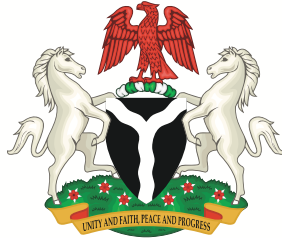


FEDERAL MINISTRY OF WOMEN AFFAIRS

# NATIONAL GUIDELINES FOR THE ALTERNATIVE CARE OF CHILDREN IN NIGERIA





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# **NATIONAL GUIDELINES FOR THE ALTERNATIVE CARE OF CHILDREN IN NIGERIA**

*National Guidelines for the Alternative Care of Children in Nigeria*

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# Foreword

Violence against children remains widespread in Nigeria, manifesting in various forms. A national survey on violence against children conducted by the National Population Commission in 2014 revealed alarming rates, with one in every four children experiencing severe forms of violence that include emotional, physical or sexual abuse. Notably, girls face a heightened risk of sexual violence with one in six girls having suffered sexual abuse. Additionally, one in five girls in Nigeria has encountered emotional violence and three in five girls have endured physical violence at some point in their lives.

These incidents of violence occur within both familial and alternative care settings. Because a family environment is considered optimal for a child's growth, development and well-being, the United Nations Children's Fund (UNICEF) prioritizes efforts to prevent family separation and facilitate the reunification of unaccompanied and separated children. However, when family reunification is not feasible, placing children in permanent family-based alternative care arrangements is advocated. Institutional care should only be considered when family-based care is impractical or when it aligns with the child's best interests.

The United Nations Global Guidelines on Alternative Care for Children, established in 2010, have influenced the formulation of national guidelines worldwide. The development and validation of the National Guidelines for the Alternative Care of Children in Nigeria represent a significant and positive stride. These guidelines offer direction on delivering care and services to children for alternative care service providers at various administrative levels. Beyond setting standards, they provide a framework for monitoring compliance, including comprehensive data collection on the number, location and administrators of alternative care facilities, as well as the children under their care.

I commend the National Guidelines on Alternative Care to policymakers, social workers, auxiliary social workers and all individuals engaged in childcare as an invaluable resource. Upholding the standards for quality care outlined in these guidelines will undoubtedly strengthen Nigeria's child protection system and foster the overall well-being of children in all forms of alternative care.

I take this opportunity to express my appreciation for the leadership of the Federal Ministry of Women Affairs and the National Sub-committee on Alternative Care in Nigeria for their dedication to the development and validation of these guidelines. Their efforts will significantly enhance the provision of quality and inclusive care for children in alternative care settings across Nigeria.



**Cristian Munduate**  
**Country Representative, UNICEF Nigeria**

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# Preface

Nigeria's progress in providing quality alternative care for children is evident through legislative frameworks like the 1999 Constitution of the Federal Republic of Nigeria, the Child's Rights Act, 2003, and the various state-level child protection laws. These, along with other government policies and regulations, form a comprehensive framework for the provision of alternative care in Nigeria.

The National Guidelines for the Alternative Care of Children in Nigeria, developed by the Federal Ministry of Women Affairs, aligns with international conventions such as the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and the United Nations General Assembly's Guidelines for the Alternative Care of Children (United Nations General Assembly, 2010), which serves as the current international standard for alternative care.

The importance of family-based care cannot be overstated. Compared with institutional care, family-based care provides better preparation for children to face life's challenges. It is therefore important to state that the placement of children in residential care, shall be undertaken only when all other options of care have been considered and are either not possible or are deemed to be not in the best interests of the child. In placing children in alternative care, preference should be given to family-based care arrangements such as formal or informal kinship care, foster care, or permanently placed through family adoption, *Kafalah* under Islamic law, or similar arrangements under customary law.

The aim of the National Guidelines for the Alternative Care of Children in Nigeria is to provide harmonized standards and guidance for the care and protection of children across the country by social workers, child welfare and protection practitioners in the public and non-governmental sector, with a view to improving the quality of alternative care services in the country. These guidelines clearly designate roles and responsibilities for the various stakeholders within the alternative care system and provide a framework to guide all service providers in caring for children and supporting families, caregivers, and communities.

The National Guidelines for the Alternative Care of Children in Nigeria has been developed through a consultative process involving the National Sub-Committee on Alternative Care with membership drawn from relevant line ministries, departments and agencies, development partners and civil society organizations. All alternative care service providers are enjoined to adopt and apply the principles contained in these guidelines in the provision of services to children, as well as providing support to families, caregivers and communities.

**Imaan Sulaiman-Ibrahim fsi**  
**Honourable Minister of Women Affairs**

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# Acknowledgements

The Federal Ministry of Women Affairs acknowledges the contributions of various stakeholders to the development and validation of the National Guidelines for the Alternative Care of Children in Nigeria. The Ministry in furtherance of its role as the coordinating ministry responsible for child protection and welfare in the country, provided overall coordination of the efforts that resulted in the development of these guidelines.

The objective of developing the National Guidelines for the Alternative Care of Children in Nigeria would not have been achieved without the support of organizations and individuals who contributed in several ways towards the achievement of the objective. Special thanks go to the SOS Children's Villages under the leadership of Mr Eghosa Erhumwunse, the National Director, supported by Chuba Ezeigwe, and Valentine Achum and Mark Nwakaudu for facilitating and supporting meetings of the National Sub-Committee on Alternative Care and the engagement of Dr Grace Perpetual Daniel, Managing Partner of Peplat Consults as the national consultant to develop the initial draft of the guidelines.

We are indebted to the United Nations Children's Fund (UNICEF) Nigeria Country Office and the Chief of Child Protection, Ibrahim Sesay, and Child Protection Specialists, Dr Godwin Odo and Nkiru Maduechesi, for their valuable contributions and support in coordinating the processes leading to the development and validation of the guidelines. UNICEF Nigeria also engaged the services of Prof. Julia Sloth-Nielsen as an international consultant, to bring her wealth of experience at the global and regional levels into the development of the National Guidelines for the Alternative Care of Children in Nigeria. We also appreciate Nigel Cantwell for reviewing the guidelines and providing insightful comments.

The members of the National Sub-Committee on Alternative Care also deserve commendation for their dedication and industry in reviewing the various drafts of the guidelines and for participating in the review and validation meetings. Their diverse experience contributed immensely to improving the quality of the guidelines. I cannot conclude this without appreciating the invaluable contribution of the Child Development Department of the Federal Ministry of Women Affairs ably led by Andrew Ali Madugu, Director; Musa Aliyu Musa, Deputy Director; Dr Samuel Ebifa; Alimi Ahmed Shina and Olutimi Jacobs as well as other staff members of the Ministry whose contribution in one way or another yielded these guidelines.



**Dr. Maryam Ismaila Keshinro, MBBS, FWACP (Paed), MSc.PH**  
**Permanent Secretary, Federal Ministry of Women Affairs**

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# Acronyms

<b>CACC</b>	Community Alternative Care Committee
<b>CBO</b>	community-based organization
<b>CDO</b>	child development officer
<b>CPO</b>	child protection officer
<b>CRA</b>	Child's Rights Act, 2003
<b>CRC</b>	Convention on the Rights of the Child
<b>CSO</b>	civil society organization
<b>DCD</b>	Director of Child Development
<b>FBO</b>	faith-based organization
<b>FMWA</b>	Federal Ministry of Women Affairs
<b>LGACC</b>	Local Government Alternative Care Committee
<b>NGO</b>	non-governmental organization
<b>NSAC</b>	National Sub-Committee on Alternative Care
<b>NSCDC</b>	Nigeria Security and Civil Defence Corps
<b>OVC</b>	orphans and other vulnerable children
<b>SACC</b>	State Alternative Care Committee
<b>SACIU</b>	State Alternative Care Implementation Unit
<b>SWO</b>	social welfare officer
<b>UNICEF</b>	United Nations Children's Fund

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# Definitions

Unless the subject and context otherwise require, in the National Guidelines for the Alternative Care of Children in Nigeria, the following meanings shall be ascribed to the terms listed below:

**Abandoned child:** A child who:

- a) has been deserted by a parent, guardian or caregiver; or
- b) has, for no apparent reason, had no contact with the parent, guardian or caregiver for a period of at least three months; or
- c) has no knowledge as to the whereabouts of the parent(s), guardian or caregiver and such information cannot be ascertained by the relevant authorities.

**Adoption:** The process through which a person acquires the right to take permanent custody of a non-biological child and legally becomes the parent of the adopted child.

**Aftercare support:** The variety of services offered to children after they leave alternative care and move on to independent living, or are reunified with their families.

**Almajiri:** Commonly used to refer to a young person (usually male) who migrates from his/her home to join an (unregistered) teacher of the Qur'an known as a *mallam*. The *mallam* runs an informal Quranic school called *tsangaya*. Learning from and living with a *mallam* away from home is what is referred to as the Almajiri system, or also the Almajirinci. These schools are deemed to be alternative care institutions for the purposes of the National Guidelines for the Alternative Care of Children in Nigeria.

**Alternative care:** Any care arrangement that is formal or informal, temporary or permanent, sanctioned either by a decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously, by a care provider in the absence of parents for children who are deprived of a family care environment for at least one overnight stay for reasons ranging from family separation, or where the best interests of the child can be best guaranteed. It does not include where a child stays overnight with friends or family as part of a visit or holiday.

**Alternative care committee:** A committee of multidisciplinary professionals set up to ensure that decisions made regarding a child deprived of a family environment are in his/her best interests. The committee discusses risk factors, the care and protection needs of the child, and required supervision and support interventions, and also performs a gatekeeping function to ensure that alternative care for children is used only when necessary, and that children receive the most suitable support and/or a form of care to meet their unique individual needs, thereby upholding their best interests.

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**Approved homes:** Community homes,<sup>1</sup> voluntary homes,<sup>2</sup> registered children’s homes,<sup>3</sup> residential care homes,<sup>4</sup> educational institutions, approved institutions, children’s correctional centres,<sup>5</sup> secure accommodation,<sup>6</sup> rehabilitation schools and emergency protection centres established by the government for the purpose of accommodating children who need care and protection, for the confinement of children in conflict with the law while their cases are being handled in court and for the rehabilitation of children who are in conflict with the law. The court commits a child to one of these establishments as appropriate.<sup>7</sup>

**Assessment:** The process of building an understanding of the problems, needs and rights of a child and his/her family in the wider context of the community. It should cover the physical, intellectual, emotional and social needs and pathways to the development of the child. There are various types of assessment, e.g., rapid, initial, risk and comprehensive (Save the Children Fund, 2013). It is an essential element of case management.

**Biological parents:** The birth family into which a child is born. It can mean both parents if they are living together, or the mother, or the father.

**Caregiver:** A parent or guardian or person acting in their place who is charged with the responsibility for a child’s welfare.

**Case management:** The process of identifying, assessing, planning, implementing, referring and tracking referrals, and monitoring service delivery in a timely, context-sensitive, individualized and family-centred manner to achieve care, protection and well-being of a child.

**Cash transfers:** A programme that provides low-income families with cash or other benefits to support the care of vulnerable children. Such transfers may be conditional or unconditional, depending on whether recipients are required to engage in specific acts to receive support.

**Child:** A person under the age of 18 years.<sup>8</sup>

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1 Section 186 CRA.

2 Section 191 CRA.

3 Section 195 CRA.

4 Section 179 CRA.

5 Section 250 CRA.

6 Section 180 CRA.

7 Section 277 CRA.

8 Section 277 CRA.

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**Child abuse:** Any form of maltreatment, deprivation, neglect and emotional harm, which is violent or threatening to the child, including anything that causes physical, sexual, psychological, emotional or mental injury to a child.

**Child protection system:** A comprehensive system of laws, policies, procedures and practices that protects the child and prevents separation from parental care, where possible. It is designed to facilitate an effective response to allegations of child abuse, neglect, exploitation and violence.

**Child sexual exploitation and abuse:** This can take the form of harassment, touching, incest, rape or exploitation in prostitution or pornography. It can take place in homes, schools, care and justice institutions, the workplace, travel and tourism facilities and in communities at large, in both the development and emergency context. It can include sexual exploitation and abuse via digital forms of communication, including grooming and other forms of child online exploitation.

**Childcare institution:** An establishment founded by a government, non-governmental or faith-based organizations (NGOs or FBOs) to provide alternative care, including government-approved institutions.

**Child-headed household:** A household in which a child or children (typically an older sibling), assumes the primary responsibility for the day-to-day running of the household, providing and caring for those within the household. The children in the household may or may not be biological relatives.

**Children in street situations:** Children who spend all or most of their time on the streets working or engaged in economic activities such as begging, hawking or vending. They may be homeless or go home at the end of each day. They are also referred to as 'street children'.<sup>9</sup>

**Children without parental care:** All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. It does not include where a child stays overnight with friends or family as part of a visit or holiday.

**Community-based care:** A range of approaches designed to enable children to remain with their own (or extended) family and prevent the need for separation or for placement with an alternative family within his/her community.

**Day care:** Care of a child during the day by a person other than the child's parent(s) or legal guardian, such as where parents are at work. It can be provided in nurseries or crèches. Childcare providers can also provide care for a child(ren) in their own homes.

**Deinstitutionalization:** A policy-driven process of reforming a country's alternative care system primarily aimed at decreasing reliance on institutional care with a complementary increase in care within a family or family-like environment in the community.

**Double orphan:** A child who has lost both biological/birth parents.

**Duty-bearer:** Any person or institution, including the State, with responsibility for the welfare of a child.

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<sup>9</sup> Section 277 CRA.

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**Emergency:** A large-scale crisis that threatens the lives, property and well-being of large numbers of a population. An emergency situation can be a result of natural disaster (e.g., floods, droughts, fires and earthquakes), political or ethnic conflict, armed conflict or violence, or mass population displacement and evacuations.

**Emergency placement:** A situation where a child who is separated from his/her parents or other legal caregiver is placed in alternative care without going through the legal processes required under normal circumstances. The placement can either be with a family or in a childcare facility.

**Exit strategy:** A strategy put in place when a child enters alternative care to ensure that he/she is either reintegrated into his/her family, including extended family, or placed in permanent alternative care.

**Family assessment:** The ongoing practice of informing decision-making by identifying, considering and weighing factors that impact children, young persons and their families for safety concerns in an effort to see whether separation of the child can be avoided.

**Family mediation:** Where a third party facilitates resolution of a dispute within a family to resolve a problem affecting the child in the family.

**Family preservation:** A range of support strategies meant to preserve family unity to prevent the family from breaking up and protect children from separation from parental care.

**Family reintegration:** The process by which a child who is reunited with his/her parents or extended family or legal guardian, is assisted to adjust to his/her family with a full complement of rights and privileges.

**Family reunification:** The process of a child being physically brought back into the family or reconnected with his/her biological parents or extended family after a period of separation from them.

**Family support services:** A range of measures aimed at ensuring the support of children and families. It is similar to community-based support but may be provided by external agents such as social workers and includes services such as counselling, parental education, day-care facilities, material support and social cash transfers.

**Family tracing:** Activities undertaken by authorities, community members, relatives, police officers or other agencies for the purpose of gathering information and locating the parents or extended family of the separated or lost child, with a view to reuniting the child with his/her family.

**Family-based care:** Short-term or long-term placement of a child in a family environment with one consistent caregiver and in a nurturing environment where the child is part of a supportive family and the community. Within the context of alternative care, it is a form of care arranged for a child that involves living with a family other than his/her birth parents.

**Family-like care:** An alternative residential care option where one or more professional caregivers provide care to a small group of children in a setting that is specifically created for this purpose and which resembles a family environment.

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**Formal care:** All care provided in a family environment that has been ordered by a competent administrative body or judicial authority and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.

**Foster care:** A temporary form of alternative care within a family-based environment (other than with the child's own biological parent or guardian) that is authorized by a competent authority in accordance with the laws of the state to care for and maintain children without parental care.

**Foster carer:** A person, other than a child's parents or guardian, entitled to receive and retain a child for the purpose of caring for and maintaining the child.

**Fostering:** The act of placing a child with a foster parent upon the granting of an application by the Family Court of a fostering order.

**Gatekeeping:** Policies, systematic procedures, services and decision-making which ensures that alternative care for children is used only when necessary and that children receive the most suitable form of support and/or care to meet their unique individual needs in order to uphold their best interests.

**Guardian:** A person appointed by the will or deed of a parent or by an order of the court to assume parental responsibility for a child.

**Guardianship:** A term which refers to a legal arrangement for conferring parental rights and responsibilities on adults who are not the child's parents, or a person appointed by a provision in a will to assume responsibility for the care of a child, or a temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his/her interests during those proceedings (guardian ad litem).

