lost in emergency situations (during natural disasters such as earthquakes and floods in Haiti in recent years).

Other children may have falsified documents: children's files may not contain adequate or accurate information about the child's identity or the identity and whereabouts of his or her family. It is possible to encounter cases where children's names and identities have been intentionally altered by child recruiters, promoters of Maisons d'enfants for reasons such as child trafficking and exploitation. When admission is irregular and documents are lacking or unreliable, family tracing efforts become more complex.

The risk of alerting child recruiters who might seek to disrupt the process or recover the children and exploit them further.

Searches can lead to the wrong family claiming to be the child's parents of origin, thinking they can benefit from the family support provided once the child has been reintegrated.

Traced families of origin may be waiting for financial compensation or have high expectations before agreeing to the child's return home.

Establish a reasonable timeframe for family tracing

Tracing a child's family **can be a long and arduous process**, **requiring significant effort**. A reasonable timeframe, adapted to the difficulties of the Haitian context, must be set before the social workers entrusted with the research consider it fruitless.

It's a question of striking the **right balance between stopping the search in good time and ensuring that effective tracing efforts have been undertaken**. More than a time limit, it is a question of the means used to effectively trace the child's family (accessible and available means, frequency of actions undertaken, etc.).

It is imperative that the various partners keep **each other informed of** the progress of their work on a regular basis.

It is important to keep **the child informed** of the progress of the research and the next steps, and to record them in the child's file.

Verify and confirm identity of child and family

If you think you've traced the family, it's crucial to **verify that it is indeed the child's family**. This can be a time-consuming process, requiring resources and networking, as well as the skill, insight and knowledge of an experienced child protection worker.

To ensure that information is **cross-checked and triangulated** before reunification takes place, here are a few techniques that can be used by the social worker:

- → Show the presumed family a photo with two different children, their child and another child, or a photo of their child among a group of children.
- → Ask parents specific questions about their children (age of child, child's physical characteristics, circumstances of separation, etc.).
- → Cross-check information from records, documents and testimonials from neighbors and community leaders and members who know the family history.
- → It's important that the child actively participates in the process, as some children remember their families and are therefore able to identify them.
- → If the child has no recollection of his family, it's vital to gather information and documents from a variety of sources, in order to cross-check and compare information.
- → Consider DNA testing in cases of doubt, for example when the child's identity is uncertain (non-existent or falsified birth document), when there are inconsistencies in the family's discourse, or when the child displays bizarre behavior towards his or her presumed family?

Once the family has been identified, the search ends and the next step is to assess the possibility of reintegration with the family (see next step N°3).



STEP 3: ASSESSING THE FAMILY AND SURROUNDING COMMUNITY

Talking to families and raising awareness about family reintegration

Once the family has been identified and located, **an initial dialogue** must be initiated with the family to discuss the child's need to live in a family environment, the reasons for the separation and the possibilities for reintegration.

Communication with families is a lengthy process, sometimes requiring several visits before families can make their own decision to take the child back, despite their economic challenges.

Social workers need to reassure families about their role as parents, and describe the support that will be available to them.

Code of conduct for dialogue with families

→ Meet parents without prejudice, respecting and accepting parents as the most important people in a child's life.

→ Create a climate of trust by focusing on the family's current concerns.

→ Create a climate of discussion and be prepared to talk openly about the issues at hand, avoiding interrogation.

→ Try to assess the reasons and circumstances that led to the separation, and try to understand the parents' logic in how they see their own and their child's difficulties.

→ To encourage families to reintegrate the child, a few key points should be discussed with them:

- Make parents aware of the child's need to return to the family (health, education, emotional development, identity, orientation and stability)

- Raise parents' awareness of the negative impact of separation on children, and of the emotional ties between children and their families.

→ Be attentive to parents' concerns (medical, educational, living conditions, nutrition, financial situation).

→ Establish the reasons and family situations that lead to vulnerability.

If the social worker is unable to visit the home because the security situation is deemed too dangerous, discussions should take place over the phone.

When the family seems open to dialogue and to the prospect of reintegrating their child, a social assessment is then carried out, as described below.

Assessing the family: Basic principles

The aim of family assessment is to highlight the reasons for the child's separation from his or her family and the circumstances that led to it. In particular, the assessment should ensure that the problems which led to the child's placement in the first place have been, or can be, adequately addressed and resolved.

It is important to understand the family's current situation:

-the family's strengths and potential to meet the child's short- and long-term needs.

-the needs of family members to better plan the support required throughout the reintegration process.

The comprehensive family assessment will also determine the parents'/guardians' ability to ensure that the child's developmental needs are appropriately and adequately addressed and adapted to meet the child's needs over time.

The family assessment helps us to understand the parents' logic and to identify how they understand the difficulties involved in caring for their child:

Family members' perceptions of the reasons for separation and other issues and problems

Their motivation to return the child to the home.

The assessment should also take into account the wider community supports available to the family.

The assessment enables us to evaluate the support needed for the child and the family with a view to possible reintegration into the family, and will enable us to draw up an individual care plan and put in place the necessary follow-up and support.

Who conducts the assessment? The social worker(s) who traced the family should also take charge of the family assessment.

Here too, networking is preferable, as a family will be able to share more easily if it is in contact with a social worker from its own community, who is also familiar with the specifics and realities of the local context in which the family lives. The procedure for networking remains the same as for tracing.

Where should it take place? The assessment should take place in the family's main residence and in the community (e.g., church, school) - a place where the family feels comfortable and can talk with some privacy.

How do we do it? The evaluation must follow a detailed grid. A model evaluation grid adapted to the Haitian context is available below.



If the social worker is unable to visit the home because the security situation is deemed too dangerous, the assessment should be carried out remotely via phone interviews.

