

Chapter 5: Principles of Placement in Alternative Care¹

iii. Applying the principles of necessity and suitability

The following are among the key elements to take into account to ensure that alternative care is used only when necessary and is appropriate for the child concerned.

Q1 IS CARE GENUINELY NEEDED?

Reduce the perceived need for formal alternative care

- Implement poverty alleviation programmes
- Address societal factors that can provoke family breakdown (e.g. discrimination, stigmatisation, marginalisation...)
- Improve family support and strengthening services
- Provide day-care and respite care opportunities
- Promote informal/customary coping strategies
- Consult with the child, parents and wider family to identify options
- Tackle avoidable relinquishment in a pro-active manner
- Stop unwarranted decisions to remove a child from parental care

Discourage recourse to alternative care

- Ensure a robust gate-keeping system with decision-making authority
- Make available a range of effective advisory and practical resources to which parents in difficulty can be referred
- Prohibit the 'recruitment' of children for placement in care
- Eliminate systems for funding care settings that encourage unnecessary placements and/or retention of children in alternative care
- Regularly review whether or not each placement is still appropriate and needed

THE NECESSITY PRINCIPLE

Q2 IS THE CARE APPROPRIATE FOR THE CHILD?

Ensure formal alternative care settings meet minimum standards

- Commit to compliance with human rights obligations
- Provide full access to basic services, especially health-care and education
- Ensure adequate human resources (assessment, qualifications and motivation of carers)
- Promote and facilitate appropriate contact with parents/other family members
- Protect children from violence and exploitation
- Set in place mandatory registration and authorisation of all care providers, based on strict criteria to be fulfilled
- Prohibit care providers with primary goals of a political, religious or economic nature
- Establish an independent inspection mechanism carrying out regular and unannounced visits

Ensure that the care setting meets the needs of the child

- Foresee a full range of care options
- Assign gatekeeping tasks to qualified professionals who systematically assess which care setting is likely to cater best to a child's characteristics and situation
- Make certain that residential care is used only when it will provide the most constructive response
- Require the care provider's cooperation in finding an appropriate long-term solution for each child

THE SUITABILITY PRINCIPLE

Age-specific considerations for alternative care ²	
Age	Recommendations
0–3 years	<ul style="list-style-type: none"> • Children under the age of three should be placed in a family setting, rather than institutional care, to enable the child to have one-on-one, stable caregiving relationships. If reintegration with birth family is not feasible, domestic adoption is recommended (after prevention and reintegration options have been exhausted). • Children of this age are particularly harmed by stress when separated from birth parents. If in the child’s best interest, kinship or foster parents should seek strong attachments between infant and birth families, and frequent, prolonged visits with the biological parent(s) should be arranged—more than once a week, for several hours at a time, including caregiving activities. The child should live near his or her biological parents. These actions will help facilitate family reintegration. • Early childhood development specialists should be integrally involved in care planning and supporting the infant while in care.
4–6 years	<ul style="list-style-type: none"> • A child who has been in alternative care for some years is likely to have adjusted to alternative care placement by this age; the child may be able to maintain a connection with his or her parents through less frequent visits supplemented by phone calls and letters. Continued contact and strong attachment are still highly recommended for long-term development and behavioral outcomes. • Education and recreational activities should be part of care planning arrangement.
7–10 years	<ul style="list-style-type: none"> • Care arrangements and social support as with the 4–6 years age group. If a child has no contact with his or her parents, the social worker should try to facilitate connection. • The child may have experienced multiple placements, placement breakdown, or frequent disruptions in care arrangements. The caregiver should be aware of the possible impact it will have on the child’s development, behavior, and relationship with the caregiver. The caregiver should provide stable and nurturing care and ensure placement stability. • The child may express interest in being placed outside a family environment and have a preference for group care due to his or her past experiences. • The child needs education, life skills, and recreational activities. • If the child is placed in group care or placed in a kinship or foster care home with multiple children, sleeping arrangements should be made to separate the children by gender and supervised accordingly.
11–14 years	<ul style="list-style-type: none"> • Care arrangements and social support as with the 4–6 years age group. The issue of multiple placements and choice for group care as with the 7–10 years age group. Education and activities as 7–10 years age group. The issue of gender-sensitive accommodation as with the 7–10 years age group. • The child needs life skills, including those related to reproductive health.
15–18+ years	<ul style="list-style-type: none"> • Care arrangements and social support as with the 4–6 years age group. The issue of multiple placements and choice for group care as with the 7–10 years age group. Education and activities as with the 11–14 years age group. The issue of gender-sensitive accommodation as with the 7–10 years age group. • The child should be provided with life skills and services to prepare him or her once he or she exits care. Reproductive health, healthy lifestyles, budgeting, and accounting are of critical importance at this age range.

1 Source: Cantwell, N., Davidson, J., Elsley, S., Milligan, I., Quinn, N. (2012). [Moving Forward: Implementing the ‘Guidelines for the Alternative Care of Children.’](#) UK: Centre for Excellence for Looked After Children in Scotland, page 24.

2 Source: Government of Liberia, Ministry of Health and Social Welfare (2014). [Guidelines for Kinship Care, Foster Care, and Supported Independent Living in Liberia.](#)