**Individual childcare plan:** A written document which is part of the case management process that outlines what, how, when and who in the provision of care is to meet the survival, developmental and protection needs of the child, including providing support, activities and resources required for the individual child to achieve personal goals.

**Informal care:** Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.<sup>10</sup>

**Inspection:** The physical review of care facilities against a set of approved standards.

**Interim care:** Care arranged for a child on a temporary basis (e.g., while his/her family is being traced where separation has occurred).

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<sup>10</sup> Paragraph 29(b)(i) of Guidelines for the Alternative Care of Children (United Nations General Assembly, 2010).

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**Involuntary separation:** Where a child is separated from his/her family or caregivers during the confusion of an emergency or crisis. For example, the parents may die or become injured, family members may be arrested or captured, or families may have to flee their homes without warning leading to children unexpectedly being left behind and alone.

**Kafalah:** A child protection measure recognized by Islam when a person (*kafil*) voluntarily cares for the specific needs of a child deprived of his/her family (*makful*). The child does not acquire inheritance rights nor the surname of the *kafil*.

**Kinship care (formal):** An arrangement, ordered or approved by an external administrative or judicial authority, whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family. Family members include grandparents, aunts, uncles and older siblings.

**Kinship care (informal):** A private arrangement within an extended family whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family, without it being ordered by an administrative or judicial authority. Family members include grandparents, aunts, uncles and older siblings.

**Mallam:** An Islamic teacher or person who oversees a Quranic school.

**Multidisciplinary teams:** A small group of professionals and non-professionals who oversee and recommend activities conducted on behalf of each child from the time of intake through to integration.

**Orphan:** A child who has lost one or both parents as a result of death. Maternal orphan refers to a child whose biological mother is dead, while paternal orphan refers to a child whose biological father is dead.

**Out-of-home care:** Childcare, foster care or residential care provided by persons, organizations or institutions to children who are placed outside of their family.

**Parental responsibility:** All the duties, rights, powers, responsibilities and authority that by law the parent of a child has in relation to the child and the child's property, to be exercised in a manner consistent with the evolving capacities of the child. The responsibility of the mother and father to provide for the child is equal, whether they are married to each other or not.

**Permanency:** Family connections and placement options for a child that provide a lifetime of commitment, continuity of care, a sense of belonging and a legal and social status that go beyond the child's temporary placement.

**Permanency planning:** An array of social work and legal efforts directed toward securing safe, nurturing, life-long families for children in alternative care.

**Placement:** The arranged out-of-home accommodation provided for a child or young person on a short- or long-term basis. Placement should be preceded by an assessment of the child's physical, emotional, intellectual and social needs, and matched to whether the placement can meet these needs based on its functions and objectives.

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**Plan developed for young person leaving care:** A plan outlining appropriate aftercare services and follow-up for the child once he/she leaves an alternative care setting.

**Prevention of separation:** A variety of approaches that support family life and help to diminish the need for a child to be separated from his/her immediate or extended family or other caregiver and be placed in alternative care. It includes services that provide support to the child's own (or extended) family and prevent the need for separation, or professional services aimed at limiting the period for which the child is in alternative care with the aim of family reintegration.

**Refugee:** Someone who is outside of his/her country or state of origin and has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.

**Residential facility:** A home or institution established by the State, or by a person, corporate or voluntary organization, religious organization, FBO or NGO, which has been granted approval by the relevant social welfare department to manage a programme for the care, protection and rehabilitation of children.

**Resilience:** The ability of children and their families to deal with, and recover from, adversity and crisis, which is influenced by individual characteristics and external factors such as diversity of livelihoods, coping mechanisms, life skills such as problem solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness.

**Separated child:** A child separated from a previous legal or customary primary caregiver, but who may be accompanied by another relative.

**Service provider:** An individual employed or attached to a formal institution that provides one or more of the services described in these guidelines, or government agencies providing support to children who fall under the jurisdiction of one or more parts of these guidelines.

**Supported independent living:** Where a young person is supported in his/her own home, a group home, hostel or other form of accommodation, and is encouraged and enabled to acquire the ability to live on their own through appropriate supervision, support, mentorship and monitoring by service providers.

**Temporary safe care/shelter:** A safe environment where children in distress are placed for a short time (from a couple of hours to a maximum of six months), while arrangements for family reunification or placement in alternative care are made. Also referred to as places of safety, halfway homes, shelters or emergency protection centres.

**Unaccompanied minor:** A child not cared for by any adult relative whom by law or custom is responsible for doing so.

**Violence against children:** Includes emotional, sexual and physical abuse; maltreatment; deliberate neglect or negligent treatment; bullying; restricting a child's movements and non-physical forms of hostile treatment including denigration, ridicule, threats and intimidation, discrimination and rejection.

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**Voluntary separation:** When a family willingly leaves a child behind and places him/her with other family members or neighbours, or in institutional care.

**Vulnerability:** The conditions determined by physical, social, economic and environmental factors which increase the susceptibility of a community or individuals to the impacts of difficulties and hazards that put them at risk of loss, damage, insecurity, suffering and/or death.

**Vulnerable child:** A child whose safety, well-being and development is, for various reasons, threatened, including children who are emotionally deprived or traumatized and those who experience negative outcomes, such as the loss of their education, morbidity and malnutrition, at higher rates than do their peers.

**Young person leaving care:** A young person, typically over 18 years of age, who is leaving or has left a formal alternative care placement. He/She may be entitled to assistance with education, finances and accommodation, and psychosocial support in preparation for independent living.

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# Preamble

RECOGNIZING that the family is the fundamental unit of society and is entitled to protection by society and the State;

RECOGNIZING that the Convention on the Rights of the Child (CRC) (United Nations General Assembly, 1989), the African Charter for the Rights and Welfare of the Child (African Union, 1990) and the Convention on the Rights of Persons with Disabilities (United Nations General Assembly, 2006) provide for a child's right to family life and, as far as possible, the right to know and be cared for by the child's parents or, where applicable, members of the extended family or community, as provided for by local custom;

RECOGNIZING the critical role that families play in ensuring children's health; physical, social and emotional development; education and protection, and that this role must be acknowledged and supported;

RECOGNIZING that formal alternative care should always be a temporary measure whilst permanent solutions are sought, and should have the clear purpose of offering children a stable, protective and nurturing environment for the shortest time possible;

RECOGNIZING the United Nations Guidelines for the Alternative Care of Children (United Nations General Assembly, 2010), as the basis upon which Nigeria is desirous of producing its own national guidelines for the alternative care of children that set out the continuum of care for children in alternative care in Nigeria;

RECOGNIZING the need to enhance and harmonize the national legal and policy frameworks relevant to the operation of the alternative childcare services in the Federal Republic of Nigeria in line with international standards and best practices;

IDENTIFYING the undesirability of overreliance on residential care for all children and underscoring the importance of strengthening gatekeeping mechanisms to ensure that recourse to residential placements is minimized;

FURTHER IDENTIFYING that many children without parental care live with extended families and in kinship care, and these families require support to provide appropriate care in the best interests of the child;

IDENTIFYING that there is a need to standardize alternative childcare service delivery nationally and locally across different actors, to ensure its alignment with current regional and global standards, with a view to developing a comprehensive guideline to regulate standards of practice for all alternative childcare services;

RECALLING that institutions and individuals should as a matter of priority ensure the prevention of family separation, facilitate family–child reunification and reintegration where separation has occurred, promote positive parenting practices; emphasizing the importance of family-based alternatives; and allow residential care of children only when necessary and constructive;

UNDERLINING that the alternative care system should be reformed to reduce overreliance on residential care, in particular large institutions, and to implement a conscious strategy of deinstitutionalization with precise goals, objectives and targets to reduce the number of children in institutional care;

THEREFORE, in exercise of the powers conferred by section 49 of the Child’s Rights Act, 2003 (CRA), the Federal Government of Nigeria hereby provides the following National Guidelines for the Alternative Care of Children in Nigeria.

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# SECTION 1:

## General Introduction



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# CHAPTER 1: Introduction

## 1.1 Background to the development of guidelines for alternative care in Nigeria

Alternative care describes an arrangement made to provide care for children who are deprived of growing up in a conducive family environment of their own due to abandonment, violence, abuse, neglect, exploitation, disaster, separation, conflict, death of a parent or climate change action, or where a child has been removed from his/her family in his/her own interest. An authorized agency can order a child to be placed in alternative care in accordance with the laws of the state or country. Informal alternative care refers to a situation where a child is looked after by members of the extended family without judicial or administrative intervention.

The Federal Ministry of Women Affairs (FMWA), with support from SOS Children's Villages Nigeria and the United Nations Children's Fund (UNICEF) Nigeria Country Office, engaged a national consultant, Peplat Consults, and an international consultant, Julia Sloth-Nielsen, to develop national guidelines for the alternative care of children that facilitate the identification of the most suitable care option for each child that is both in his/her best interests and based on the principles of necessity and suitability. These guidelines were to be developed in line with the United Nations Guidelines for the Alternative Care of Children (United Nations General Assembly, 2010) and international best practices.

The development of the National Guidelines for the Alternative Care of Children in Nigeria was championed by the FMWA as the focal ministry responsible for the implementation and monitoring of programmes relating to children in Nigeria. The guidelines were developed based on a review of existing international, regional and national legal frameworks and policies on childcare to ensure their alignment with these instruments. The guidelines are the result of extensive consultation and collaboration across government bodies, non-governmental partners and alternative care providers at all levels.

The National Population Commission, together with other agencies and parastatals, estimates Nigeria's population to be around 200 million, with its under-eighteen population estimated to be approximately 98 million or 49 per cent of the total population and its under-five population to be approximately 34 million or 17 per cent of the total population (NBS, 2018). The 2008 Situation Assessment and Analysis on Orphans and Vulnerable Children in Nigeria (Federal Ministry of Women Affairs and Social Development, 2008) estimates that there are 17.5 million orphans and vulnerable children (OVC) in Nigeria of which 2.2 million were orphaned as a result of HIV/AIDS, a leading cause of child abandonment and separation from families. There is a disproportionate representation of children from poor households in these high OVC figures and poverty remains a major driver of vulnerability.

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Because more than 50 per cent of Nigeria's population lives in poverty (existing on less than US\$1.25 per day (NBS, 2018)), there is a direct link between the increasing dependence on the alternative care system and family disintegration. Although Nigeria is the highest oil producing country in Africa, a myriad of problems such as insurgency, kidnapping and armed banditry, herder/farmer clashes, significant problems with infrastructure and the recent flooding in riverine communities across several states have contributed to increased displacement, hardship and poverty. All these factors have contributed to increased family and child vulnerability thereby leading to family separation and the need for alternative care for these children.

Nigeria has a well-developed informal system of alternative care in the form of kinship care with extended family or unrelated households, which is mostly undocumented and unregulated. Children in these kinds of arrangements may be vulnerable to abuse, neglect, violence and economic exploitation including exposure to child labour and denial of access to social protection services. Residential facilities, orphanages, children's homes, displaced persons camps and transit temporary care, which are run mostly by NGOs, religious bodies and private individuals, represent the most organized formal alternative care systems in Nigeria. These facilities often have their own challenges such as poor accommodation, unhygienic environment, poor nutrition and lack of access to health services. There are legal provisions for foster care in all states in Nigeria and fostering is becoming more culturally acceptable, but fostering services are poorly developed.

Almajiri children, who are children who leave their homes to live with Islamic teachers (*mallams*) in a bid to acquire knowledge of the Qur'an, constitute many children in alternative care, particularly in the northern part of Nigeria. These children need to be reintegrated into their families and communities with a view to reducing the number of children requiring alternative care. The schools, *tsangaya*, are regarded as alternative care facilities for the purposes of the National Guidelines for the Alternative Care of Children in Nigeria.

The CRA, which incorporated the principles of the CRC and the African Charter on the Rights and Welfare of the Child, provides for the protection of children from discrimination; physical, mental and emotional abuse; torture; neglect; maltreatment; inhumane or degrading punishment; and attacks on their reputation. In addition to this, the revised National Priority Agenda for Vulnerable Children in Nigeria 2021–2030 contains the vision of reducing children's vulnerability through the provision of integrated and coordinated social services for vulnerable children by means of six commitments, including a commitment to ensure all children are healthy and safe from abuse, violence, exploitation and neglect.

The National Sub-Committee on Alternative Care (NSAC) at the national level is a subcommittee of the National Child's Rights Implementation Committee and has been inaugurated with the mandate to develop and support the implementation of national guidelines on alternative care for children and ensure quality alternative care for children in Nigeria.

Central to the National Guidelines for the Alternative Care of Children in Nigeria are the well-being and best interests of those children under 18 years of age in need of alternative care and living without adequate parental care, or at risk of being separated from their parents. The guidelines also apply to

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children as well as young persons who are over 18 years of age who are already in alternative care and who need continuing care or support during the transition to independent living.

Both formal and informal arrangements providing all forms of parental care are addressed by the guidelines. Entrance into alternative care as envisaged by the guidelines can either be by the decision of a judicial or administrative authority, or at the initiative of the child, his/her parent(s) or primary caregiver(s), or initiated spontaneously by a care provider in the absence of a biological parent(s).

## 1.2 Rationale and scope

Different research findings corroborated experiences of the negative effect of institutional care on children and young people (such as adverse effects on children's social, emotional, cognitive and intellectual development) garnered over the years. Children in institutional care are often not given the nurturing, love and individual attention necessary for their development and well-being and that enables them to grow into resourceful and responsible adults. Most often damage done to children under the age of 3 is irreversible. This, among other reasons, accounts for the prohibition of placement in institutions for children under 3 years of age.

In addition to the above, the fact that violations as well as improper care, support and protection have been rampant in institutional facilities has led to infringements of all the rights children normally should enjoy, such as the right to participation; access to health care, good nutrition and proper sanitation and hygiene; and protection from discrimination and violence, including physical, sexual and emotional abuse. Children are often not provided with the opportunities for life-building skills and other services that prepare them for adulthood and life outside the institution.

The family is a more nurturing, caring environment for a child to be raised in because family settings help children to develop a sense of belonging, self-esteem, family values, and religious and cultural identity. The family provides a conducive environment for better interaction with the community and society. It equips children with skills for adaptability that better enable them to face life challenges than children in institutions. Institutions are restrictive due to their structure, control mechanisms, regimented lifestyle and limited opportunities for nurturing and individual care.

As noted in the CRC, all efforts need to be made to support families to continue to care for their children and, where this is not possible, to place a child in a family-based alternative care arrangement, such as kinship care, foster care, adoption and family-like care. A range of alternative care services should be available.

When necessary, residential care should be a temporary/transitory measure that is only provided if it can be done in a conducive, friendly, communal and enabling environment. It should be noted that informal alternative care is not as developed as formal alternative care and therefore needs strengthening to ensure that it provides for proper child development and well-being.



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As far as possible, efforts must be made to deinstitutionalize children from large institutional care settings into family- and community-based alternatives as indicated in these guidelines. A deinstitutionalization strategy should include:

- a) Preventive measures that prevent or, at least, reduce the incidents of family separation and new placements of children in homes, and include appropriate gatekeeping mechanisms and the monitoring and evaluation of existing institutions;
- b) The development of well-resourced alternative family-based care options (foster care, kinship care, adoption, etc.);
- c) The development of an individualized care plan for each child residing in a home or institution;
- d) Strengthening of the gatekeeping system and close examination of any requests to register new institutions with a view to deinstitutionalization of the alternative childcare system;
- e) Raising awareness about positive parenting and family strengthening practices to prevent family separation as well as a range of alternative care services, including family-like care;
- f) Strengthening the social service workforce, particularly at the community level;
- g) Strengthening the governance, coordination and oversight of the alternative care system; and
- h) Improving child data and information management systems and accountability.

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The National Guidelines for the Alternative Care of Children in Nigeria acknowledge that residential care facilities may be necessary for a limited number of children. Nevertheless, alternatives to institutional care should be developed in the context of an overall deinstitutionalization strategy with precise goals and objectives.

The purpose of the guidelines, therefore, is to provide harmonized guidance to child welfare, development and protection practitioners to improve the quality of family support and alternative care services. The guidelines enable government structures to carry out their statutory responsibility of overseeing the care of children in alternative care and to establish the standards to be observed in the provision of alternative care. Further, they outline steps for properly administering alternative care options and prioritizing family- and community-based care arrangements.