Practical tool: Family Assessment Grid

Instructions: The family assessment is based on the basic information gathered during the child's assessment, supplemented as contacts are made with the family. If necessary, the assessment can be completed at the same time as the child's assessment. The assessment should include information on the family's biographical data, strengths, needs and acceptance of reintegration. The social worker is expected to engage with the family in a participatory, conversational and non-judgmental manner. The form should be kept in the child's file. The results of this tool will be used to draw up an individual care plan or to refine an existing individual plan.

1. FAMILY BIOGRAPHICAL INFORMATION

Child's name:_____	Child's file number : _____	Evaluation date: _____

Number of people in household: _____

Name	Relationship to child	Age	Living/ deceased	Gender : Male/ Female	Current address and telephone number :	Education level	Profession	Has the child ever lived with this person?

Are the parents *(check all that apply)*: Married ☐ Living together but not married ☐

Separated ☐ Divorced ☐ Remarried ☐

If it's the family of origin, what is the family's view of the reason for the separation?

_____

_____

_____

_____

What does the family/household think about a possible reunification/placement with the child?

_____

_____

_____

_____

2. FAMILY STRENGTHS AND NEEDS

(This information will help determine the family's current situation in context, and the family's willingness and ability to care for the child.)

A. Protection, safety and access to basic services

Concerning the family situation:

Describe the condition of the dwelling (i.e. level of safety, interior, exterior and surroundings, roof/walls/flooring including materials used, ventilation, size of house, number of rooms, cleanliness) :

_____

Are there any signs of violence (including severe physical punishment), abuse or neglect in the home?

Yes ☐ No ☐

Please describe : _____

_____

Are there any signs/reports of drug/alcohol abuse in the family?

Yes ☐ No ☐

Concerning the current security situation in the locality:

☐ Daily acts of violence and insecurity: Very high risk

☐ Frequent Acts of violence and insecurity : High risk

☐ Average Acts of violence and insecurity: Medium risk

☐ Low Acts of violence and insecurity: Low risk

Has one or more family members been assaulted in the last 3 months?

Yes ☐ No ☐

If yes, please specify the nature?

_____

Has one or more family members witnessed violence in the community in the past 3 months?

Yes ☐ No ☐

If yes, please specify the type: _____

Are actions being taken in the community to support victims and protect residents?

_____

Are there functional community services *(Check all that apply)* :

☐ Health services ☐ Schools ☐ Places of worship ☐ Markets ☐ Other

Are these community services currently accessible and secure? Yes ☐ No ☐

Is there an IBESR regional office within a reasonable distance? Yes ☐ No ☐

B. Nutrition, Hygiene and Health

Food and nutrition

Daily number of meals consumed by the family: ____

Food groups commonly consumed by the family:

☐ Grains, roots, tubers (rice, wheat, potatoes, taro, cassava)
☐ Dairy (e.g., milk, yogurt)
☐ Legumes & nuts (e.g., beans, peas, peanuts)
☐ Eggs
☐ Flesh foods (e.g., meat, chicken, fish, pork)
☐ Vitamin A-rich fruits & vegetables (e.g., mango, papaya, sweet potato, pumpkin, carrots)
☐ Other fruits & vegetables (e.g., orange, banana, pineapple, melon)

Food source: _____ Reliability of source: _____

Does the family think they will be able to provide for the child's food needs once they return?

_____

Main concerns and needs expressed by the family regarding access to staple foods :

_____

Hygiene and sanitation

Describe latrines (shared, distance from house, pit/flush/none) :

_____

Describe access to drinking water and its source:

_____

Describe hygiene habits (including hand washing) :

_____

Describe the availability of sanitary items :

_____

Basic health

Does the family have access to health services? Yes ☐ No ☐

Does the security situation in the family's commune hinder access to health services?

Yes ☐ No ☐

If yes, please explain: _____

Are there any religious/cultural practices that hinder/potentially hinder the child's access to health services?

Yes ☐ No ☐

If yes, please explain: _____

Does the family have medical insurance? Yes ☐ No ☐

Does the family live in an area where malaria is common? Yes ☐ No ☐

If yes, does the family have access to mosquito nets? Yes ☐ No ☐

Does a family member suffer from a chronic illness (e.g. diabetes, hypertension) or some form of disability?

Yes ☐ No ☐

If yes, who and what disease or disability is involved? _____

_____

Does any family member suffer from mental health problems?

Yes ☐
No ☐ *(Tip: use indirect methodologies; observe and interview neighbors and children, etc.).*

Please describe : _____

Is there a family member suffering from physical or psychological trauma related to violence in the community? Yes ☐ No ☐

If so, who provides psychosocial support?

_____

In the case of a disabled child, what additional help does the household need to care for the reintegrated child?

☐ Special education ☐ Sign language ☐ Braille

☐ Assistive device ☐ Support group ☐ Rehabilitation services

☐ Accessibility in the home ☐ Accessible transport ☐ Other *(specify)* :

_____

C. Education

Are the schools in the area up and running? If so, are there any concerns about the safety of children attending school?

Yes ☐ No ☐

Please describe : _____

_____

Are children in the household currently attending school? Yes ☐ No ☐

If yes, is their class appropriate for their age and evolving capacities, including for children with disabilities ?

If not, do they have learning opportunities at home? Yes ☐ No ☐

Distance to school (Walk: ____ minutes/____ hours OR Drive: ____ minutes/____ hours)

The school is: Public ☐ Private ☐ Informal ☐

Is the school nurturing and able to meet the child's unique needs? Yes ☐ No ☐

If no, describe the child's unmet needs : _____

D. Economic stability

Who in the household is involved in an economic activity? _____

Type of employment: Informal ☐ Formal ☐

Estimated monthly income : _____

Is there any financial/material support provided by a person living outside the household?