Using existing legislation, including the United Nations Guidelines for the Alternative Care of Children, 2010, as its framework, the National Guidelines for the Alternative Care of Children in Nigeria are intended to:

- a) Serve as a standard and provide guidance to practitioners on how to support families in caring for children and reduce unnecessary family separation by promoting parental care as well as directing family support services to families and children in need;
- b) Outline family tracing and reintegration procedures in instances where children are separated from their families; and
- c) Outline a range of family- and community-based alternative care options that exist in Nigeria and provide practical guidance to support practitioners in the appropriate and safe placement of children in these family- and community-based arrangements while the child's family is being traced or when preventive and family support measures have been exhausted and have failed.

## 1.3 Aim and objectives

These guidelines aim to put in place mechanisms and systems that shall support existing mechanisms to deinstitutionalize the alternative care system and ensure that quality standards of care are provided to all children in alternative care.

## 1.4 Guiding principles

The following principles shall guide the operations of these guidelines:

- a) **Necessity:** Children should only be placed in alternative care as a matter of necessity. Alternative care can only be deemed necessary if all measures that prevent a child from needing alternative care have failed. The gatekeeping system and assessment mechanism must be robust and applied on an individual basis without exception.

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- b) **Suitability and appropriateness:** The provision of alternative care should be determined by the most suitable placement for each child. It also means that all care settings must meet general minimum standards and should match the care needs of the individual child concerned. It implies that a range of family-based and other care settings are in place and that there is a recognized and systematic procedure for determining which care option is appropriate.
- c) **The best interest of the child:** In line with sections 1 and 2 of the CRA, the best interest of the child must be given primary consideration and the child must be given the protection and care necessary for his/her well-being using the national case-management tools, and if applicable, standardized best-interest toolkits. Every person, institution, service, agency, organization and body responsible for the care or protection of children shall conform with the standards established by the appropriate authorities, particularly in the areas of safety, health, welfare, number and suitability of their staff, and competent supervision.
- d) **Child and youth participation:** Children have the right to participate in decisions that affect them. Where appropriate and feasible, families should also be consulted in determining the placement of their children in alternative care.
- e) **Safeguarding:** Institutions, service providers and agencies providing alternative care for children shall ensure caregivers are well trained in appropriate safe care practices. This includes having the necessary skills to care for children who have been abused or suffer other forms of vulnerability. Caregivers who offer services to children living with disabilities should be trained specifically on issues affecting these children, particularly with the aim of ensuring reasonable accommodation. Furthermore, caregivers should be able to develop in children living with disabilities those life skills necessary for them to express themselves and promote self-care, including when using the internet or social media to prevent abuse or exploitation.
- f) **A range of care options:** If family preservation efforts are not successful, priority should be given to family- and community-based care and solutions in line with a continuum of care. Siblings should not be separated unless it is in their best interests to do so.
- g) **Children under the age of 3 years:** All efforts must be pursued to avoid placing a child under the age of 3 years in residential care, including family-like care.
- h) **Foster care:** The main objective of foster care is to temporarily provide a family environment to those children who need care until they are reintegrated into their own family or with their kin, or other care provisions of a permanent nature are explored for them.
- i) **Registration:** The registration of childcare institutions must be rigorously enforced.
- j) **Screening of staff:** All persons working at childcare institutions, including volunteers, must be screened for their suitability to work with children.
- k) **Rights of children in alternative care:** Individuals, families and organizations providing alternative care should ensure that any child in alternative care is not deprived of the following rights:
- i. birth registration;
  - ii. access to formal education for children of school-going age;

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- iii. health services and health care;
  - iv. access to any social security and social protection system provided by the state or by government;
  - v. the opportunity of taking part in religious and cultural activities; and
  - vi. the opportunity of taking part in activities taking place in the family, community, local level, district level, state level and national level according to their age, maturity and stage of development.
- l) **Discipline:** The provision of discipline for children in alternative care shall be undertaken in an empowering and positive manner designed to guide the child towards good conduct. All forms of corporal punishment, inhumane or degrading treatment or punishment are prohibited.

## 1.5 General provisions of the guidelines

The following are roles of the State in relation to children in alternative care:

- a) To take all necessary measures to ensure that the legislative, policy and financial conditions exist to provide for adequate alternative care options, giving priority to family- and community-based solutions;
- b) To ensure the availability of alternative care options, including providing short-term and long-term care options for children in emergency situations and those in conflict with the law;
- c) To ensure that all entities and individuals engaged in the provision of alternative care for children receive due authorization from a competent authority to do so and are subject to regular accreditation, monitoring, supervision and review by this authority;
- d) With regard to informal care arrangements for the child, whether within the extended family, with friends or with other parties, states should, where appropriate, encourage such caregivers to notify the competent authorities accordingly so that they and the child may receive any necessary financial and other support that would promote the child's welfare and protection;
- e) Where possible and appropriate, states should encourage and enable informal caregivers, with the consent of the child and parents/caregivers concerned, to formalize the care arrangement after a suitable lapse of time, to the extent that the arrangement has proven to be in the best interests of the child to date and is expected to continue in the foreseeable future;
- f) The State carries overall responsibility for the prevention of family separation and provision of family support, family tracing and reunification as well as reintegration services;
- g) Preference should be given to placement of a child near the child's usual place of residence. This will ensure continuous contact between the child and his/her family, and possible family reunification if in the best interest of the child, as well as minimize disruption to education and well-being, with a view to ensuring stability for the child;

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- h) Poverty should not be the only driver necessitating placement of children in alternative care. All placements must respect the principles of necessity, suitability and be in the best interests of the child;
  - i) Removal of a child from his/her family should be seen as a last resort and should be temporary and carefully monitored, while ensuring that siblings stay together, except if it is unsafe and not in their best interests to be kept together;
  - j) Proper gatekeeping measures that meet the individual child's needs should be in place to ensure appropriate placement;
  - k) Provision of alternative care should never be carried out with the primary purpose of advancing the caregiver and providers' religious, political or economic goals;
  - l) All children in alternative care should be under the protection of a legal guardian or the relevant public body or authority;
  - m) Coordinated information-sharing and cooperation among all government and non-governmental authorities, agencies and alternative care providers as well as registration, licensing, authorization and monitoring of all alternative care providers by the relevant government authorities is required;
  - n) Each state should, in a manner befitting its own laws, adopt a complaints' procedure for children in alternative care who wish to report that their rights have been violated, and put in place a procedure for the investigation of any reported complaints; and
  - o) Continuous general research and operations research on alternative care must be conducted periodically to identify emerging issues to enhance preventive measures in alternative care arrangements and support deinstitutionalization.

## **1.6 Categories of children who would need alternative care**

The CRA sets out the following criteria for children who may benefit from alternative care:

- a) Orphans (single or double);
- b) Abandoned child(ren);
- c) A child whose parent(s) is/are in a correctional facility;
- d) Children who have been separated from their parent(s) during emergencies;
- e) Children whose parents are legally separated or divorced and have given up their parental responsibilities;
- f) Children living and working on the streets and who are unable to return to or trace their parents;
- g) Children who, because it is not in their best interests, may not be permitted to live with biological parents or extended family;
- h) Children who are victims of physical, sexual or other forms of abuse, neglect, exploitation and violence within the family or outside the family;

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- i) Children who are not provided with adequate care and protection in their present care environment;
  - j) Children whose parents are undergoing rehabilitation, mentally incapacitated, untraceable or certified to be terminally ill and the children are unable to live with extended family members;
  - k) Children affected by armed conflict and children on the move (child migrants and child labourers);
  - l) Children living in institutional care, rehabilitation centres or correctional institutions (children who have lived in these places for a long period of time or experienced multiple placements);
  - m) Child mothers, victims (survivors) of child trafficking, refugee and internally displaced children;
  - n) Children with special needs who do not have adequate parental care; and
  - o) Children who have a parent or guardian who does not exercise proper guidance and control over the child.

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# SECTION 2:

## Care Options



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# CHAPTER 2: The continuum of care for vulnerable children

## 2.1 Parental care and the prevention of separation from families

The provisions of relevant legislation and section 14 of the CRA state that every child has the right to parental care and protection, and no child shall be separated from his/her parents against his/her wishes, except where it is deemed necessary for his/her welfare or where, by judicial determination, it is considered to be in the child's best interests.

The following actions shall be taken to prevent family separation:

- a) In collaboration with relevant partners in the child development sector, the government and states shall put in place clear policies and programmes that ensure that children remain in their family, whenever possible.
- b) Organizations and authorities shall provide family-focused services and interventions to prevent family separation, unless it is in the best interests of the child.
- c) Government and care providers shall ensure that the child's parents or other primary caregivers have access to social protection services, including financial literacy education. Families should be linked to psychosocial support, counselling or family mediation support services in order to reduce family tensions and risk factors.
- d) Service providers should strive to keep children with or close to their family when parents are temporarily unable to care for their children.
- e) Regular periodic family assessments should be conducted, especially for families at risk of violating the rights of the child or abandoning the child. The FMWA through the NSAC and staff of the Child Development Department in partnership with civil society organizations (CSOs) or NGOs should regularly assess the family and child's situation by conducting home visits and speaking with community members. Decisions to remove a child or place a child back with his/her family should be based on this assessment.
- f) Where families are involved in assessments and are receiving prevention and other services from several service providers, the provision of these services shall be coordinated by the lead government agency responsible for case-management at federal level and at state level by the Child Development Department or other relevant department.
- g) Sexual reproductive health and rights programmes shall be made available progressively in hospitals, primary health-care systems, primary health-care centres and community centres to

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support mothers and fathers, in particular adolescent parents and single mothers. The social worker, counsellors or health-care providers shall counsel and mediate especially between adolescent(s) and their parent(s) as necessary.

- h) Awareness about stigma reduction related to children born out of wedlock and those born with physical and mental disabilities, and/or afflicted by diseases, such as HIV, should be fostered. This will help prevent child abandonment in such circumstances.
- i) Social welfare officers (SWOs), child development officers (CDOs) and care providers should be available in maternity hospitals. In alternative care facilities, care providers shall carry out alternative care gatekeeping services such as counselling parents or legal guardians, who wish to relinquish a child permanently or temporarily, on the consequences and impact of such intended actions on children. The care providers should establish links with interdisciplinary providers of social services to address the drivers of child vulnerability and abandonment. If it is determined to be in the best interests of the child, the social worker should work with the parent(s)/caregiver(s) to look for other family members to care for the child or, if that is not possible, to find a permanent family placement within a reasonable period.
- j) Awareness among traditional and religious institutions about the ending of violence against children and abuse, neglect and exploitation of children should be fostered. These institutions should be encouraged to play a preventative role in communities and institutions, such as schools, hospitals and social protection service providers.
- k) Training and retraining for social workers, caregivers, childminders, teachers, school heads, administrators, principals, proprietors and directors, community groups, religious groups and others working with and for children should be conducted to help them identify situations in which a child is vulnerable to violence, abuse, neglect, exploitation or risk of abandonment as well as the interventions to be carried out to mitigate or control these situations.
- l) Where a child has been identified as separated from parental care, immediate efforts must be made to locate the child's parents and extended family. The process of tracing should be thorough and well documented. Where a child has been identified as separated and family cannot be traced, the caseworker shall conduct an initial assessment. The caseworker shall also register the child and conduct a vulnerability determination using relevant case management tools, to decide on the most appropriate course of action that is in the child's best interests.

## 2.2 Alternative care for children

When placing a child in alternative care the following continuum must be considered: alternative care for children is categorized into family-based care (which comprises kinship care, foster care, *Kafalah*, and other forms of community-based care) and residential care (which includes temporary safe care such as emergency protection centres, family-like care, small group homes, childcare facilities, and institutions and supported independent living).

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## 2.2.1 Kinship care

This is a family-based care within a child's extended family. Kinship care can be formal or informal, although informal kinship care is the most common. Kinship care is the most culturally appropriate and understood form of alternative care as it is based on community mechanisms and processes. It provides great benefits to the child and, typically, children prefer this type of arrangement. It allows children to maintain cultural, religious and linguistic links with their families and communities and enables continuity, stability and a sense of identity and self-esteem. Children are also likely to experience less distress after their parents have died or after being separated from their parents. Children cared for within their own family environment generally experience fewer placements and avoid the risks associated with institutional care. Kinship care is also more cost-effective than residential care. During family separation, kinship care can be an important temporary arrangement until the child's family has been traced and he/she can be reunified with them.

Principles of kinship care:

- a) Approval of the relevant government authority is required where a child is transitioning from any other form of alternative care into kinship care.
- b) Kinship care shall be prioritized as the first type of family-based alternative care where it has been determined that it is not in a child's best interest to remain with his/her biological parent(s) or where they are untraceable or deceased.
- c) The duration of the placement will vary based on the needs of the child and family.
- d) As a general rule, there is no requirement for the relevant government authorities or other service providers to intervene in informal kinship care arrangements, unless the best interests of the child require such intervention. However, informal kinship carers must be encouraged to notify relevant authorities of the placement of a non-biological child in their care.
- e) Where possible and appropriate, the Child Development Department or relevant authority should encourage and enable informal caregivers, with the consent of the child and parents concerned, to formalize the care arrangement after a suitable lapse of time, to the extent that the arrangement has proved to be in the best interests of the child to date and is expected to continue in the foreseeable future.
- f) Steps should be taken to ensure the protection of children in informal care from abuse, neglect, child labour and all other forms of exploitation. They should have access to education and health-care services and to birth registration. They should not be discriminated against in comparison to any other children in the household.
- g) The child must be able to safely report infringements of his/her rights (including the reporting of abuse and exploitation) and be provided with information on how to report violations to trusted adults who can support and advocate for the child if and when required (for example, other relatives outside the household, neighbours, teachers).

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### 2.2.2 Foster care

Formal foster care is where a child is placed in the private home of a caregiver who has been selected, qualified and approved by the State or authorized by a court, or with a family member approved by the State or authorized by a court. Foster care may involve emergency foster care, temporary foster care and long-term foster care, and it may be:

- a) **Formal foster care:** The placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child; and
- b) **Informal foster care:** When community members informally take in children who have been orphaned, abandoned, lost or neglected, without undergoing any formal processes through the social welfare authorities or the Family Court. This form of fostering is also termed private foster care,<sup>11</sup> and is subject to the provisions of the CRA.

Fostering may be necessary because of orphaning or separation from biological parents due to ill health; abuse and neglect; where parents are unable or unfit to provide guidance and support; where a child is found wandering and has no home or settled place of abode, is on the streets or other public place, or has no visible means of subsistence, etc.

Foster care may be organized as an initial phase in preparation for the adoption of a child. According to section 100 of the CRA, fostering may occur upon a person making an application to the court within the jurisdiction in which the person applying to foster the child resides at the date of the application and upon the granting of such applications.<sup>12</sup> Furthermore, the CRA recognizes private fostering arrangements in which a person other than the biological parents or persons with parental responsibilities or a relative of the child provides accommodation and care for the child for a period exceeding 28 days and has the intention to continue to provide accommodation and care.<sup>13</sup>

### 2.2.3 Interim orders

Interim orders supplied upon application to foster a child in terms of section 107 of the CRA can be used as probationary community-based foster placements and may not exceed two years in duration.

### 2.2.4 Foster care as a temporary emergency alternative care method

Where possible, emergency placements should be made under the foster care system, rather than by placing the child in any form of residential care. Priority should be given to this principle when dealing with the alternative care of children under 3 years of age. This applies to emergency placements occasioned by abuse or neglect, the need for family preservation and reunification services, the need to locate families or relatives, the need to complete a best interests assessment of the situation of the child and his/her family and during emergencies, conflict or disaster situations, by family separation.

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<sup>11</sup> Section 120 CRA.

<sup>12</sup> Section 100 (1) CRA.

<sup>13</sup> Section 120 CRA.

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## 2.2.5 Guardianship

Guardianship is sometimes a temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his/her interests. It can also refer to a person appointed by a will to assume responsibility for a child in the event of the death of parents.<sup>14</sup> Neither of these are implicated by these guidelines. Parents also have guardianship with respect to their child. However, the term guardianship can also be used in common language to refer to an informal relationship in which one or more adults assume responsibility for the care of a child, as with customary (law) adoption.

## 2.2.6 *Kafalah*

*Kafalah* refers to the Islamic mode of alternative childcare in which a person or family voluntarily commits himself/herself to sponsor and care for an orphan or any other child deprived of family care. The individual or family provides financially for the child so that his/her basic needs for health, education, protection and maintenance are met. *Kafalah* is officially recognized by both article 20(1) and (3) of the CRC and by paragraph 2(b) of the United Nations Guidelines for the Alternative Care of Children (United Nations General Assembly, 2010).

*Kafalah* as alternative care is to be provided by Muslims who, in their provision of alternative care for Muslim children who have lost parental care or are at risk of losing parental care, wish to be guided by Islamic law.

*Kafalah* arrangements may be informal, organized between families or may be approved by courts, including religious courts. It is a culturally appropriate child-protection placement and response for children of the Muslim faith. Where used by social welfare authorities, religious leaders should be notified and, where necessary, involved in the placement and they should ensure that the obligations of the *kafil* (caregiver) for the care and well-being of the child are recorded in writing.

## 2.2.7 Residential care

This refers to care provided for children without parental care in a specially designed or designated institution (non-family-based group setting), such as places of safety for emergency care, transit centres in emergencies and all other short- and long-term residential care facilities, including orphanages, children's homes, children's villages, correctional centres for children in conflict with the law, Quranic schools that provide accommodation to children and other group living arrangements for children in which care is provided by paid adults or volunteers who would not be regarded as traditional caregivers by the broader society.<sup>15</sup>

The National Guidelines for the Alternative Care of Children in Nigeria defines residential care as a home or institution established by a person; corporate, voluntary or religious organization; FBO

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<sup>14</sup> Sections 85 and 90 CRA.

<sup>15</sup> Section 186, 191 and 195 CRA.

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or NGO; which has been granted approval by the relevant social welfare authority to manage a programme for the care, protection, rehabilitation or control of children. In principle, all residential care centres must be registered with the Child Development Department or the relevant state entity and, in the case of Quranic schools providing residential accommodation, with the appropriate Islamic authority.

### 2.2.8 Temporary safe care

A place of safety or shelter or emergency rescue centre is a safe family-like environment where children in distress are placed for a short time (from a couple of hours to a maximum of six months), while arrangements for family reunification or placement in alternative care are made. It includes halfway houses, safe spaces, transit temporary safe care including shelters, and emergency rescue centres. While care may be temporary, children should be cared for in a stable, nurturing and safe environment. Section 64 of Trafficking in Persons (Prohibition) Enforcement and Administration Act, 2015 (Federal Government of Nigeria, 2015) lends credence to the establishment of temporary transit safe care including shelters for rescued trafficked persons, especially women and children. In line with the guiding principle outlined in 2.2.4 above, preference must be given to the placement of children in foster care as a temporary safe care option, rather than in residential care.

### 2.2.9 Family-like care

Family-like care is an alternative care option in which one or more professional caregivers recruited by an organization supporting family-like care provide care in a largely autonomous home based in a community to a small group of no more than ten children, in a setting that is specifically created for this purpose and that resembles a family environment. It is an arrangement in which children are cared for in small groups, in a manner and under conditions that resemble those of an autonomous family, with one or more specific parental figures as caregiver(s), but where these caregivers are not members of the children's families. Family-like care placements are considered for children whose parents are untraceable, who have been orphaned or who are in need of specific support. As specified in paragraph 154 of the United Nations Guidelines for Alternative Care of Children (United Nations General Assembly, 2010), placement in family-like care should be considered a temporary measure pending the reintegration of the child into his/her family, placement with relatives or foster parents, the adoption of the child, or another solution aimed at bringing permanency to a child's life.

### 2.2.10 Supported independent living

Supported independent living are settings or arrangements in which children and young persons are supported in their own homes,<sup>16</sup> a group home, hostel or other form of government-approved accommodation in the community. In these settings, they are encouraged and enabled to acquire the necessary competencies for autonomy and independence in society through appropriate contact with and access to support workers (UNICEF and the Government of Kenya, 2014, page 97). Support/

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<sup>16</sup> In which case it is considered as family-based care under 2.2.1 above.

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social workers are available as needed and at planned intervals to offer assistance and support. Assistance may include timekeeping, budgeting, cooking, job seeking, counselling, vocational training and parenting. Supported independent living programmes aim to better prepare and support the young person in making a smooth transition from out-of-home care, living and working on the streets or being outside of family care to independence and adulthood.

### 2.2.11 Adoption

Adoption is the complete severance of the legal relationship between a child and his/her biological parent(s) and birth family and is the establishment of a new legal relationship between the child and his/her adoptive parent(s). Adoption is a permanent care solution and because of its permanent nature, is not regarded as alternative care but rather as a lasting solution for a child who cannot be with his/her biological parents. Adoption should only be considered after reasonable efforts have been made to determine that a child cannot remain within his/her family of origin or cannot be cared for by members of the family. Customary law adoption is not uncommon in the Federal Republic of Nigeria, and is regulated not by courts, but by custom. Advocacy efforts should be undertaken to encourage adoptive parents in customary arrangements to formalize these under the CRA.

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# CHAPTER 3: Alternative care in special situations

## 3.1 Care of children whose primary caregivers are in custody

Where a child's primary caregivers are incarcerated (in correctional custody or solitary confinement), the government through the Child Development Department, Social Welfare Department, or other relevant department shall take up the responsibility of providing care for the child. To minimize the risk of long-term family separation and abandonment of children, the government authorities shall ensure that the best care for children is made available while their primary caregivers are serving their incarceration terms. While primary caregivers are in custody, their children should preferably be placed with family members (in kinship care, community parenting and foster care) and the maintenance of contact between children and their primary caregivers should be facilitated.

The Child Development Department shall undertake the following necessary actions in ensuring the preservation of family ties:

- a) Keep the family connected through contact/visits between the parent(s) and children;
- b) Create and build a coordinated system of support;
- c) Give frequent updates to both parents and their children;
- d) Show respect for the incarcerated parent as well as the feelings of the child;
- e) Attach children to mentors at a ratio of 1 to 5, maximum;
- f) Provide psycho-trauma healing services for the children; and
- g) Raise awareness about stigma reduction and discrimination prevention.

Courts, when sentencing a primary caregiver parent to any form of custody which will lead to separation of the child from the primary caregiver, shall upon imposition of sentence notify the local Child Development Department of this so that services may be provided to left-behind children. Sentencing officers should be encouraged to commission pre-sentencing reports from a SWO in all instances involving primary caregivers of children, in order to:

- a) Determine whether a non-custodial sentence may be considered; or
- b) Establish what care measures may be put in place for the child during their caregiver's custodial sentence.

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## 3.2 Care of children whose primary caregivers are terminally ill

Where a primary caregiver is terminally ill, there may be the need to prepare the children for the eventual permanent separation resulting from their caregiver's death. The following are some of the actions to be taken to prepare the child for the eventual death of the primary caregiver:

- a) Counsel the child on alternative care available after disclosure of the nature of the illness, taking into consideration the age of the child;
- b) Use appropriate language to communicate with the child and give simple explanations of what is happening;
- c) Encourage and assist the primary caregiver with appointing a testamentary guardian for the child (if the other parent is not available or willing to provide care for the child) or approach the court to appoint a guardian in such circumstances;
- d) Organize for the eventual placement of the child with an extended family member or the legal guardian upon the death of the primary caregiver;
- e) Encourage an interim caregiver to use video, phone or another means of communication so that the child can be in contact with the primary caregiver if they are in hospital; and
- f) Arrange in-person visits when possible and explain any differences in the condition of the primary caregiver before the visit.

## 3.3 Care of children outside their state of residence

Children shall preferably be cared for in their state of origin to retain community and cultural ties. The best interests of the child do, however, permit deviating from this overarching principle if necessary. These principles shall protect children outside their state of residence as follows:

- a) The guidelines contained in the National Guidelines for the Alternative Care of Children shall apply to all public and private entities and all persons involved in arrangements for a child to be sent to be cared for in another state in Nigeria, or to a country other than Nigeria where Nigeria is his/her State of habitual residence, whether for medical treatment, temporary hosting, respite care or any other reason;
- b) The states concerned shall ensure that their social welfare service authorities are charged with the responsibility to determine the specific standards that need to be met regarding the criteria for selection of caregivers in the host state and for the quality of care provided and any follow-up actions necessary, as well as for supervising and monitoring the implementation of the placement;
- c) The approval of a court must be sought before a child is transferred into any form of alternative care outside the Federal Republic of Nigeria; and

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- d) Care for children outside their state of residence shall include unaccompanied or separated children who shall, in principle, enjoy the same level of protection and care as children in their state of residence.

### **3.4 Alternative care in emergency situations**

The guidelines contained in the National Guidelines for the Alternative Care of Children shall apply in situations of emergency arising from natural and human-made disasters, including pandemics, floods, fire outbreaks and armed conflicts. Individuals and organizations working on behalf of children without parental care in emergency situations and humanitarian settings are required to operate in accordance with these guidelines.

In such circumstances, the government authorities or agencies and organizations providing or intending to provide child-focused services should pay particular attention to:

- a) Responding to trauma and providing psychosocial support to children exposed to or who might have been exposed to trauma from any source during an emergency by using psychosocial support mechanisms and psycho-trauma healing counselling;
- b) Ensuring that all organizations and persons involved in responding to unaccompanied or separated children are sufficiently experienced, trained, resourced and equipped to do so in an appropriate manner;
- c) Developing, as necessary, temporary and long-term family-based care;
- d) Using residential care only as a temporary measure until family-based care can be developed;
- e) Prohibiting the establishment of new residential facilities structured to provide care to large groups of children on a permanent or long-term basis in an emergency situation;
- f) Preventing the cross-border displacement of children, except temporarily for compelling health, medical or safety reasons;
- g) Making the facilitation of family tracing and reintegration efforts mandatory;
- h) Using the Case Management Assessment Form to provide assessments for unaccompanied, abandoned and separated children;
- i) Cooperating with international agencies involved in refugee and emergency responses, especially but not limited to the provision of best-interests' assessments and in family identification and location efforts; and
- j) Ensuring, as far as is practicable, that children displaced by emergency situations can enjoy as quickly as possible their rights to education, an adequate standard of living for their optimal survival and development and registration with the applicable authorities.

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## 3.5 Almajiri who are accommodated in *tsangaya* (Quranic schools)

### 3.5.1 Rights of children in Quranic schools

- a) Children in Quranic schools have the right to basic literacy, writing and numeracy education equivalent to children in the formal education system and, if this cannot be provided by the *mallam*, the *mallam* must ensure that children are registered in and attend the appropriate local state school;
- b) Children in Quranic schools must be provided with access to appropriate health care; adequate clothing; opportunities for access to play, leisure and recreation; a living environment that is suitable for their safety, survival and development; and an adequate supply of clean water, sanitation and food;
- c) Children in Quranic schools may not be subjected to exploitative or hazardous child labour or be forced to beg;
- d) Children in Quranic schools may not be subjected by the *mallam* to any form of violence, abuse and neglect, including corporal punishment;
- e) Children in Quranic schools must be allowed the opportunity to have contact with their families and communities on a regular basis;
- f) Girls in Quranic schools shall be provided with adequate hygiene materials relevant to menstruation;
- g) Children in Quranic schools must have access to adolescent sexual and reproductive health services; and
- h) Children in Quranic schools who exhibit signs of trauma must be assisted to get psychosocial counselling and support.

### 3.5.2 Obligations of teachers in Quranic schools

- a) The head of a Quranic school is obliged to register the school with the local Islamic council, who shall notify the relevant social welfare authorities of each registration, the location of the school and the name of the head of the school;
- b) Teachers in Quranic schools are obliged to ensure that children's rights as provided for in these guidelines are upheld in these schools;
- c) The teacher–pupil ratio in Quranic schools shall be no more than 1:30;
- d) Teachers in Quranic schools are obliged to ensure that children in these schools have access to life skills, including information-and-communication-technology skills, vocational skills and entrepreneurship programmes to equip them for adult living; and
- e) The head of a Quranic school shall ensure that there is appropriate care for children while they are sleeping.

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### 3.5.3 Obligations of Islamic councils and social welfare authorities

- a) The body responsible for the regulation of the Almajiri system and the social welfare authorities are required to ensure that Quranic schools are inspected by an independent and multidisciplinary team at least once every quarter to ensure that the provisions of these guidelines are adhered to;
- b) The social welfare authorities in cooperation with education authorities shall ensure access to a short-term transitional programme for adolescents in Quranic schools previously enrolled in upper primary or lower secondary who have interrupted their education to further their religious education;
- c) The body responsible for the regulation of the Almajiri system together with social welfare authorities shall implement community awareness programmes on the need for formal education and to prevent the separation of children in Quranic schools from their families;
- d) Social welfare authorities shall implement reintegration and reunification programmes for children who are separated from their families and living in Quranic schools; and
- e) State welfare authorities and relevant criminal justice partners must act with due diligence to investigate and prosecute violations by Quranic schools of the provisions of these guidelines and the CRA or any other law, and to close these schools where they do not meet the standards contained in these guidelines.

## 3.6 Children in conflict with the law

### 3.6.1 Rights of children in conflict with the law

- a) Children in conflict with the law in residential facilities, whether awaiting trial or serving a sentence, have the right to:
  - i. Adequate living facilities suitable for their well-being and development;
  - ii. Adequate nutrition and safe drinking water;
  - iii. Health care, hygienic toilet facilities, adequate space and ventilation;
  - iv. Education, if below the age of compulsory education, and where above the age of compulsory education, to vocational, adult literacy and skills development programmes; and
  - v. Rehabilitative programmes to ensure their preparation for reintegration into the community.
- b) Children in conflict with the law have the right to contact with their families and must be assisted to maintain contact where this is in their best interests;
- c) Children in conflict with the law who have been convicted have the right to rehabilitation, pre-release and aftercare programmes;
- d) Children in conflict with the law have the right to access a safe storage facility for personal items;
- e) Children in conflict with the law have the right to be considered for early release programmes where this is in their best interests;

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- f) Children in conflict with the law have the right to have their linguistic, religious and cultural needs taken into account in the provision of care to them; and
  - g) Children in conflict with the law have the right of access to appropriate recreational and sporting facilities with a view to improving their mental health and psychosocial well-being.

### 3.6.2 Management of residential facilities for children in conflict with the law

- a) Boys shall be separated from girls and older children from younger children whilst in residential facilities for children in conflict with the law.
- b) Sentenced children shall be separated from children awaiting trial, except that they may attend educational, vocational and skills training during the day jointly under appropriate supervision.
- c) Girls and boys in residential facilities for children in conflict with the law must be provided with adequate sanitary materials, including for girls' menstruation.
- d) Discipline shall be administered in a humane and dignified manner and the following practices are specifically forbidden: corporal or physical punishment in any form; group punishment for an individual infraction; solitary confinement or isolation, except for medical reasons or the immediate safety of other children in the residential facility and then only after all other possibilities have been exhausted; humiliation or ridicule; deprivation of basic rights such as food or clothing; deprivation of access to family members; restraint, other than when necessary for the safety of the child or the immediate safety of other children in the residential facility; assignment of onerous exercise or other chores which are inappropriate; or punishment by another child.
- e) All reasonable measures should be taken to ensure that children are protected from the risk of fire or other hazards, as well as harm or violence from other children in the residential facility, and each residential facility should have an emergency response plan.
- f) No person who is unsuitable to work with children by reason of a criminal conviction or previous dismissal for offences perpetrated against a child shall be permitted to work in a residential facility for children in conflict with the law.
- g) All residential facilities for children in conflict with the law must have access to a social worker or social workers in a ratio suitable to the number of children accommodated at the facility.
- h) All residential facilities for children in conflict with the law must have access to an educationalist or educationalists in a ratio suitable to the number of children accommodated at the facility.
- i) Upon admission, all children must be medically assessed and screened for infectious diseases and informed of their rights while at the residential facility as well as the applicable behavioural rules.
- j) Parents or guardians must be notified as soon as possible, but at least within 48 hours, of the admission of the child to a residential facility for children in conflict with the law.

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# SECTION 3:

## Implementation Arrangements



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# CHAPTER 4: Promoting family tracing and reintegration

## 4.1 Overview of family reunification and reintegration

Article 10 of the CRC calls for authorities to speedily reunify the child with his/her family if he/she has been separated from them. Where a child is found to have been separated from his/her family or placed in alternative care, efforts shall be made to ensure that the child's family is found and, whenever possible, that the child is reunited and reintegrated with his/her family as soon as possible. The FMWA laid down rules for family tracing and reunification that shall be followed. Furthermore, social welfare authorities shall coordinate and supervise the entire process and ensure that the unaccompanied and separated children case management forms are duly completed, and reunification certificates issued with respect to all reunified children. Data of all reunified children should be sent from the state to the FMWA. The relevant forms in the harmonized case management tools should be utilized.