Yes ☐ No ☐

If yes, by whom : _____

Assets owned by the family *(list what you can observe, including the land)* :

_____

E. Relationship and attachment

Are there any signs of tension and/or conflict within the family? Yes ☐ No ☐

Please describe : _____

Has the family recently experienced a significant event? Yes ☐ No ☐

Please describe both positive and negative events: _____

_____

Describe the relationships between the adults in the household *(Tip: involve support persons)*:

_____

Describe the frequency and nature of contact between the family and the child in care?

_____

How do the children in the household currently live with their caregivers? Please describe their relationship:
Do the children confide in the parents if they encounter difficulties? Yes ☐ No ☐

Describe how the parent(s) communicate with the children: _____

_____

Does the parent encourage the child in a positive way? Describe: _____

_____

How does the parent react to a child's misbehavior (including the type of discipline)?

_____

Are the children free to move around the adults in the home? *(Observation)* Yes ☐ No ☐

Do one or more children in the household seem to be victims of domesticity or clearly identified as such by adults (*restavek children*) Yes ☐ No ☐

Are children involved in decisions concerning them? Yes ☐ No ☐

F. Psychosocial well-being and community involvement

Does the family feel connected to the community's culture? Yes ☐ No ☐

Does the family participate in community activities Yes ☐ No ☐

Please provide examples: _____

_____

Does the family have relatives and/or friends living nearby? Yes ☐ No ☐

Please describe the family's relationship with their extended family: _____

_____

Please describe the family's relationship with their neighbors and friends: _____

_____

How can the network of friends support the child to be reintegrated?

_____

Please describe the level of parental and community acceptance of the child placed in the

Children's Home:_____

Do local leaders know the family? Yes ☐ No ☐

3. FAMILY PERSPECTIVE ON PLACEMENT/REINTEGRATION

Does the family wish to be reunited with the child? Yes ☐ No ☐ Unsure ☐

Recommendations:

What other information does the family need?

What resources does the family have to help reintegrate their child (*strengths, assets, positive points)?*

What support does the family need? *(the information gathered should be used to develop the individual care plan)*

Could the security situation in the family's commune be an obstacle to the child's reintegration? If so, what possibilities could be put in place *(e.g. temporary relocation of the family to friends or extended family living in a safer area)?*

Other(s) :

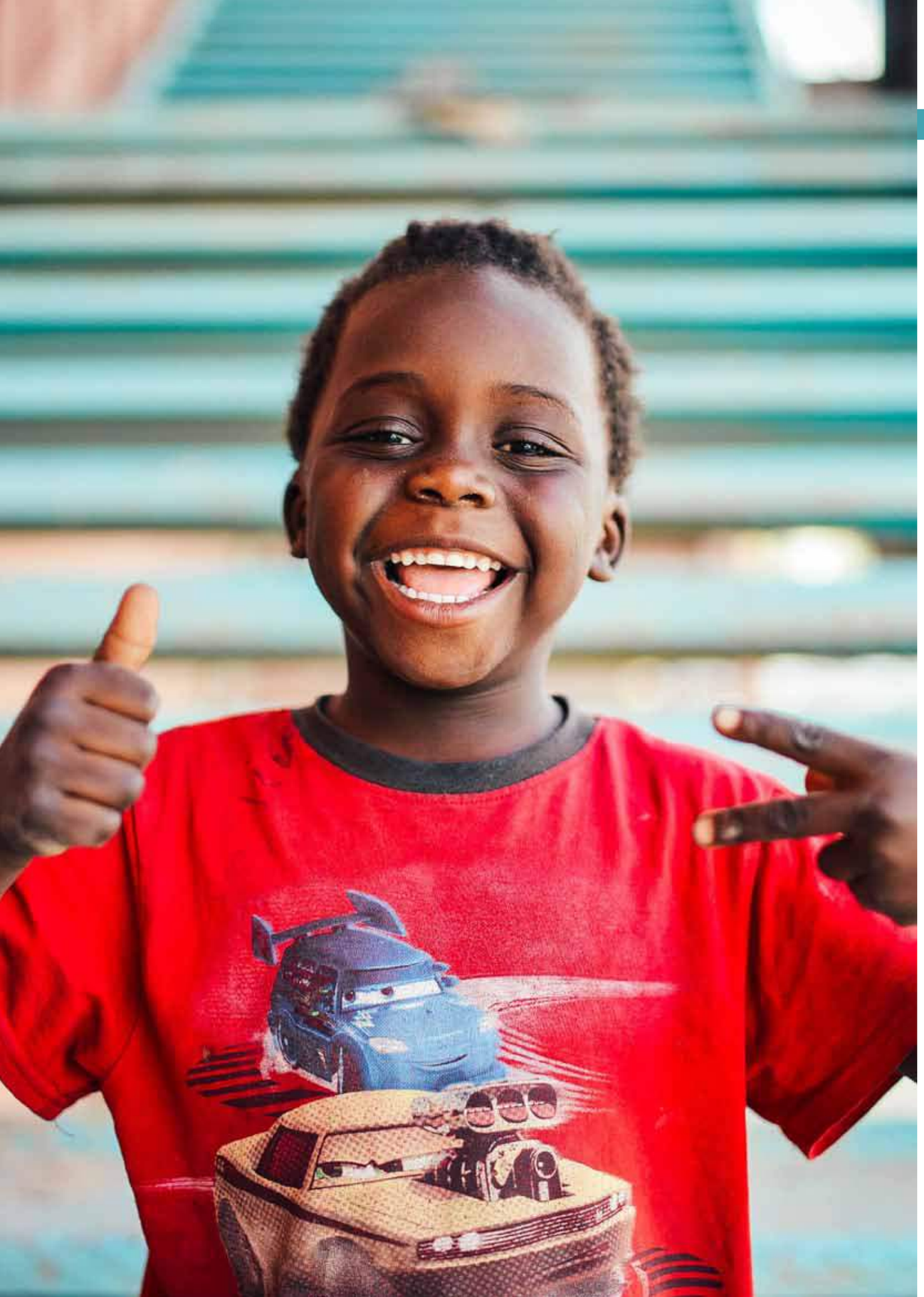
4. RECOMMENDATIONS FOR REUNIFICATION
(To be determined via supervision or case conference)

(Circle the answer below that applies)

High	The family expresses a strong desire for reunification, visits the child regularly; has no known history of child abuse, domestic violence or substance abuse. Poverty may be an issue, but there is good potential to improve their economic situation. The family is able and willing to access the services necessary for the child's education.
Medium	The family expresses a moderate desire for reunification, occasionally visits the child; there may be some concerns about the existence of domestic violence, mental health issues or substance abuse, but the family is amenable to treatment, and able and willing to access necessary services.
Low	The family's motivation to reunite is difficult to decipher or low. The family has rarely visited the child; there may be significant problems of violence, neglect or abuse within the home. The family appears to have little motivation to address its vulnerabilities.

Name of social worker: _____ Signature: _____ Date: _____

Name of person responsible: _____ Signature: _____ Date : _____



STEP 4: REINTEGRATION DECISION

Once the child and family have been assessed, a decision needs to be made on the basis of the information gathered and cross-referenced during the assessments, to determine whether reintegration is feasible and in the child's best interests. If the conditions are met, it is also important to ensure that the family is firmly committed to taking their child back into their home.

Deciding whether to return a child to his or her family: Basic principles

This decision must be made on the basis of objective criteria, cross-referencing assessments of the child and his or her family, and must be made by a panel of professionals, preferably a multidisciplinary team including the social workers involved in the assessments, during a supervision or case conference.

If reintegration is in the child's best interests, the family's commitment must be ensured through discussions with social workers and the family. It is important to reach a firm and informed decision with the family of origin. It is also possible to add a letter in which the family declares its acceptance of the child's return and its understanding of the dramatic effects of institutionalisation, even if this document has no legal value.

Finally, once all the elements are in favor of the child's return to the family, an official decision from the RCI to proceed with the child's reintegration must be drawn up with a form.

Criteria for determining that family reintegration is in the child's best interests - Practical tool

Focus on the security context: How do you proceed when the family is located in an insecure area?

In the best interests of the child, physical reintegration should take place when the child's parents are located in a safe and accessible area, so that the child can be safely reintegrated, and social workers can move around and work safely. If this is not the case, and until the situation has stabilized, the following actions should be taken:

- Establish or re-establish links and contact between the child and his or her family. The family can participate in the child's life until the physical reunification can take place more securely (regular telephone contact, for example).
- Help in relocating the family temporarily to a safer area.
- Explore temporary family care options: assess the possibilities for care by the child's extended family, if located in a secure area or in foster care, until the family of origin can take charge of the child.

If reintegration is not in the child's best interests, alternatives to reintegration must be considered. If the child is not adoptable, the possibility of reintegration must be reassessed at a later date.

Family reintegration decision support grid			
Main information collected	**Risk assessment**		
Child's name			
Date of birth			
Name and address of children's home			
Family name and address			
Child and family assessment dates			
	Yes Ok to continue	Only with additional and necessary actions (describe)	No Ascertained risk: Do not proceed
The child has expressed the wish to return to his family of origin			
The family of origin has been traced and assessed: they want the child back and have demonstrated their motivation.			
The family of origin lives in a relatively stable, secure, and accessible geographical area.			
The child was not in danger of neglect prior to the separation and was not removed from the parents' custody for endangerment.			
In the event of abuse, if one of the 2 parents is incriminated, the abusive parent is separated and no longer lives in the other parent's home.			
The family is not affiliated with any criminal activity or gang.			
There is no evidence of severe trauma due to domestic violence, exploitation, neglect or abuse of other children in the household at present.			
The causes of family separation have been clearly identified and are or can be resolved with support.			
The family of origin can provide for the child's needs (independently or through a family reinforcement program).			
The child remembers positive relations with the family of origin			
Decision to reunify the child			



STEP 5: PREPARING THE CHILD AND HIS FAMILY AND PREPARING THE INDIVIDUAL CARE PLAN

Preparing the child and family: basic principles

Once the decision to reintegrate has been made, and before implementing physical reunification, the child and family need to be prepared and accompanied by social workers:

Re-establishing family ties and mutual trust. This process can take time and requires specific psychosocial support, as some children have never known their parents or have not seen them for several months or even years, and feelings of resentment can build up over time.

If the family can come to the center: organize regular visits (initially supervised, then independent).

If travel is not an option, *make an appointment by telephone (video calls preferred)*.

Perhaps the family will need a telephone or a call/internet package.

Help the child understand what's going to happen and the decisions made about him or her.

Help the child and his family to express their emotions, expectations, fears and doubts, and give their opinion on what is needed for the reunification to go smoothly.

Sometimes a child expresses that they don't want to return to their family because they are angry at a parent for something or afraid because they ran away; or the child might express a desire to stay in the orphanage so that they can go to school or have access to more regular meals. Mediation is an important tool to help the child navigate through his/her feelings regarding their parents/family and to prepare the child and their family for reintegration.

Foster a positive image of reintegration, imagining the changes in their daily lives (e.g. routines, culture).