For effective tracing, reunification and reintegration, especially for children in institutions/residential care, the following guiding principles are required:

- a) **Protection of the child and family:** Protection, confidentiality and safety of the child and his/her family is the priority and should underline all tracing activities and information-sharing. In sharing information and using traditional or social media, priority should be given to ensuring minimum risk to the child and family, while at the same time providing as much information as is necessary. Tracing, reunification and reintegration in insecure circumstances and situations may endanger the child or family and, in such cases, tracing may have to be postponed.
- b) **Involvement of the child:** Prior to initiating reunification and reintegration activities, the organization in charge of the child should discuss the envisaged process with the child, based on his/her age and evolving capacities. A consent form should be prepared for the child, family and respective organization to sign. The child should be updated on progress throughout the process.

## 4.2 Tracing

Good practice requires the following:

- a) Upon receipt of necessary information from the child, trace families without the children taking part in the tracing; verify details; assess whether the family is willing and able to take care of the child; plan the reunification; prepare the family; prepare the child; re-assess needs and wishes and decide whether to reunify the child.

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- b) Tracing methods should include travelling and the use of traditional and social media (office-based tracing).
  - c) Tracing should start as soon as the case is reported/registered in line with existing regulations. Tracing should only be stopped when there is reasonable evidence that the family cannot be found.
  - d) Community members should be actively engaged in tracing efforts since they may have more information than the government and CSOs/NGOs.

Various steps have been used in tracing, reunification and reintegration and can be used either as stand-alone methods or jointly. They include:

- a) Obtaining information from the child;
- b) Using information from a SWO's social inquiry report or Police Lost Child Report or the hospital where a child was abandoned;
- c) Obtaining information from a person in the community who assisted a separated child; and
- d) Use of media such as newspapers or radio in special circumstances (where no information on the family or relatives can be obtained from the child).

### **4.3 Family reunification and reintegration process**

To prepare and support the child and family for his/her possible return home, the following steps should be undertaken:

- a) Assessment of the situation by the NSAC through the multidisciplinary team of social workers, auxiliary social workers, counsellors, members of the State Alternative Care Committee (SACC), the State Alternative Care Implementation Unit (SACIU), or the Local Government Alternative Care Committee (LGACC) and other duly designated individuals, in consultation with the child, family and alternative caregivers. This will determine whether the reunification of the child with his/her family is advisable and in his/her best interests. The case identification pre-assessment should be done by the caseworker and a vulnerability assessment conducted using the relevant case management form.
- b) Preparation should include home/bonding visits between the child and his/her family. These visits shall be planned by the caseworker and will be used to identify the support needed before a child can safely return home. The frequency and duration of visits shall be determined on a case-by-case basis.
- c) If the child is unwilling to return to the family, his/her reasons should be objectively evaluated and the decision made in the best interests of the child.
- d) Once determined that it is in the child's best interests, family reintegration should be designed as a measured, regulated and monitored process, supplemented by regular follow-ups and support mechanisms that consider the child's age, needs, evolving capacities, causes of separation and

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current alternative care placement. This is to determine the readiness of the environment for placement of the child. This should be a careful process with a specified date and clear objectives and activities and should be dependent on assessments and the child's individual care plan. The family, authorities/organizations and alternative caregiver's primary responsibilities should be set out in writing and agreed on by all concerned (the child, family, SWO, child protection officer (CPO), CSO/NGO representative and community leader). All concerned parties should have a written copy of the document. Both the child and his/her family should be part of the decision-making process. The child shall be fully informed about the plan for the day of the reunification, as well as what he/she can expect, the frequency of monitoring visits, and any arrangements to access services that have been made.

- e) Prior to reunification, the immediate needs of a household should be addressed, including by referral to services and counselling and by providing training on topics including positive parenting, trauma-related or institutional behaviours and home hygiene/health.
- f) The child and family should be appropriately prepared and supported, with such support including food, education, health, income-generating activities and vocational training, where necessary. The child should never be reunified without such preparation and support.
- g) For children who have been separated from their families for an extensive period or who have been in a long-term alternative care placement, the reintegration process may be more challenging. It may take significant time for the child to feel like a member of the family again and to adjust to the family, community and school environment. With these children, caregivers may need additional support and the reunification process should be carefully planned and implemented. Staff and all involved should be mindful of the potential challenges. An individual care plan for the child helps to prepare for these challenges.

## 4.4 Steps for family reintegration

For proper integration after a long period of separation, the following procedural steps should include:

- a) **Family assessment:** The NSAC through the SACIU in collaboration with the Local Government Alternative Care Committee (LGACC), should assess the child's parents and/or extended family, using relevant case management forms, to evaluate their socioeconomic, health and psychosocial status, and their ability to care for the child. The assessment will support family verification, evaluate the safety and appropriateness of the family environment and determine types of services that are needed for proper reintegration;
  - i. During family assessment visits, the respective authorities should discuss with the family their obligations and responsibilities as parents/caregivers; and
  - ii. The information, where appropriate, should be shared with the child to prepare him/her for the reintegration process. If serious concerns arise following the family assessment, it may be necessary to involve the LGACC and other community authorities to provide further support or action as needed.

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- b) **Establishment of family and child contact:** Consistent contact between the child and his/her family should be established, supported and monitored by the facilitating persons responsible for the reintegration. If feasible, the child should visit the family prior to reintegration. Family group meetings can be arranged and facilitated by the persons responsible for facilitating the reintegration. During these meetings and visits, the parent(s) or family can be involved in life skills activities (e.g., meals, bedtime, school activities, doctor's appointments).
  - c) **Provision of counselling and other support services:** Prior to reintegration, the child should be provided with counselling services to address the causes of separation, abuse and trauma that the child may have faced during his/her separation from the family as well as to avoid possible adjustment problems once the child is reintegrated with his/her family. The child must be prepared for the possibility that the family might reject him/her. He/She should be given the contact numbers of the SACC or LGACC in case a problem arises following reintegration. Additionally, the child should be provided with medical, nutritional and educational support. Services should be tailored to the specific needs of the child and should take into consideration the length of separation.
  - d) **Conduct family mediation sessions:** In instances where separation has been intentional, or, if accidental and the family knows where the child is but does not show any interest in taking him/her back, family mediation activities are needed. Family mediation, which is usually undertaken by a counsellor or social worker, is the process of helping the family and the child understand and agree that it is in principle best for them to live together if there are reservations by either or both parties about doing so.
  - e) **Actual child/family reunion:** The persons facilitating the reintegration should use proper means of transportation, such as a car or bus. The child must be accompanied by at least one supervising adult, caseworker or a specialized police officer who should remain with the child until the family has welcomed the child back home. Community elders should be notified of the return of the child. Thereafter, a reunion agreement should be signed between the family and the facilitator in the presence of community leaders.
  - f) **Provision of reintegration kit:** A reintegration kit may include materials such as bedsheets or a sleeping mat, a first aid kit, food, and schoolbooks. The materials should support the child and family during the readjustment period and should be similar to what is available in the family's home environment and community. It should not set the child apart from his/her siblings and other family members and should not be perceived as an ongoing donation.
  - g) **Family-focused support and follow-up services:** This is a critical component of reintegration which should be undertaken as continuous, targeted follow-up and support to the child and family. However, these services should not create dependency on the part of the family or the child. The family assessments and home visits prior to reintegration can help determine the package of support services that the family should receive following reintegration.
  - h) **Sensitization:** Throughout the process, staff, alternative care providers, the Child Development Department, the community, and parents should be regularly sensitized about the purpose, importance and procedures of reintegration for children separated during emergency and non-emergency situations as well as for children currently residing in alternative care placements. This is to curb negative attitudes and misconceptions about reintegration by alternative care providers and community members.

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## 4.5 Monitoring and follow-up after reunification and reintegration

- a) The State Alternative Care Committee (SACC) through the LGACC, Community Alternative Care Committee (CACC), CSO or NGO and responsible case workers shall conduct quarterly follow-up visits with the reunified child/family during the first year following reunification and once per year thereafter until the child and family are well adjusted.
- b) It is recommended that follow-up continues for a minimum of two years following family reunification. Follow-up visits should evaluate the child's health as well as nutritional, educational and psychosocial development status and based on findings from these visits, the organization/ authorities should provide additional support services to enable the child to properly reintegrate with his/her family, where appropriate.
- c) Community leaders and/or community caregivers shall be included in follow-up visits to support monitoring of the child's safety, adjustment and well-being following reunification.
- d) The Director of Child Development (DCD) or his/her designee shall oversee the use of a standard monitoring tool and prepare quarterly and annual monitoring reports. The OVC Vulnerability Index and its records should be used for monitoring.

## 4.6 Actions needed following failure of reunification and reintegration

Where the successful reunification and reintegration of a child with his/her family is not possible, the following alternatives should be considered:

- a) An alternative care plan should be put in place based on the child's specific needs and situation.
- b) The reasons for removing the child from the family should be shared with both the family and the child. This will be the responsibility of the organization or the SWO/CPO who conducted the reunification and reintegration process.
- c) It is recommended that the decision to remove a child from his/her family be shared with the state/local government/CACCs.

## 4.7 Confidentiality

The importance of confidentiality in the whole process cannot be overemphasized. All information and data gathered on the child and his/her family during the tracing, reunification and reintegration process should be kept confidential and secured. Authorities and organizations should ensure that the child's record is preserved and that his/her safety is taken into consideration when sharing information about the child, including photographs.

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# CHAPTER 5: Standard operating procedures for alternative care of children

## 5.1 Informal and formal kinship care

Where a child loses one or both parents, or the parents can no longer care for the child, kinship care shall be provided as alternative care for that child. Formal kinship care shall be done by the SACC at state level. Formal kinship care that involves a foster care order requires an application to a court. Informal kinship care is usually arranged by parents or guardians without the involvement of authorities.

### 5.1.1 Procedure for formal kinship care

- a) Assessment of family members or relatives who are to take up the responsibility of caring for the children should begin at family level by identified community structures.
- b) The SWO/CPO and/or NGO caseworker shall provide counselling support to the family or relatives and strengthen their capacity to provide care.
- c) Reasons shall be disclosed to the child why he/she is being placed in kinship care.
- d) The SWO/CPO and/or NGO caseworker shall prepare the child and family prior to placement through counselling and training. This shall be done using a case-by-case approach.
- e) Those responsible must ensure that the child's views are sought and duly considered in making the decision and prospective kinship carers should be encouraged to meet with the child during the decision-making process(es).
- f) Families must be encouraged to keep siblings together, except where it is not in the siblings' best interests.
- g) The child must be maintained as close as possible to his/her usual place of residence and close family members to minimize disruption and facilitate reunification and reintegration with his/her parent(s).
- h) The DCD, in collaboration with stakeholders, shall develop initiatives to protect children in kinship care from neglect, abuse, violence and exploitation.
- i) Using the Household Vulnerability Assessment tool, the relevant social welfare authorities must conduct an assessment of the household that will serve as the alternative care placement. Based on this assessment and the needs of the family, the DCD or his/her designee, in collaboration with

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stakeholders, shall try to ensure that kinship carers have access to necessary support services by directly providing the services and/or referring families and children to service providers. These services shall include:

- i. Health care: treatment, prevention and rehabilitation services;
  - ii. Education: school fees vouchers and early childhood development services;
  - iii. Day care and respite care (if applicable);
  - iv. Community outreach programmes;
  - v. Counselling and mediation;
  - vi. Access to adequate and affordable housing; and
  - vii. Economic strengthening: income-generating programmes, vouchers, micro-loans, vocational training, etc.
- j) The relevant social welfare authorities shall give support to families caring for an extra child and in extremely vulnerable cases shall explore the possibility of providing extra financial assistance to the family through any available cash transfer programme, to help reduce the risk of child abuse and exploitation. For older caregivers (65 years and above), health and nutritional support shall be provided for them to reduce the burden of care.
- k) Parenting training shall be promoted to build the capacity of kinship carers and their families to care for children, which includes using positive discipline techniques and communicating with children.
- l) Contact between the child and his/her biological family, where known and in the child's best interests, shall be encouraged.

### 5.1.2 Legal protection of children in kinship care

The DCD, in collaboration with stakeholders, shall encourage caregivers to obtain proper legal documentation and other services for the child, such as: birth registration, school registration, identification cards, passports, parents' death certificates (if applicable) and other relevant documents. Where appropriate, informal and formal kinship carers shall be encouraged and assisted to apply to court to receive legal recognition as foster parents.

### 5.1.3 Capacity-building and awareness-raising initiatives

- a) The capacity of the FMWA, NSAC, SACC, LGACC, traditional leaders, community-based structures and civil society needs to be developed so that they better understand kinship care and the ways in which they can work with community-based mechanisms to support and monitor the welfare of children in kinship care arrangements; and
- b) The community should be made aware and educated about ways to protect children from possible discrimination, stigma and exploitation by the kinship family.

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#### 5.1.4 Record-keeping on children in kinship care

- a) To minimize potential harm and the risks associated with kinship care, it is recommended that a kinship care registry is maintained at the LGACC in each location and shared with the area SWO/CPO/CDO who is expected to visit every quarter. The NGO/FBO volunteer caseworkers shall support the registration and monitoring of kinship care placement(s).
- b) Through public awareness campaigns and community outreach, families should be encouraged to notify and voluntarily register the number of non-biological children under their care with the LGACC. Registration can be linked to the provision of services, such as social protection programmes.

#### 5.1.5 Monitoring of children in kinship care

- a) To ensure that the child is protected, and appropriate support services are provided, regular quarterly monitoring visits or other forms of contact should be undertaken by the relevant government agency in that locality;
- b) Kinship care is perceived to be a private family matter and as such, it is important for the SWO/CPO to work closely with traditional institutions, community and religious leaders, community-based structures and CSOs to monitor the kinship care placement by conducting periodic (quarterly) home visits and intervening whenever the need arises. However, the primary responsibility for monitoring lies with government agencies and structures; and
- c) The monitoring of children in kinship care shall ensure that the same standard of care is provided to them when compared to the family's biological children (if applicable).

#### 5.1.6 Roles and responsibilities of stakeholders under kinship care placements

- a) The SWO shall support the family and the community in the placement and monitoring of the child and facilitate the inclusion of kinship carers into existing social protection programmes at the national, state and local levels;
- b) The LGACC shall help to monitor social protection intervention of families caring for children in kinship care; and
- c) Community leaders shall identify and provide information (in an emergency) on which families are to be visited, report any potential cases of abuse or neglect, and monitor the placement to ensure that the child is protected and review the level of support required, where applicable.

#### 5.1.7 Transition from kinship care to another care arrangement

Where a child needs another alternative care arrangement for whatever reason, an assessment should be conducted by the SWO or CPO upon receipt of such information from the LGACC to determine the best alternative care option for the child based on the principles of necessity, suitability and appropriateness.

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### 5.1.8 Caring for children with special needs in formal kinship care

In addition to all other conditions, the following also applies to children with special needs:

- a) In caring for children with special needs, a case-by-case approach should be followed according to the abilities and needs of each child;
- b) An assessment of the capacity of the kinship carer to provide adequate care for a child with special needs should be conducted before the placement of the child with a kinship caregiver; and
- c) The SWO/CDO is expected to conduct monthly visits to the family caring for children with special needs in the first six months of placement. The frequency of visits thereafter can be reviewed subsequently, as appropriate.

## 5.2 Fostering

Foster care is a temporary form of alternative care within a family-based environment (other than the children's own parent, relative or guardian) that is authorized by a competent authority in accordance with the laws of the state. Foster parents care for, maintain and protect children whose parents are deceased or who are unable to receive parental care for any other reason. It commences upon the granting of an application by the Family Court of a fostering order.

The steps required to obtain a fostering order are as follows:

- a) Application must be made by the intending foster parents based on the rules provided by the CRA to the court within the jurisdiction of the residence of the person(s) and the child(ren) at the date of the application.
- b) One person can apply for fostering, except where a man and his wife are applying jointly.<sup>17</sup>
- c) A person shall not apply to foster more than three children except for siblings staying together if there are more than three siblings.<sup>18</sup>
- d) The applicant(s) shall be living in the state in which the application is made at the time of application.
- e) Whenever a foster family needs to relocate within or outside Nigeria, the court shall be duly informed and notified in writing.<sup>19</sup>

The other requirements are as stipulated in sections 100 to 124 of the CRA.

A child may also be placed in emergency foster care with a pre-selected, vetted and qualified emergency foster parent for a few days, weeks or months. This can occur while a lost or separated child's family is being traced or during emergency situations. In the case of an emergency foster placement, the DCD shall receive the foster parent(s)' written consent to accept the child under

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<sup>17</sup> Section 100, 102(2) CRA. Also, section 96(2) Child's Right Law of Lagos State (Lagos State, 2015).

<sup>18</sup> Section 103 CRA and section 97(1) Child's Right Law of Lagos State (Lagos State, 2015).

<sup>19</sup> Section 116 (1) CRA.

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emergency circumstances. If the foster parent has not been vetted and pre-selected, the foster parent must produce the necessary documentation and information showing suitability and fitness within two weeks following the emergency placement. If the foster parent(s) are unable to produce the documentation within this time frame the DCD has the right to reclaim custody of the child on the grounds of ineligibility of the foster parent(s). The DCD shall support the foster parent in acquiring these documents if found suitable based on community testimony.

Before recommending that a child be placed in foster care, the DCD at the FMWA in collaboration with the DCD at the relevant state ministry and the SACC or LGACC, shall conduct a family vulnerability assessment of both the prospective foster household and the child's current household in order to ascertain that all possible efforts have been made to support the family or the extended family to keep the child. Only when the level of care provided by the current family is deemed insufficient or not appropriate, shall foster care be considered and planned.

### 5.2.1 Pre-placement assessment and screening of the child

- a) An SWO shall be designated to each child to manage the pre-placement assessment, screening and matching;
- b) The relevant assessment forms or other standardized assessment forms and tools developed (or adapted) and provided by the FMWA/relevant state ministry will be used in these procedures;
- c) The SACC or LGACC will support the SWO/CPO to coordinate and supervise the pre-placement assessment and screening of the child and the proposed foster carer(s);
- d) The DCD in the FMWA at his/her discretion may, in consultation with his/her counterpart at an individual state's SACC, delegate the responsibilities of pre-placement assessment and screening of the child and the prospective foster parent(s) to an organization, such as an NGO, FBO or community-based organization (CBO), that has the capacity and expertise to do so;
- e) All information on the child's physical and mental health, education and family history will be gathered, documented and reviewed during the assessment process; and
- f) The FMWA or designee shall then compile a case file for each child to establish eligibility and facilitate care planning. The case file shall include, if available, the following:
  - i. General background information, including: two recent photographs of the child; the child's first name and nickname (if applicable), father's and mother's name, siblings' names, grandparents' names and other relevant extended family names; the child's age, date of birth, sex, ethnic group, language and religion; the child's physical and emotional health, nutritional and educational status; and family history;
  - ii. Chronological history of care placement(s) to date, if the child has a history of alternative care or he/she does not have a traceable family background;
  - iii. A list of the child's needs, including emotional, educational, medical, social, cultural, religious and any special needs (physical and mental). This will help to ensure that the most appropriate placement option for the child can be made during matching;

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- iv. Child Status Index form;
  - v. Pre-Placement Assessment form;
  - vi. Household Vulnerability Assessment tool; and
  - vii. A list of recommendations by the multidisciplinary professional experts working with the Director of Social Welfare and DCD regarding foster placement options.

## 5.2.2 Steps for foster care placement

The steps below outline the prerequisite action before foster care placement is undertaken.

### STEP 1: Recruitment of potential foster parents

The recruiting of foster parents is carried out on an ongoing basis to ensure that there is a pool of such parents at any given time. To recruit interested foster parents, who can be recommended for the assessment process, the FMWA, in collaboration with partners in alternative care, will carry out awareness and sensitization programmes in communities to highlight the importance of alternative family-based care.

### STEP 2: Assessment/screening of foster parents

- a) The FMWA, state counterparts, SACC, LGACC and authorized organizations will hold assessment sessions with potential foster parents to establish their suitability. This is to establish that the potential foster parent(s) have:
  - i. No criminal record (police clearance and a certificate of good conduct showing that the person does not have a criminal record);
  - ii. Community good standing (a letter from the community leader to establish that the prospective foster parent is in good standing in the community); and
  - iii. No limiting medical condition and is medically fit to care for a child.
- b) Finalization of the screening process shall be by the designated SWO/CPO/CDO involved.

If the prospective foster parents are deemed suitable, they are recommended for training.

### STEP 3: Training of foster parents

The FMWA will ensure that prospective foster parents are trained in modern parenting skills. All first-time foster parents must participate in parenting sessions and family matters' training before a child is placed with them. Foster families shall be provided with specific training such as parenting skills and what is expected of them as foster parents. They will also be provided with counselling services, prior to and during placement.

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## STEP 4: Creating a database of foster parents/caregivers

A register of all current and prospective foster parents shall be created. The database shall include their name, sex, age, locality and contact details. The database should be accessible to other local child protection actors for their use in identifying potential foster parents for a child in that locality. However, to maintain confidentiality, administration of the database shall be restricted to the SWO/CPO of the LGACC.

## STEP 5: Matching and selecting foster parent(s)

- a) The child's needs and best interests are paramount and should guide the matching and selection process. The needs and interests of the prospective foster parent(s) should not determine the placement nor be the overriding factor to be considered in the placement of a child. Foster parents should be selected in accordance with the criteria set out in these guidelines and from the pool of pre-selected foster parents available in each SACC or LGACC register or database. The wishes of the child should be taken into consideration and the matching process must ensure that the foster parents are deemed suitable to cater to the specific characteristics and needs of the child in question.
- b) Determining factors for selection of a foster parent should include: the cultural, religious and ethnic background of the prospective foster parents and the child; the age, income and marital status of the foster parents; geographic proximity to the child's biological family and siblings (where applicable); the number, age and gender of other children and adults already living in the foster parent's home; the safety and caring environment of the foster parent's home; and the educational needs of the child.
- c) Every attempt should be made to place the child with families of their own tribal, cultural, ethnic and/or religious heritage.
- d) Siblings should not be separated by alternative care placements unless there is a clear risk of abuse or another justification, which should be in the best interests of the children.
- e) Prior to placement, the SWO or LGACC or authorized CBO shall visit the foster parents' home to assess conditions in the home, the suitability of other household members and to check that members of the family have consented to the decision.
- f) The selection and training of foster parent(s) will be coordinated by the DCD. It is recommended that the DCD through the SWO consults with community leaders during the selection process. Upon completion of the foster parent selection, the SWO is responsible for writing a comprehensive report.

## STEP 6: Preparation for placement of child

The following steps should precede the child's introduction into fostering:

- a) To facilitate the adjustment process, arrange pre-placement meetings between the prospective child(ren) and foster parent(s). The child shall be prepared beforehand and provided with information regarding the foster family;

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- b) The SWO, LGACC and authorized CBO, in consultation with the foster parents and child, shall decide the length of the introductory period, which can last from a few days to a few weeks depending on the child and the family; and
  - c) The prospective child and foster parent(s) shall be provided with counselling to prepare them psychologically as a precautionary measure to avoid disruptions after placement.

### **STEP 7: Development of a written agreement**

Before the child is placed with the foster family, a written agreement shall be developed and agreed upon by all parties.

### **STEP 8: Support during placement**

The FMWA through their state counterparts, SACC, must delegate the SWO, LGACC and authorized CBO to provide the following support services:

- a) Holistic support to foster families, including training and referral to other services such as health, education, psychosocial support (including recreational activities) and legal assistance to complete court processes;
- b) In the case of reunification with the child's biological family, counselling and other support services for both biological and foster parents to prepare them psychologically and emotionally prior to the child's reintegration and reunification with the family; and
- c) Assistance in accessing state grants and other social protection grants as required.

## **5.2.3 Duration of foster care placement**

Foster care placement should last for 12 months in the first instance and another 12 months based on the assessment conducted at the expiration of the initial 12 months, when renewed by a court. The length is dependent on the time required for family reunification or placement in permanent alternative care.

## **5.2.4 Monitoring of foster care placement**

- a) The DCD shall monitor and assess the care placement process and may delegate responsibilities to the SACC or LGACC;
- b) Continuous monitoring and assessment of the child's placement should take place at regular intervals to determine whether necessary and appropriate services are being provided to eliminate or reduce obstacles that prevent the child's safe return home and, if reunification is not possible, placement into a permanent care arrangement;
- c) It is recommended that authorized officers visit the home of the foster parents once a month in the first three months of placement and quarterly thereafter. The SWO and authorized CBO shall also organize impromptu visits to the home of foster parents; and

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- d) A standardized monitoring form shall be completed after each visit and filed by the SWO, CPO or authorized CBO with the LGACC.

The following indicators, among others, shall be used for the assessment during such monitoring visits:

- a) Child's physical appearance;
- b) Child's attitude/behaviour; and
- c) Child's relationship with respective foster family members, community members and the SWO, CPO or authorized CBO partner.

The OVC Vulnerability Index and Child Status Record shall be used to assess the child's well-being. In addition, the monitoring team may obtain information through:

- a) Discussions with the child depending on his/her age and evolving capacity;
- b) Discussion with parents and family members;
- c) Feedback from the child's school; and
- d) Feedback from traditional leaders, religious leaders or other community actors.

### 5.2.5 Record-keeping in foster care placements

- a) To properly monitor foster care placements, the DCD through the SWO shall collect information on the development of the child and prepare quarterly and annual reports.
- b) These reports, along with each child's case file, shall be kept in a secure location in the FMWA or its equivalent at the LGACC that has received authority to support government in care activities.
- c) To ensure that all duty-bearers are held accountable, the DCD through the SWO shall record the number of placements in each LGACC and keep track of all children in alternative care on the state database, which should also be included in the national database.
- d) The following information, among others, shall be included in the reports:
  - i. Date of admission and placement in foster care;
  - ii. Reason for placement;
  - iii. Name, age and sex of child;
  - iv. Name, age and sex of parent(s);
  - v. Name, age and sex of child and other children in the households;
  - vi. Kinship relationship of the child, if known;
  - vii. Any special needs of the child;
  - viii. Location of the placement; and
  - ix. Number of renewals of care placement.

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- e) Records of children in the SACC/LGACC who have exited foster care through reintegration with family, placement in other alternative care options or placement in other permanent care should be retained.

## 5.2.6 Caring for children with special needs in foster care

In addition to all other conditions stated under section 5.2.1, the following also applies to children with special needs:

- a) In caring for children with special needs, a case-by-case approach should be followed according to the abilities and needs of each child;
- b) An assessment of the capacity of the intending foster parents to provide adequate care for a child with special needs should be conducted before the placement of the child with a caregiver; and
- c) The SWO/CDO is expected to conduct monthly visits to the foster family caring for children with special needs in the first six months of placement. The frequency of visits thereafter can be reviewed subsequently, as appropriate.

## 5.3 *Kafalah*

### 5.3.1 Procedures for *Kafalah*

To ensure that *Kafalah* is practised in a manner that ensures compliance with Islamic laws and the best interests of the child, the following procedures are provided under these guidelines:

- a) The DCD or his/her designee shall ensure that a form is completed in accordance with the following procedure:
  - i. If the relatives of the child are known, one family member will sign the form to show that the family has consented to the person named on the form acting as a *kafil* for the child. (If the child is in an institution, orphanage, shelter, emergency rescue centre or children's home, the management of the facility shall be involved.)
  - ii. The prospective *kafil* shall inform the LGACC of his/her intention to act as *kafil* to the particular child and shall also sign the form. The chairperson or his/her designee shall sign and stamp the form to indicate knowledge of the matter.
  - iii. The prospective *kafil* shall inform the religious authorities in the district and the LGACC of his/her intentions. If the religious authorities agree that the person will bring up the child according to Islamic teachings, the authorities will sign and stamp the form recommending the *kafil*.
  - iv. The terms of the care arranged shall be specified on the form, including the obligation of the *kafil* to fulfil the care, welfare, health and education needs of the child.
  - v. After the CDC or his/her designee and the religious authority have signed the form, the prospective *kafil* shall take it to the SWO, CPO or LGACC who shall carry out an assessment and, if deemed appropriate, sign and stamp the form to acknowledge the person's suitability

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to act as *kafil*. The DCD acting in conjunction with any involved religious authorities, where applicable, shall make the final authorization for the child to be put under the *Kafalah*.

- b) The DCD will establish and maintain a register of all children under *Kafalah*, continue to monitor the welfare of each child and instigate prosecutions if the terms of *Kafalah* are broken.
- c) In case of a dispute, the Family Court may assume jurisdiction and enforce the rights of the child under *Kafalah*, including protecting the child's inheritance of property from his/her biological parents, and any property that has been bequeathed to the child by the *kafil*.
- d) If the relatives or lineage of the child are not known, tracing of the lineage of the child should be in line with the guidelines for family tracing.

### 5.3.2 Caring for children with special needs in *Kafalah*

In addition to all other conditions stated under section 5.3.1, the following also applies to children with special needs:

- a) In caring for children with special needs, a case-by-case approach should be followed according to the abilities and needs of each child;
- b) An assessment of the capacity of the intending guardian (*kafil*) to provide adequate care to a child with special needs should be conducted before the placement of the child with a guardian (*kafil*); and
- c) The SWO/CDO is expected to conduct monthly visits to the *kafil* caring for children with special needs in the first six months of placement. The frequency of visits thereafter can be reviewed subsequently, as appropriate.

## 5.4 Residential facilities

This is care in a home or institution established by a government agency, person, corporate or voluntary organization, religious or FBO or NGO, which has been granted approval by the relevant social welfare department to manage a programme for the care, protection, rehabilitation or control of children. The recruitment and solicitation of children for placement in residential care by agencies, facilities or individuals is prohibited and can lead to the instigation of a prosecution for the sale of or trafficking in children.

### 5.4.1 Family-like care

Family-like care is an alternative care option where one or more professional caregivers provide care in a largely autonomous setting to a small group of children in a home that is specifically created for this purpose and resembles a family environment. There is usually one parent and four to ten children living together in their own house. The children receive individual support, education and training until they are ready to live independently.

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## 5.4.2 Suitability

While always depending on an individual assessment of a child's best interests and the characteristics of the local context, family-like care is likely to be most suitable for the following children and young people:

- a) Children and young people who lack individualized care and need a family-like environment with a stable attachment figure they can bond with;
- b) Children and young people who require a degree of support which is difficult to provide in a family-based setting such as foster care or kinship care; and
- c) Siblings for whom family-like care is the best care service so that they can grow up together (e.g., because foster family size limitations do not allow for joint placement).

The United Nations Guidelines for the Alternative Care of Children (2010) and in some cases national legislation, recommend that alternative care for children under the age of 3 years should be provided in family-based settings only (i.e., kinship care or foster care). However, in some contexts, where family-based care services do not yet function well or are not available, family-like care can also provide a stable, protective and nurturing environment for young children. Nevertheless, proper gatekeeping should be undertaken to ensure that children are only placed in family-like care when placement in other forms of family-based care are not appropriate or desirable.

The standard operating procedures for foster care as discussed previously apply here too, with changes required by the context.

## 5.4.3 Temporary safe care and emergency protection centres (including shelters)

- a) Temporary safe care and emergency protection centres, including shelters, should be small and organized around the rights and needs of the child, in a setting as close as possible to a family or small group situation;
- b) Their objective should generally be to provide temporary or emergency care and to contribute actively to the child's family reintegration or, if this is not possible, to secure the child's stable care in an alternative family setting, where appropriate;
- c) The duration of placement in temporary safe care or an emergency protection centre, including shelters, must be of temporary duration and, unless there are exceptional circumstances warranting a longer period such as pending criminal justice processes which have not yet been concluded, should not exceed six months;
- d) Measures should be taken so that, as far as possible, a child solely in need of protection and alternative care is accommodated separately from children who are in conflict with the law;
- e) The social welfare authorities shall use standard screening and gatekeeping procedures to ensure that only appropriate admissions into this form of residential care are made;
- f) The State shall ensure that there are sufficient caregivers in temporary safe care and emergency protection centre settings to allow individualized attention and to give the child, where appropriate, the opportunity to bond with a specific caregiver; and

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- g) The deployment of caregivers within the care setting should be based on competence to ensure quality care for children.

### *Governance and operations*

- a) The government, authorized organizations or individuals can establish temporary safe care or an emergency protection centre, including shelters, within the state.
- b) The temporary safe care or emergency protection centre, including shelters, shall be registered (based on the requirements as stated in the FMVA guidelines for the establishment of residential care) and understood as a temporary place of safety for children while arrangements for family reunification or alternative care are made. Temporary safe care and emergency protection centres including shelters, are not correctional homes or orphanages.
- c) All efforts should be made to ensure that children are placed in the temporary safe care or emergency protection centres or shelter for the shortest period possible (a couple of hours and not more than six months). The DCD shall monitor the entry and exit of children in temporary safe care, including shelters, to ensure compliance with the above.
- d) Each child should be registered upon admission and an individual care plan developed, with the involvement of the child depending on his/her age and evolving capacity. A timely and efficient exit should be facilitated. A copy of the care plan and a photo of the child should be sent to the DCD.
- e) If a child is kept at the temporary safe care, emergency protection centre or shelter for more than seven days as a matter of emergency, an emergency protection order should be sought from the Family Court.
- f) Staff should communicate all procedures and the child's care plan with each individual child, if of appropriate age and evolving capacity, and update him/her regularly on progress being made to reunite him/her with his/her family or place him/her in a more suitable alternative care setting.
- g) Temporary safe care and emergency protection centres, including shelters, (where practicable) should be as close as possible to the child's community of origin so that he/she can remain close to his/her family and community. Management should encourage community engagement and participation in the activities of the temporary safe care or emergency protection centre or shelter and vice versa, with a view to strengthening placement and referral opportunities to care in the community.
- h) Due to the circumstances surrounding the placement of children in temporary safe care or emergency protection centres or shelters, the security of the child and location of the shelter is a priority.
- i) Each temporary safe care or emergency protection centre or shelter should develop and uphold child-protection and safeguarding protocols to ensure that children are not direct or indirect victims of conflict or exposed to harm.
- j) Government, as well as donors, must allocate adequate funds to temporary safe care or emergency protection centre and shelter providers to ensure that high standards are maintained.