Here are a few examples of activities to introduce the subject of reunification with children (choose those appropriate for their age and characteristics):

- Use everyday scenes to talk about the future (e.g., "Soon, your mom or dad will be putting you to bed").
- Tackle topics in a fun way (singing, dancing, role-playing).
- Describe the family and its environment in a positive way, using photos or drawings.
- Facilitate exchanges with the family: encourage visits if possible, send photos, phone calls or videos.
- Note the date of return on the calendar and track the passage of time together.
- Build a treasure box for the whole family to take home.
- If the family is located very close to the RCI and the area is safe: plan together the routes that he will follow with his family (e.g. school-home).

Activities to set up before the child returns to the family

Material support provided to the family can reinforce their capacity to meet the needs of their child and contribute to a successful reintegration. The degree of material support provided (including things like home supplies, food supplements, educational support, and income-generating activities) will vary between organizations and between cases, based on the financial capacity of the organization and the specific needs of each family.

Child	☐ The social worker and RCI staff prepare the child for reunification and re-establish ties. ☐ The social worker and RCI staff prepare a basic kit: hygiene and clothing items. ☐ The RCI staff assess the child's growth (weight and height) and determine if the child needs an adapted diet plan (e.g., increased need for calories & protein if underweight; food supplements; treatment for severe malnutrition) ☐ The RCI conducts anemia screening if possible and determines if the child needs iron supplements and referral to a doctor. ☐ If needed, the RCI conducts physical or medical examinations tailored to the child to determine if any health intervention is needed in his/her family setting. ☐ The family and the social worker identify specialised equipment needed for children with disabilities: e.g. wheelchair, compensatory shoes, hearing aid and ☐ The family (with the social worker's support if needed) identifies a school in a secure, accessible area. ☐ The family (with the social worker's support if needed) enrols the child in school/vocational training. ☐ The social worker promotes the integration of children with special needs through a telephone call to teachers. ☐ The family (with the social worker's support if needed) purchases school supplies or vocational training materials.
Family	☐ Social workers prepare the family for reunification and re-establish ties. ☐ Social workers help with basic home equipment: e.g. waterproof roof, mattresses, sheets, mosquito net. ☐ Social workers help with special fittings for disabled children: e.g. access ramp if stairs and referrals to local services ☐ Social workers support with procuring nutrition supplements (e.g., iron supplements; food supplements), as needed ☐ The Family and the social worker discuss together the family's needs and wishes for training or other activities to strengthen parenting skills including any training needed for families of children with disabilities e.g. feeding techniques, communication, use of specialised equipment ☐ The family and the social worker discuss together the family's needs and wishes to set up an income-generating activity (IGA).
The Family and the social worker discuss together when and how to reunite (see step 6).	

It is important to empower the families to take responsibility for the care of their children; decisions should be made and tasks should be performed WITH them rather than FOR them.

Involve the community: some supplies and materials could perhaps be collected within the surrounding community through a charitable network (local associations, individuals). The NGO in charge of the child's follow-up can facilitate the community network.

Drawing up an individual care plan

The plan allows service providers to:

- Provide holistic care, taking into account the child's specific needs.
- Ensure that reintegration is successful and sustainable.

The plan must:

- Cover all the important areas of well-being and the indicators for assessing them.
- Involve parents and children in drawing up the plan and be recognized by a signature or similar sign.
- Set specific, measurable, time-bound objectives that can be used as a tool for monitoring progress, even before the file is closed.
- Identify resources the family can call on, such as community services or support.
- Contain a contingency plan/information on who children and family members should contact if the plan fails and relationships break down or the security situation deteriorates.

A template individual plan is shown below.

Child's name : _____

Date of birth: ____/____/____

Address: _____

			Identified needs	Objectives	Main activities to be implemented	Deadlines	Person responsible for implementation	Progress monitoring notes *(to be completed during follow-up visits)*
Child	Health care (chronic illness, disability, allergies...)	Medicine						
		Medical consultations						
		Specialized therapies						
	Nutrition and feeding	Adapted diet plan (e.g., increased protein/calories; increase iron-rich foods)						
		Nutrition supplements (e.g., iron supplments, multivitamin, food supplement)						
		Specific feeding recommendations (specialized feeding technique, positioning)						
	Psychosocial support for children	Follow-up plan (see step 7)						
		Individual support						
	Personal development	School (specify school and level)						
		Professional training (specify field and supervisor)						
		Access to recreational and sports activities in the community						
Family	Strengthening parenting skills	Specify skills						
	Training in IGAs or other topics	Specify topics						
	Setting up an IGA	Specify type of IGA						

Referral professional to contact in case of emergency:

Name: _____

Phone: _____

Practical advice for drawing up the individual care plan : ON THE CHILD'S SIDE :

Healthcare: chronic illness, disability, allergy

- ☐ Does the child take any medication, and how often?
- ☐ Does the child receive ongoing medical treatment or periodic medical appointments? If yes, prepare a care plan for the family (e.g. medication, quantity, schedule, means); find professionals in their area, note their contacts, prepare an appointment diary for the family.

Nutrition & feeding

- ☐ Does the child have any health condition that may impact their nutrition and feeding or may place them at risk for malnutrition (e.g., anemia, sickle cell anemia, gastrointestinal disease, cerebral palsy, food allergies)? If so, include in the care plan strategies to prevent malnutrition and address nutrition and feeding concerns and a referral to a health clinic.
- ☐ Is the child underweight and do they need their diet to be adapted? If yes, prepare a nutrition care plan that includes recommendations for increasing dietary protein and calories, nutrient density, and diet diversity.
- ☐ Does the child have any difficulty with feeding (e.g., chewing, swallowing, difficulty sitting upright)? If so, include in the care plan a referral to health or rehabilitation services and recommendations for addressing feeding difficulties.
- ☐ Does the child need a nutrition supplement? This can include iron supplements, a multivitamin, or a food supplement. If so, include the recommendation in the care plan.

Psychosocial support

- ☐ Draw up a follow-up plan right away, specifying possible arrangements with the family depending on the security situation (follow-up at home or by telephone if security is not assured).
- ☐ Does the child need individual psychosocial support for past or recent traumas? If so, counselling with the child's social worker can be done, or therapy with a psychologist or specialist can be arranged if necessary and possible..

Personal development project: school/vocational training/other project

School

- ☐ Do a skills assessment, including skills "outside formal education".
- ☐ Discuss the child's integration into school with the child's parents.

Professional training

- ☐ Do a skills assessment, including skills "outside formal education".
- ☐ Talk to the young person about his or her ideas and keep parents informed.
- ☐ If possible, involve state and non-state actors and the local community in identifying training opportunities.
- ☐ Draw up a training contract with the trainer and the young person.

Other projects

- ☐ Identify sports or recreational activities in the community that are safe for the child (e.g. local associations).

ON THE FAMILY SIDE:

Strengthening parenting skills

In case of disability :

- ☐ Teach the family about daily care (dressing, bathing, eating).
- ☐ Improve child-family communication, especially in cases such as deafness.

Basic and specific home furnishings

- ☐ Is the house lacking something to welcome the child appropriately?
- ☐ Is the family able to meet the child's needs independently?
- ☐ If the child is disabled or has other special needs, he or she may also need specific items (e.g. to make the house accessible).

Income generating activities

It's important to focus on empowering parents so as not to create dependency on NGOs. Income-generating activities (IGAs) can work very well in Haiti. Examples of IGAs: market gardening, small businesses, vendor activities.

It should be noted that specific 6-week training courses for groups of parents on IGA management, personal health, self-esteem and business principles have proved highly relevant in the past, prior to setting up IGAs with families.



STEP 6: THE CHILD'S PHYSICAL REUNIFICATION IN THE HAITIAN CONTEXT

Before physical reunification, it is important to answer these questions:

1. Have all preliminary activities been completed before the chosen date?

YES → Reunification can be carried out.

NO → Move the date (in consultation with the family).

2. Are the security conditions in the family's area currently favourable for assuring the safety of the child and his family? Can a social worker travel safely to the family's place of origin?

YES → Reunification can be carried out.

NO → Move the date (in consultation with the family).

Organizing travel :

Establish the terms of the reunification :

WHO: The child's social worker and/or social worker in the family's area with an IBESR agent from the area of the family or from the area of the RCI.

WHEN: date chosen in advance with the family.

HOW: organize the necessary transport to ensure optimum safety for the child and accompanying adult.

Remind parents of the reunification date, so they're ready to welcome the child.

Inform the child and family that delays are always possible, to avoid frustration.

In case of insecurity, network with partner NGOs, police, and other actors. In-country flights may be the only option to repatriate children located in places that require travel through dangerous or inaccessible areas. Discuss transportation and meeting arrangements with the family and child.

Transfer or revert the legal guardianship and responsibility for the child to the parents

The family will have confirmed beforehand that it is ready for reunification.

The change of residence must be clearly documented in writing, in accordance with the legal standards of the IBESR.

The parents and the social worker must sign a transfer of responsibility document.

Transfer the case/file to a partner organization

It is very important to rely on **networking** (see step 2).

For example, transfer the case to another agency if the family is far from the children's home to ensure proper follow-up.

Obtain prior agreement from the family and the child.

Thoroughly document the transfer of the case, ensuring that the new agency receives the complete file and all information on the child.

If possible, the child's social worker should be present when the child meets the new social worker.

Physical reunification

Allow children to greet people and places that are important to them.

If possible, celebrate the departure from the RCI in a positive way, or organize a small party on arrival.

Be prepared to support the child and family in more intense emotional moments.

Schedule the first follow-up visit with the family and discuss the follow-up and support schedule (*by telephone* if travel is not possible). Leave a note with the date and time of the appointment and the contact details of social workers to call if necessary.

Right after reunification

Document the reunification process.

Send final report to the IBESR office involved in the process

Set up a follow-up schedule.



STEP 7: FOLLOW-UP/POST REINTEGRATION SUPPORT FOR CHILDREN AND FAMILY

Basic Principles and Recommendations

Reintegration is not limited to the physical return of the child to his or her family: there needs to be a period of accompaniment, during which the **individual plan** (step 5) is **monitored**, the success and sustainability of the reintegration process assessed and, if necessary, other support measures introduced.

Organize **regular appointments and set up a reasonable timeframe for follow-up and post reintegration support on a case-by-case basis**:. Follow-up visits should be more frequent in the months following the physical reunification and less frequent as time goes on.

However, regarding the timeframe for post reintegration support, it's important to find a good balance between adequate support and family empowerment, as prolonging post-reintegration support may prohibit parents from fully taking responsibility for their children and seeking their own resources. This might encourage a reliance on the organisation and a sense of entitlement (both from the parents and the child) that can be detrimental for the family dynamics. This is especially true when material support is involved as opposed to merely psychosocial support.

Follow-up should be conducted through home visits or by phone if travel in the region is not possible.

Involve IBESR and coordinate follow-up visits when possible (e.g. make visits together, or alternate).

Use a follow-up form to guide observations and questions. A sample form is shown below.

Discuss whether the plan's objectives have been achieved and what the needs are.

See and speak **directly with the child**, and ensure his or her participation in discussions.

Also contact **other important people** in the child's life: e.g. extended family, neighbors, community members, friends, doctors, teachers, master trainers, etc.

At the end of each visit, schedule the next appointment.