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- k) Networking and information-sharing among service providers to support service delivery and strengthen the referral system is to be encouraged.

### *Staff*

- a) Staff must have appropriate skills and qualifications, be from multidisciplinary fields and hold a certificate of good conduct issued by the police or by the DCD;
- b) The manager of a temporary safe care or emergency protection centre, or shelter, shall be suitably qualified;
- c) The temporary safe care or emergency protection centre, or shelter, shall at least have in its employ or have access to a SWO in the recommended ratio of carer to children. This shall be a basis for registration or renewal of registration with the FMWA or relevant state authority;
- d) The caseworkers in temporary safe care, emergency protection centres, including shelters, shall be registered with the FMWA and their state counterparts and be accountable to them; and
- e) Volunteers shall not be permitted to work with children at temporary safe care or emergency protection centres or shelters in view of the disproportionate vulnerability of children in these facilities.

### *Accommodation and quality of services*

- a) The temporary safe care or emergency protection centres, including shelters, must be operational 24 hours a day, 7 days a week, with designated staff;
- b) Temporary safe care or emergency protection centres, including shelters, should be homely, conducive, decent and child-friendly, with appropriate décor and activities;
- c) The ratio of caregivers to children must not be lower than 1:6 in order to ensure individualized care. Children with special needs will need more individualized attention and support;
- d) Temporary safe care or emergency protection centres, including shelters, should be safe and secure, with personnel or a security warden available and present at all times where there is a risk of unauthorized entry by outsiders. Shelters should resemble a home as far as possible;
- e) Temporary safe care and emergency protection centres, including shelters, should have a separate, designated area for sleeping, eating, education, recreation, play, health care and first aid;
- f) Temporary safe care and emergency protection centres, including shelters, should be clean, well maintained and serviced regularly;
- g) Each child should have his/her own bed or sleeping space;
- h) Sleeping spaces should be separated according to the sex and age of the children;
- i) Each child should have his/her own personal space and privacy, with a lockable storage unit or cupboard where he/she can store personal belongings;
- j) Physical structures should be disability-friendly and take into account the specific needs of children with special needs; and

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- k) Temporary safe care and emergency protection centres, including shelters, should provide all appropriate services to the children in a safe environment, including legal assistance; education; health care; food and nutrition; basic hygiene, water and sanitation; recreation; and spiritual and psychosocial support.

### *Family reunification and alternative care placement from temporary safe care and emergency protection centres (including shelters)*

- a) Upon a child's admission to a temporary safe care or emergency protection centre, including a shelter, all procedures should be in place to prioritize family reintegration, if in the best interests of the child. Shelter staff should work with the DCD, SACC, CACC and other partners to facilitate reintegration efforts;
- b) Upon a child's admission to temporary safe care, and if reunification with his/her biological parents is not an option, staff should identify more long-term family-based alternative care options by working with the DCD, SACC, CACC, service providers and other partner agencies;
- c) Emergency foster placements with pre-approved, pre-screened and registered foster parents, should be encouraged;
- d) The shelter should allow visits from prospective foster parent(s) during the child's placement, when these alternative care arrangements are being made for the child;
- e) To ensure smooth transition from the temporary safe care to the child's family or an alternative care placement, facility staff should prepare the child through counselling and family meetings and visits; and
- f) Follow-up visits after reunification with the child's family or his/her placement with another alternative care option should be carried out regularly.

### *Awareness raising*

Awareness should be increased among the FMWA, police, Nigeria Security and Civil Defence Corps, National Agency for the Prohibition of Trafficking in Persons, social workers in hospitals and the general public regarding temporary safe care and emergency protection centres and the possibility of placing children in temporary safe care while tracing and/or reintegration efforts are under way, or another permanent solution is being sought for the child.

### *Monitoring and evaluation*

The needs, progress and general well-being of each child should be regularly reviewed by staff and adjustments made in order to best protect and serve the child.

Upon admission to the facility, social workers shall conduct daily observations, carry out weekly assessments for the first two months and slowly transition to every other week and then to monthly visits.

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## 5.5 Supported independent living

Supported independent living arrangements are designed for children and young people in transition from a formal care setting to an independent life in the community. In general, these services offer less intensive care compared to the services described in small group homes and can be considered as the final phase of alternative care. Support can take different forms according to the needs and circumstances of the young person and gradually decrease with the young person's increasing maturity and autonomy. The young person is encouraged and enabled to acquire the ability to live on his/her own through appropriate supervision, support, mentorship and monitoring by service providers. Support/social workers are available as needed and at planned intervals to offer assistance and support. Assistance may include timekeeping, budgeting, cooking, job seeking, counselling, vocational training and parenting.

### 5.5.1 Suitability

While always depending on an individual assessment of a child's or young person's best interests, their level of maturity and the characteristics of the local context, independent living arrangements are likely to be a suitable service for the following groups of young people who have lost parental care:

- a) Usually, young people transitioning to a supported independent living arrangement have reached the minimum legal age (18 years in the majority of countries), finished job training and have a job at the time of transfer or are in high school/university;
- b) Young people who are no longer in need of a daily caregiver (e.g., family-like care, foster parent), but are not yet ready to live on their own;
- c) Young people whose higher educational or career opportunities are located at a greater distance from the service where they have lived so far; and
- d) Young people who explicitly express the preference for living in such a setting and who have started preparing for this transition at least one year ago.

### 5.5.2 Procedure for supported independent living

Referral and assessment for supported independent living:

- a) The SWO in collaboration with the young person and other stakeholders jointly conduct an assessment to determine the suitability of this care option for the young person with reference to the individual care and development plan of the young person;
- b) Since young people transitioning from a formal care setting to independent living frequently emphasize the desirability of continuing contact with their 'significant care provider' during and after the process itself, the SWO should ensure that this contact is maintained;
- c) The SWO in collaboration with the young person and the NGO or community identifies and secures suitable accommodation for the young person(s) within the community;

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- d) The SWO, in collaboration with the community, connects young person(s) to existing social services (health, education, skills acquisition, recreational, etc.);
  - e) The SWO in collaboration with the community and/or NGOs identifies person(s) of trust within the community to supervise the young person(s) in supported independent living;
  - f) The SWO conducts monthly visits to the home of the young person in supported independent living;
  - g) The SWO monitors the implementation of the transition plan of each young person and facilitates proper integration into the community for independent living; and
  - h) A register of all placements including supported independent living arrangements as well as of children who have successfully transitioned out of supported independent living shall be maintained in the LGACC office with a copy at the SACC and the FMWA.

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# CHAPTER 6: Operationalization of the framework

## 6.1 Gatekeeping and placement decisions

Gatekeeping is the process of referring children and families to appropriate services or care arrangements with the aim of preventing unnecessary alternative care while finding the most suitable care option, when needed. It is the decision-making process that results in the selection of an appropriate placement of a child in formal care.

Additionally, it is a mechanism that helps to determine the best interest of the child, guides the implementation of the principles of necessity and suitability, as well as an essential tool in diverting children from unnecessary initial entry into alternative care, thereby reducing the number of children placed in institutions.

Placement into different types of formal care (residential and family based) should be preceded by an assessment of a child's physical, emotional, intellectual and social needs to ensure that the child is only admitted if there is a clear decision that it is the most appropriate course of action.

Gatekeeping also requires care planning and matching to determine whether a placement, based on its functions and objectives, is in a child's best interest and should prevent the placement of a child into a form of alternative care inappropriate to his/her needs.

Gatekeeping is usually carried out by social welfare professionals or trained staff, but is often aided by community and local service providers on a case-by-case basis and in multidisciplinary teams. For gatekeeping to be effective, the following are necessary:

- a) Strong oversight from the regulatory authority of alternative care services;
- b) Gatekeeping should be situated within the continuum of service provision and be subject to quarterly reviews, especially in terms of monitoring and oversight, to ensure procedures are followed correctly;
- c) All pre-assessment screening and assessment procedures described in the standard operating procedures should be followed;
- d) Full consultation with the child according to his/her evolving capacities and, where appropriate, the child's parents or guardians should take place at all stages;
- e) Any child who has been placed in alternative care by a properly constituted court, tribunal, administrative or other competent body, as well as his/her parents or others with parental responsibility, are given the opportunity to make representations on the placement decision

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before a court, are informed of their rights to make such representations and are assisted in doing so; and

- f) Where appropriate, and when legal proceedings are involved, the child should have access to legal representation.

## 6.2 Care planning and case management

Care planning in the context of alternative care provision is the process of documenting step-by-step actions that will be taken to meet the goals of the intervention. Case management is the process of identifying, assessing, planning, referring and monitoring service delivery in a timely, context-sensitive, individualized and family-centred manner to achieve a specific goal (e.g., child protection and well-being) (Federal Ministry of Women Affairs and Social Development, 2018).

### 6.2.1 Development of individual care plans

This is the development of an individual care plan for improving a child's well-being based on his/her individual needs. It aims to ensure the safety of the child/family and increase the resilience of the child, caregiver and families. The plan shall take cognizance of individual characteristics of each child and outline the care goals, care needs, types of services required, who will provide the services and when. This plan encourages autonomy and allows the individual to be self-determining and to make his/her own choices and decisions which improve self-worth.

The process of planning a programme of alternative care has clear short-term and long-term goals. A care plan is a written document which outlines how, when and who will meet the child's developmental needs. Care planning must be based on a thorough assessment of the child and family. Ideally, the process begins before the child leaves his/her family and continues throughout the period in alternative care and includes an aftercare plan, where necessary. It should involve the participation of children, parents and other relevant stakeholders and should include details about monitoring. The care plan should specify the objectives to be reached during the placement in alternative care, with specified time frames for achieving each objective.

Tools required include the care planning form. Care plan development is to be facilitated by an SWO/CPO and a caseworker/manager of the NGO/orphanages, shelter or residential facility.

### STEPS IN DEVELOPING A CARE PLAN:

- a) Complete the care planning form which is part of the harmonized case management tools and establish the date for the next action to be taken and visit conducted, or by which the service must be provided;
- b) The SWO/CPO/caseworker should ask the caregiver at the alternative placement setting if he/she would like to keep a copy of the completed form for tracking, but if not, provide a copy at the next visit (the original must not be left behind);

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- c) The SWO/CPO/caseworker should share the report with his/her immediate supervisor;
  - d) The supervisor should securely store the original form in the case folder labelled properly with a unique identifier code;
  - e) Due regard must be given to the need for confidentiality and protection of the child's right to privacy in the storage of care plans and in determining who may have access to a child's care plan;
  - f) The care plan must be developed as soon as possible, but no later than one week after admission to alternative care and should focus on a strengths-based approach aimed at promoting resilience and overall well-being and development;
  - g) The care plan should, where applicable, focus on steps aimed at facilitating the return to the family or move to another care setting; and
  - h) Throughout the period of care, the focus should systematically aim at preparing children to achieve self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.

### 6.2.2 Case reviews

- a) During monitoring and subsequent visits, the SWO/CPO/caseworker/manager shall review each case using the care plan and the objectives specified in it. This is to identify progress toward meeting the goals of the plan.
- b) If there is a major challenge or additional needs are identified, the care plan shall be revised or a re-assessment of the case shall be done. The revised plan must be filed with the SWO/caseworker's supervisor.
- c) The government at all levels shall ensure the right of any child who has been placed in alternative care to have regular and thorough reviews of the appropriateness of his/her care and treatment, taking into account, notably, his/her personal development and any changing needs, developments in his/her family environment and the adequacy and necessity of the current placement given these circumstances.
- d) The review should fully involve the child and all relevant persons in the child's life.
- e) The child should be prepared for all changes of care settings resulting from the planning and reviewing processes.

### 6.2.3 Monitoring alternative care placements

- a) Each child's progress, needs, and general well-being should be regularly reviewed by the SWO/CPO, caseworker, staff of CSOs, SACC, CACC, LGACC and adjustments made in order to best protect and serve the child.
- b) When placements have been concluded, social workers or staff of the CBO shall conduct weekly observations and assessments for the first two months and gradually transition to every other week, then to monthly and then to quarterly.

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## 6.3 Case closing

- a) Case closing is an administrative process that occurs when a child is no longer receiving case management support.
- b) This can occur in the following circumstances:
  - i. When the child has been reintegrated into his/her biological family;
  - ii. When the child is adopted where reintegration is impossible;
  - iii. Where a supported living arrangement is no longer necessary upon attainment of independence and autonomy; or
  - iv. When there is a transfer to another form of alternative care such as kinship care.

### 6.3.1 Steps to close a case

- a) The SWO/CPO/caseworker shall sign and endorse the last care plan achievement checklist;
- b) Use a case closure checklist to ensure that the contact information has been recorded and that there are contact details of whom to contact in an emergency;
- c) Enter the record of action taken into the database;
- d) Securely store the case file; and
- e) Use a case closure form for this exercise.

## 6.4 Protecting and safeguarding children in care

- a) Reports of neglect, exploitation and abuse of a child in an alternative care arrangement shall be immediately investigated by the DCD through the SWO and police. The child should receive immediate emotional and physical health care, as appropriate to the case.
- b) While investigations are ongoing, the child may be placed in another alternative care arrangement, as deemed appropriate by the SWO/CPO in consultation with other stakeholders as necessary.
- c) In case the child runs away, is injured or dies while in alternative care, caregivers shall immediately inform the DCD, who shall report the situation to the police, community leaders and parents or caregivers. A review shall be immediately carried out to determine appropriate action.
- d) The SWO/CPO should maintain a record of all abuse and deaths of children in foster care in each LGACC and share these with the appropriate duty-bearers.
- e) Children in alternative care should have access to a known, effective and impartial mechanism whereby they can report complaints or concerns regarding their treatment or conditions of placement. Hotlines and reporting applications (apps) must be provided in each local government area for children to report complaints.

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- f) The process following the reporting of a complaint should include initial consultation, feedback, investigation and remedial action, including access to victim support.
  - g) The investigation process should be conducted by competent persons trained to work with children and young people. The complainant's privacy and, where appropriate, anonymity should be respected during the process.

## 6.5 Supporting children and young people leaving care

### 6.5.1 Preparation for leaving care

For a maximum period of 12–24 months after the child leaves alternative care, the DCD through the SWO, in collaboration with alternative care providers and civil society partners, shall make the following support arrangements for the young person:

- a) Assessment of the young person should be conducted to determine his/her needs and an appropriate package of services to be delivered by the SWO/CPO.
- b) Access to an SWO/CPO or partner organization social worker for a period of up to 36 months should be facilitated.
- c) Children leaving alternative care should be provided with stable accommodation either by making living arrangements in kinship or foster care, through an adoption placement, in a family-like residential home or in a supported independent living arrangement, if the child is not going to be reunified with his/her family or reintegrated into the community.
- d) The process of transitioning from care to aftercare should take into consideration children's gender, age, maturity and any particular circumstances. It should include counselling and support, notably to avoid exploitation.
- e) Children leaving care should be encouraged to take part in the planning of aftercare life. Children with special needs, such as those with disabilities, should benefit from an appropriate support system, ensuring, inter alia, the avoidance of unnecessary institutionalization.
- f) The DCD should facilitate the development of skills and networking that the young person will need to successfully live independently by arranging:
  - i. Courses in independent living, such as financial budgeting, household chores, time management, hygiene and healthy lifestyles;
  - ii. Courses in vocational training and literacy, micro-loans, business development and employment assistance;
  - iii. Apprenticeships, attachments or internships;
  - iv. Nutritional support;
  - v. Provision of physical and sexual reproductive health services, premarital counselling and parenting skills, general counselling, family therapy, mediation and crisis management;
  - vi. Recreational and cultural activities;

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- vii. Support services for children with special needs;
  - viii. Advice and assistance in obtaining legal documentation; and
  - ix. Links to employment and information resource centres.