FOLLOW-UP FORM	
Date	__/__/____
Child	Full name: ..... Date of birth : __/__/____ Sex: M ☐ F ☐ Disability or other special needs: ..... Date of return to family: __/__/____
Social Worker	Full name: ..... Organization: ..... Tel. and e-mail: .....
How To Visit	Family visit: Yes ☐ No ☐ If the family visit did not take place, please specify the reasons and duration of the telephone interview: .....

PROGRESS OF THE INDIVIDUAL CARE PLAN									
			Identified needs	Objectives	Main activities to be implemented	Deadlines	Person responsible for implementation	Progress monitoring notes (to be completed during follow-up visits)	Progress (Good/Average/ Bad)
Child	Health care (chronic illness, disability, allergies…)	Medicines							
		Medical consultations							
		Specialized therapies							
	Nutrition and feeding								
	Psychosocial support for children	Follow-up plan (see step 8)							
		Individual support							
	Personal development project	School project (specify school and level)							
		Professional training project (specify field and supervisor)							
		Access to recreational and sports activities in the community							
Family	Strengthening parenting skills	Specify skills							
	Training in IGAs or other topics	Specify topics							
	Setting up an IGA	Specify type of IGA							

CHILD WELL-BEING (observation and interview with parents)

Child's emotional state
What feelings does the child express (e.g. through the face or voice)? Observation

- ☐ The child smiles/laughs a lot
- ☐ The child is sad
- ☐ The child is shy
- ☐ The child cries often

Other (specify): .....

How does the child react to your arrival or call? Observation

- ☐ The child clings to you.
- ☐ The child is very evasive and avoids you.
- ☐ The child is very agitated
- ☐ The child comes and goes normally
- ☐ The child speaks readily
- ☐ The child doesn't talk much, they wait for your questions

Other (specify): .....

How does he/she behave during daily activities? Interview with parents

- ☐ The child plays and talks with the family
- ☐ The child avoids contact
- ☐ The child participates in the family meals
- ☐ The child eats alone in a corner
- ☐ The child listens to the parents' instructions
- ☐ The child has tantrums

Other (specify): .....

Child's state of health
What is the child's physical condition? Observation

- ☐ The child is clean
- ☐ The child is dirty
- ☐ The child appears to be thin or malnourished
- ☐ The child has no wounds on his body.
- ☐ Sores on the child's body
- ☐ The child wears clean clothes
- ☐ The child wears dirty clothes

Other (specify): .....

Has the child fallen ill since the last follow-up visit? Yes ☐ No ☐

If yes :

What did he/she suffer from? .....

What kind of care was given to the child?

Self-medication (Advise against and draw the family's attention to the dangers of self-medication)

Traditional medicine

Home medical care provided by a health care worker

Medical care provided by a health worker in a health facility

ENVIRONMENT AND INTERACTIONS

Current security situation in the commune:

Daily acts of violence and insecurity:	Very high risk
Frequent Acts of violence and insecurity:	High risk
Average Acts of violence and insecurity:	Medium risk
Low Acts of violence and insecurity:	Low risk

Has the child been attacked since the last follow-up visit? Yes ☐ No ☐

If yes, please specify the nature and type of support required for the child?

_____

Has the child witnessed violence in the community since the last follow-up visit? Yes ☐ No ☐

If yes, please specify the nature and type of support required for the child:

_____

Has another family member suffered an assault since the last follow-up visit? Yes ☐ No ☐

If so, please specify who and what? _____

Has one or more family members witnessed violence in the community in the past 3 months? Yes ☐ No ☐

If so, please specify the type:_____

Are actions being taken in the community to support victims and protect residents?

_____

Is the child's school currently accessible and secure? Yes ☐ No ☐

Note on the current security situation: .....

Home suitability

Does the family need other supplies? Yes ☐ No ☐

☐ **Specify which ones**: .....

Family and community atmosphere

What's the family atmosphere like, and what's the parents' general attitude?

- ☐ The atmosphere is happy/good
- ☐ Parents get on well together
- ☐ Parents often argue
- ☐ Parents talk calmly with child
- ☐ Parents yell a lot at their child
- ☐ Other (specify): .....

How do family members behave towards their child?

- ☐ They play and talk well with the child
- ☐ They like to be in contact with children
- ☐ They are attentive to his/her needs
- ☐ They involve children in their activities
- ☐ They are not very affectionate
- ☐ They laugh at the child
- ☐ They stimulate the child very little
- ☐ Other (specify): .....

How do parents get involved in their child's projects (schooling/work/other)?

.....

How do neighbors and other outsiders behave towards the child and the family?

- ☐ They're nice
- ☐ They play and/or talk well with the child
- ☐ They are supportive of the family
- ☐ They don't care about the child or the family
- ☐ They are indifferent
- ☐ The family has no contact with other people
- ☐ Other (specify): .....

INTERVIEWS WITH CHILD AND PARENTS

Children (if their comprehension and expression skills are appropriate to respond)

How has s/he been feeling since the reunification? .....

.....

Has s/he been going to bed hungry?

How are things going at school/work placement/other planned activities :

☐ Things are going well (give details if possible): .....

☐ Things aren't going well (ask him what's wrong): .....

What makes him/her happy:

Within the family? .....

.....

At school/internship/other? .....

.....

What else would s/he like to do? .....

.....

Parents

Are parents generally satisfied with the reintegration process? Yes ☐ No ☐

What problems did they encounter?

☐ Difficulty meeting the child's basic needs

☐ Difficulties with parenting

☐ Difficulty following the child through certain stages of the plan (e.g. school)

☐ Unexpected child behavior

☐ Lack of support services in the community

☐ Emotional fatigue

☐ Other (specify): .....

What difficulties or comments do they have regarding the child's plans (schooling/work/other)?

.....

.....

☐ ***Are they satisfied with the skill-building/training/IGA activities? Have they felt any changes?***

.....

.....

SOCIAL WORKER'S ASSESSMENT

How do you assess the child's physical condition?

Good Fair Poor

How do you assess the child's emotional/psychological state?

Good Fair Poor

How do you assess the relationship between the child and the family?

Good Fair Poor

How do you feel about the family atmosphere?

Good Fair Poor

How do you assess the family's motivation and commitment to the child?

Good Fair Poor

How do you assess the family's ability to meet the child's needs?

Good Fair Poor

How do you assess the evolution of the child's personal development project?

Good Fair Poor

Decision:

Keep the child in the family

Keep the child in the family + additional actions

Report abuse or neglect to IBESR or BPM

Actions to be taken :

.....

.....

.....

.

Date of next follow-up : __/__/____

Signature :



STEP 8: CASE CLOSURE

A case is closed when all the objectives jointly defined in the most recent version of the individual case plan have been achieved, are no longer relevant or achievable, or no new objectives are required.

The file can be closed in the following situations:

- The social worker is convinced that the child's safety and well-being are assured: the child has been in a supportive environment for a significant period of time, protection concerns have been addressed, adequate referrals to support services have been made and any other needs can be managed by the family, the child him/herself or the network around the family.
- The child or the child's parents/carers expressly request this at the end of the follow-up.
- The child leaves the area or another service provider takes over. A closed case may be reopened in the future if the situation evolves and the child and/or family needs further help and support.
- The child has reached the age of majority and is living independently or with his or her family.
- In the event of the child's death.

In the first 2 situations, the social worker must:

→ Review all observations and notes taken during the monitoring period.

→ Review with the child and family their overall progress in relation to the objectives of the individual care plan.

→ Consult other professionals involved with the child (including teachers, health care workers, etc.).

Once all this information has been considered, the social worker may recommend that the case be closed, with the final decision made by the organisation providing post-reintegration support.

The child may have spent months, even years, benefiting from the agency's care and support, and may have developed a close bond with certain workers. He or she needs to be sensitively informed that visits will soon cease, and when this will happen.

All updated documents must be kept confidential in case a new separation occurs or the files need to be re-examined.

References and Additional Resources

Part I:

Convention on the Rights of the Child, 1989

Convention on the Rights of Persons with Disabilities, 2006

Directives sur la prise en charge des enfants privés de protection parentale IBESR, 2018 (In French only)

Guidelines on Children's reintegration, Inter-agency group on children's reintegration, 2016 (part 3. Principles)

Part II:

Step 1

Directives sur la prise en charge des enfants privés de protection parentale IBESR, 2018 (In French only)

A better future is possible : Promoting family life for children with disabilities in Residential Care, Manual for Professionals, International Social Service (ISS), 2016

Step 2

Additional resources on family tracing without adequate documentation (video available in English on practices in Cambodia) :

Family Tracing for Children without Adequate Documentation - YouTube

Family Tracing for Children Without Adequate Documentation | Better Care Network

Care Procedures and Standards for the Protection and Reintegration of Vulnerable Children Affected by Mobility and Young Migrants, Economic Community of West Africans Countries (ECOWAS)

A Practice handbook for family tracing and reunification in Emergencies, Save The Children, 2017 (p.20 - 24 "Steps in family tracing and reunification") (English)

Children on the move, From protection towards a quality sustainable solution- A practical guide. International Social Service (ISS), 2017 (p.67 "Step 5: Evaluation of the situation in the country of origin")

Guidelines on Children's reintegration, Inter-agency group on children's reintegration, 2016 (p.15 "4.2.1 Tracing, assessment and planning")

Standard Operating Procedures: Family Reintegration , Retark, 2013, (p.16 "Step2. Family contact and assessment")

Transitioning to Family Care for Children: A Guidance Manual, Faith to Action Initiative, 2016 (p.48 "Family Reunification and Reintegration in Chapter 6: The Continuum of Care")

Unaccompanied and Separated children Standard Operating Procedures (UASC SOPs), UASC Task force, 2015 (p.8 "Procedures related to UASC SOPs")

Step 3

Caseworker's Toolkit. Case Management for Reintegration of Children into Family or Community Based Care, Department of Children's Services Republic of Kenya, 2019

Step 4

Guidelines on Children's reintegration, Inter-agency group on children's reintegration, 2016

Step 5

Guidelines on Children's reintegration, Inter-agency group on children's reintegration, 2016 p. 19 "Setting up a plan" and p. 21-27 "Preparing children and families".

A better future is possible : Promoting family life for children with disabilities in Residential Care, Manual for Professionals, International Social Service (ISS), 2016 pp. 64-76 "Preparing disabled children for their family life project".

Transitioning to Family Care for Children: A Guidance Manual, Faith to Action Initiative, 2016 pp. 41-42 "Developing individual care plans" and pp. 43-46 "Preparing children and families for transition".

Step 6

A Practice handbook for family tracing and reunification in Emergencies, Save The Children, 2017 , (p.25 - 27 "family reunification")

Step 7

Care Procedures and Standards for the Protection and Reintegration of Vulnerable Children Affected by Mobility and Young Migrants, Economic Community of West Africans Countries (ECOWAS) pp. 85-94 "Follow-up and monitoring".

Guidelines on Children's reintegration, Inter-agency group on children's reintegration, 2016 pp. 30-33 "Support after reintegration".

Child reintegration monitoring toolkit , Samuel Hall for the EU-IOM Knowledge Management Hub), 2021)

Step 8

Guidelines on Children's reintegration, Inter-agency group on children's reintegration, 2016

A Practice handbook for family tracing and reunification in Emergencies, Save The Children, 2017 (p.28 "Case closure and transfer")



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