### 6.5.2 Aftercare support

- a) All residential facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate aftercare and/or follow-up.
- b) Both the public and the private sectors should be encouraged, including through incentives, to employ children from different care services, particularly children with special needs.
- c) Special efforts should be made to allocate to each child, whenever possible, a specialized person who can facilitate his/her independence when leaving care.
- d) Aftercare should be prepared as early as possible in the placement and well before the child leaves the care setting.
- e) Access to social, legal and health services, together with appropriate financial support, should also be provided to young people leaving care and during aftercare.

### 6.5.3 Supporting families

Government, in collaboration with stakeholders, should promote policies and programmes that support parents in meeting their parental responsibilities. These policies and programmes will empower and capacitate families and minimize overdependence on aid. The policies and programmes should address the root causes of drivers of alternative care. There is a range of social protection programmes such as, those for poor families caring for OVC, for elderly persons (over 65 years) and for people with severe disability, and there is an urban food-subsidy scheme for the urban poor. The government should build on these programmes and strengthen existing policies in support of vulnerable families. Below are recommended support services that should be either provided directly or via referral services to vulnerable families and their children:

- a) **Educational support:** One of the main reasons children are placed in institutional care, end up on the streets or are not taken back by their families after they have been separated, is the inability of families to pay for school fees, books and uniforms. The allocation of minimal educational support and school feeding programmes can mitigate these challenges.
- b) **Day-care services:** It is becoming increasingly common for both parents to work outside the home to meet the financial needs of the family. There is also an increasing number of parents who leave their young children unattended at home while they are at work. Many of these children end up on the streets begging for food. Accessible, affordable, regulated and monitored day-care services provided at local and community level can support parents to work, but also ensure the safety and well-being of their children.

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- c) **Health-care support services:** For children to remain with their families, the government and all partners need to ensure the survival of parents and their children via life-saving treatments, sexual and reproductive health services and respite care, among others.
  - d) **Parenting courses and training:** Parenting is made more difficult by poverty, food insecurity, health crises and the breakdown of the family. Parenting courses and training regarding nutrition, health, child development and positive disciplining should be made available to enhance the capacities of parents and caregivers to support their children through their developmental milestones and provide adequate care for them. These courses should be made available to biological, foster and adoptive parents and guardians responsible for the care of children. While several CSOs provide parenting courses, it is recommended that these courses be replicated and supported by both the government and civil societies to cover all local government areas across the country.
  - e) **Advocacy and legal support:** These services include free legal assistance to protect the property and inheritance rights of the child, obtain birth certificates, write wills or deeds, achieve legal custody, support children during any court process affecting them and facilitate access to support services and grants.
  - f) **Supporting and targeting children with mental and physical disabilities:** One of the most vulnerable, but often most neglected, groups is children with special needs. Resources are needed for these children and their families, such as: cash grants to children with disabilities, provision of assistive devices, specialized treatment facilities, respite or day care, self-help parent peer groups and psychosocial support and counselling for parents, among other services.
  - g) **Child and youth participation and empowerment:** In addition to empowering the parents or caregiver, it is vital to empower children by encouraging child participation, positive decision-making, awareness of children's rights and healthy lifestyles. Programmes such as child rights' clubs and assemblies in schools and communities, and free child helplines are excellent ways to foster this participation. Many of these programmes exist and are supported by CSOs and the DCD, but they need to be scaled up.
  - h) **Economic empowerment:** Poverty is often the main reason for families resorting to institutional care or abandoning their children and why children end up being homeless and on the street.

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# CHAPTER 7: Coordination mechanisms and systems

## 7.1 Coordination of alternative care provision

### 7.1.1 National Alternative Care Implementation Unit

The National Alternative Care Implementation Unit shall be established. The unit shall be domiciled in the Directorate of Child Development of the FMWA.

- a) The unit shall have the following responsibilities:
  - i. Interfacing with the SACC and the LGACC;
  - ii. Ensuring the effective implementation of the National Guidelines for Alternative Care in Nigeria;
  - iii. Keeping registers of placements in the different alternative care options; and
  - iv. Keeping data of all children in alternative care in Nigeria.
- b) It shall be chaired by the DCD.

### 7.1.2 Alternative care committees

- a) Alternative care committees shall be established at all the levels of governance in the country and referred to as follows: at national level – the NSAC; at state level – the SACC; at local government area level – LGACC.
- b) Membership shall be drawn from all the existing relevant agencies, including but not limited to: adoption and fostering agencies; research and development; school social work service providers; medical social services; integration units; family social services; correctional and elderly care services; child protection; early child intervention; agencies providing services to orphans and vulnerable children; temporary safe care and emergency protection centres, including shelters; residential care facilities and programmes units.
- c) The NSAC shall be a subcommittee of the National Child Rights Implementation Committee, while the SACC shall be a subcommittee of the State Child Rights Implementation Committee and the LGACC shall be a subcommittee of the Local Government Child Rights Implementation Committee.
- d) The NSAC shall be responsible for the periodic review of the guidelines.
- e) Alternative care committees at all levels shall be responsible for the coordination and monitoring of alternative care at all levels, thus strengthening family alternative care services at the state, local government and community levels, respectively.

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### 7.1.3 Membership and composition of committees

- a) The committees shall be multidisciplinary and should be composed of professionals representing various ministries, departments and agencies as well as CSOs/NGOs providing family strengthening and alternative care services at federal, state, LGA and community levels in the country.
- b) At the SACC and LGACC levels, the membership shall similarly comprise state authorities concerned with child protection, education, justice and health, as well as civil society representatives duly constituted by the relevant state authority.

### 7.1.4 Meetings

- a) The frequency of committee meetings shall depend on the caseload.
- b) However, it is recommended that the committee should meet at least quarterly to ensure that there is adequate review of and follow-up on cases.

## 7.2 Roles and responsibilities of key actors

### 7.2.1 Government

- a) Uphold the child protection provisions stipulated in the Constitution, the CRA, other laws and policies as well as the principles of the CRC and African Charter for the Rights and Welfare of the Child;
- b) Develop, implement and review child protection policies, laws and regulations;
- c) Allocate sufficient resources to alternative care service provision;
- d) Coordinate, regulate and supervise other service providers;
- e) Develop and implement social protection policies and programmes to support and protect families;
- f) Train the relevant social service and welfare staff to implement case management services, including the assessment and matching of the needs of the child with the abilities and resources of potential foster caregivers and the preparation of all concerned in the placement of a child in foster care;
- g) Ensure that all facilities offering residential care to children are registered and undertake the periodic monitoring of these facilities in line with these guidelines; and
- h) Ensure that any unregistered facilities are assisted to register if they satisfy the minimum requirements for registration or, if they are unable to meet the minimum standards set for registration of facilities, are closed down and prohibited from taking children into their care.

### 7.2.2 The FMWA, with respect to the child and in collaboration with partners

- a) Oversee implementation of the principle that all alternatives to keep the child in his/her own family of origin have been investigated and that alternative care is the most appropriate option of care for the child;

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- b) Establish a system and train the relevant social service and welfare staff accordingly, to implement case management services, including the assessment and matching of the needs of the child with the abilities and resources of potential foster caregivers and the preparation of all concerned in the placement of a child in foster care;
  - c) Introduce and maintain a register to keep track of all children in foster care; and
  - d) Oversee reunification processes with parents, families or legal guardians.

### 7.2.3 The FMWA (DCD) and partners, with respect to primary caregivers other than biological parents (caregivers)

- a) Identify, assess, recruit and train a pool of caregivers in each community who can provide children with foster care while maintaining ties to a child's biological family, community and cultural group.
- b) Introduce and maintain a register of caregivers in each state and the LGACC.
- c) Maintain a list of individuals who have been found unfit to provide alternative care.
- d) Establish a caregivers' association in each SACC to provide caregivers with mutual support, an opportunity to make their voices heard and to contribute to practice and policy development.
- e) Develop and provide training and counselling services for caregivers at regular intervals, before, during and after the placement. The training shall include sessions on child protection; parenting skills; and dealing with adolescents, children with behavioral problems and children with special needs.
- f) At regular intervals throughout the alternative care placement, ensure follow-up and monitoring of the care offered to each child.
- g) In all alternative care settings, limit the number of children to a maximum of three children in foster care placements and no more than ten children in family-like care.
- h) Ensure, where possible, the provision of grants to ensure that the basic needs of each child in alternative care are met on a case-by-case basis, including in emergency alternative placements. Eligibility should be according to the criteria as recommended in the National Economic Sustainability Plan 2020 and other social protection policies and cash transfer programmes in Nigeria.
- i) Raise community awareness about the positive roles and responsibilities of caregivers.

### 7.2.4 The FMWA or relevant government agency and partners, with respect to the child's biological parents/family

- a) Preserve family ties by placing the child in geographic proximity to his/her family;
- b) Allow frequent visits, except where it is not in the best interest of the child;
- c) Support and encourage the child's ongoing contact with his/her biological parents and extended family, except where it is not in the best interest of the child;

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- d) When appropriate, place siblings together in a single alternative care placement, or, if this is not possible, place them in geographic proximity with facilitated opportunities for frequent contact;
  - e) Consider the opinions of the biological parents and/or members of the extended family in the selection of an alternative carer(s) in respect of religion, language and ethnic background;
  - f) Respect the rights of the biological parents to receive information on the child placed in alternative care, except where it is not in the best interest of the child; and
  - g) Reunify a child with his/her biological parents, in a timely and efficient manner, when the DCD or caseworker reviews the case and deems it is in the best interest of the child.

### 7.2.5 The FMWA or relevant government agency and partners, with respect to residential care

The FMWA will work with the SACC and shall ensure implementation of policies guiding the establishment and registration of all residential care facilities for children, and institute measures for quality assurance through regular inspections aimed at improving standards and levels of service provision.

### 7.2.6 Civil society organizations/networks working with child protection and children in alternative care

- a) Support families and communities to enable them to care for their children;
- b) Support the government in placing children in alternative care and with monitoring and follow-up;
- c) Provide technical assistance to government;
- d) Assist government to raise public awareness on children's rights and, in particular, alternative care;
- e) Provide alternative care services in accordance with the laws, policies and regulations of the State;
- f) Ensure that children are cared for appropriately and that care provided is in the child's best interests;
- g) Help children who are within the alternative care system to make their voices heard and to influence policy;
- h) Help caregivers who are within the alternative care system, giving them the opportunity to make their voices heard and to influence policy; and
- i) Assist government in establishing associations of caregivers that can provide important mutual support and contribute to practice and policy development.

### 7.2.7 Communities

- a) Support families to care for their children;
- b) Support informal alternative care placements, monitoring and follow-up;

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- c) Promote sustainable alternative care arrangements for children in their environment; and
  - d) Report instances of violence, abuse, neglect and exploitation of children to the relevant authorities.

### 7.2.8 Private sector

- a) Provide resources to communities to enable children and families to access basic services; and
- b) Through their corporate social responsibility programmes, support the provision of services and, where appropriate, infrastructure that enhances the quality of children's lives.

### 7.2.9 Temporary safe care and emergency protection centres (including shelters)

- a) Seek and secure registration before admitting any child into its facilities;
- b) Get approval from the FMWA for its programmes;
- c) Obtain and keep all the necessary documents as required by these guidelines and any other regulations;
- d) Obtain a court committal order for every child in its care as soon as possible, but no later than 14 days after admission of a child;
- e) Comply with Ministry of Education requirements, if running a school;
- f) Comply with Ministry of Health requirements, if running a health facility;
- g) Support family tracing efforts where the whereabouts of the family is unknown and support reunification of the child with his/her family; and
- h) Work with other CSOs/NGOs to ensure the provision of community- and family-based alternative care for a child, when appropriate and in the best interests of the child, where reunification with the child's parents is not possible.

## 7.3 Financing of childcare and protection services

Financial and material insecurity often affects the family's ability to effectively care for their children and has an impact on other support interventions. It is recommended that economic empowerment strategies are implemented at four levels:

- a) **National level:** Government and development partners should continue to design and implement programmes that create an enabling environment for children's care and development. The FMWA shall ensure proper coordination of protection services for all children, especially those in need of alternative care, and ensure that vulnerable children are captured in the child protection case management system.
- b) **State level:** Government should continue to implement and scale up social protection schemes that enable families to care for their children. Alternative care and social protection laws, policies and programmes should be linked accordingly.

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- c) **Community level:** Local government authorities in partnership with CSOs/NGOs and the private sector, should mobilize communities by initiating community income-generating activities, cooperatives, savings groups and fundraising initiatives.
  - d) **Child level:** Several programmes can complement the above by targeting the child and taking a more comprehensive long-term approach towards the child's future economic support by promoting formal and non-formal education, vocational training and income-generating programmes.

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# CHAPTER 8: Monitoring and evaluation of alternative care provision

## 8.1 Monitoring and evaluation

Monitoring and evaluation shall involve the following:

- a) The preparation, implementation and evaluation of a protective measure for a child should be carried out, to the greatest extent possible, with the participation of the child and his/her parents or legal guardians and potential foster caregivers and caregivers, with respect to his/her particular needs, best interest and special wishes. At the request of the child, parents or legal guardians, relatives and other important persons in the child's life may also be consulted in any decision-making process, at the discretion of the competent authority.
- b) The transfer of a child into alternative care should be carried out with the utmost sensitivity and in a child-friendly manner, in particular, involving specially-trained and, in principle, non-uniformed personnel.
- c) When a child is placed in alternative care, contact with his/her family, as well as with other persons close to him/her, such as friends, neighbours and previous caregivers, should be encouraged and facilitated, in keeping with the child's protection and best interests. The child should have access to information about his/her family members in the absence of contact with them.
- d) Facilities and professionals involved in care provision should be accountable to the FMWA and the relevant government agency at state level, which should ensure frequent inspections comprising both scheduled and unannounced visits, and discussions with and observation of the staff and the children.
- e) To the extent possible and appropriate, inspection functions should include a component of training and capacity-building for care providers.
- f) States should be encouraged to ensure that the monitoring mechanism at all levels is resourced and functional at all times. The monitoring mechanism should be easily accessible to children, parents and those responsible for children without parental care.
- g) The property and inheritance of the child should be monitored to minimize mismanagement by relatives. An inventory of the child's property should be maintained in the Family Court registry, DCD office, SACC and LGACC.
- h) Indicators should measure the amount of food and resources that the child receives, the number of domestic chores done by the child, school attendance, the child's health status, family interactions and the psychological well-being of the child.

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- i) The SWO and CSOs shall work with the community and parents to protect the child's emotional health by providing the child with a 'life book' or 'memory book' soon after being placed in care.
  - j) Monitoring should be conducted with a view to improving services and facilities, with developmental quality assurance being the essential goal. To this end, visits and inspections should be kept on record and appropriate feedback and suggestions provided to any residential facility.

## 8.2 Functions of the monitoring mechanism

The functions of the monitoring mechanism should include:

- a) Consulting in conditions of privacy with children in all forms of alternative care, visiting the care settings in which they live and undertaking investigations into any alleged situation of the violation of children's rights in those settings, on receipt of a complaint or on its own initiative;
- b) Recommending relevant policies to appropriate authorities with the aim of improving the treatment of children without parental care and ensuring that this treatment is in keeping with the preponderance of research findings on child protection, health, development and care; and
- c) Submitting proposals and observations concerning draft legislation.

## 8.3 Quality improvement and data management

The following actions shall be undertaken to ensure quality improvement and data management:

- a) The FMWA, in conjunction with the relevant state government agency and the Family Court, shall establish a state database to record the number of guardianship/fostering/kinship and other placement orders in each local government area. The database should be in both soft and hard copy.
- b) The database should include biographical data on every child enrolled in the alternative care programmes.
- c) The FMWA, in partnership with the relevant government departments, civil society and community partners, should monitor and assess the alternative care and child's placement at regular intervals as specified in these guidelines, to determine whether necessary and appropriate services are being provided to ensure the proper well-being, care and protection of the child.
- d) The FMWA should collect information on the development of the child and prepare quarterly and annual reports.
- e) Where the Family Court has reason to believe that there is risk of potential abuse of the child's property and inheritance, the court may direct the guardian, *kafil* or foster parent to produce and avail accounts in respect of the estate held in trust for the previous 12 months or annually. The court may request the support of the FMWA and state/local administration in monitoring the management of the estate of the child.

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- f) It is recommended that before a placement order is granted, the trustee must register the child's property and inheritance with the Family Court. If the trustee wishes to sell the property, he/she must apply to the court.

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# References

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