Foster Care in Islamic Contexts

Part of a complete *'Practice Guide on Foster Care in Islamic contexts'*

Contents

Acknowledgements

Abbreviations

BCN	Better Care Network
CSO	Civil society organisation
FC	Foster care
HVS	Hope Village Society, Egypt
JRF	Jordan River Foundation, Jordan
MHD	Muhammadiyah, Indonesia
SW	Social worker
UNCRC	UN Convention on the Rights of the Child

Glossary

All terms are from the Better Care Network Glossary of Key Terms,[1] unless otherwise stated.

Alternative care: A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by 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.

Formal care: All care situations where the child's placement was made by order of a competent authority, as well as residential care, irrespective of the route by which the child entered.

Foster care: Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family other than children's own family, that has been selected, qualified, approved and supervised for providing such care (UN 2010).

Types of foster care (Family for Every Child 2015a, p.8) (Cantwell, Davidson, Elsley, Milligan and Quinn 2012):

- **Short or medium-term foster care** of a few weeks or months whilst efforts are made to reunite the child with his or her family.

- **Long-term foster care** for an extended period, often until adulthood, for children who cannot return to their own families, but for whom adoption is not appropriate.

- **Short-break foster care** where children are cared for for short periods whilst parents are in hospital or to give parents a break from caring responsibilities. Placements are planned and children able to form relationships with their carers.

- **Emergency foster care** for the unplanned placement of a child for a few days or weeks whilst longer-term placements are sought.

- **Treatment or specialised foster care** for, for example, juvenile offenders or children with serious behavioural difficulties or mental health problems.

- **Mother and baby fostering** where parents, usually young mothers, are fostered alongside their babies in an effort to help them in their parenting.

Kafala: A variety of means for providing child care for vulnerable children, recognised under Islamic law, which does not recognise adoption as the blood bonds between parents and children are seen as irreplaceable. Kafala is often translated simply as 'guardianship', but it can include providing regular financial and other support to children in need in parental, extended family or residential care. The UN CRC (UN 1989) refers to it as taking a child to live with a family on a permanent, legal basis, and caring for them in the same way as other children in the household, though children supported under kafala may not have the same rights to a family name or inheritance (Family for Every Child 2015a, p.12); indeed, the preference in Islamic law and tradition is for their original family name and lineage to be preserved. A guardian in a kafala arrangement is known as a kafil, and takafala means to provide for an orphaned or unparented child's basic needs. Makfool is a child in kafala care (Rotabi, Broomfeld, Lee and Abu Sarhan 2017).

Permanency/permanency planning: The term 'permanency' is used in relation to children's care to describe a long-term, stable and continuous care arrangement that meets the child's social, emotional and developmental needs. The term most often describes living in (or returning to) the biological family or being formally adopted by another family. However, consultations with children in care have shown that what is most important is that the placement is suited to their needs and they can benefit from caring relationships which are high quality, stable, continuous and consistent, rather than the exact nature of the placement or whether it is seen as lasting 'forever' (UN 2010; Cantwell et al. 2012).

Placement: A social work term for the arranged out-of-home accommodation provided for a child or young person on a short- or long-term basis.

Reintegration: The 'process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.' (Family for Every Child 2016).[2]

Wali: The Arabic term, in Islamic Sharia law, for the legal guardian, usually the father or closest male relative, who is required to give consent for a woman to marry.

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2 - Family for Every Child (2016) Guidelines on Children's Reintegration, developed by the inter-agency group on children's reintegration. https://familyforeverychild.org/report/guidelines-childrens-reintegration-2/

Introduction

1. The purpose and structure of this guide

This practice guide has been developed to help frontline practitioners, including social workers, support workers, and their managers, as well as policymakers at national level, to understand the issues they might face in developing and delivering foster care in an Islamic context.

This introduction sets out key terms, concepts and principles in foster care. The guide is then divided into three parts.

Part A explores how policy and practice differ in certain Islamic contexts. The section is informed by the work of five members of Family for Every Child[3] seeking to develop foster care in five different countries – Egypt, Indonesia, Jordan, Kyrgyzstan and Turkey – where Islam is the majority religion and thus a major influence on legislation, social policy and social work practice, although to different extents and in different ways. Foster care in these countries is increasingly becoming a service that governments and their partners are looking to develop, or at least explore, as a family-based alternative to care in large institutions, which many now realise cannot meet children's basic developmental needs and is often harmful to them.

The next two parts, Part B and Part C, will be published separately. Part B provides a summary of the key stages in the foster care process, and, at each stage, key elements of what our members consider to be good practice.

Part C includes a range of practice techniques to support different aspects of foster care practice, and learning materials which explain further how to implement these aspects.

2. The role of foster care in the continuum of alternative care options

Alternative care, otherwise known as 'out-of-home care', is defined as:

> **'A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by 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'.**
> Better Care Network

The Guidelines (UN 2010) set out the need for a continuum, i.e., a complete range, of alternative care options (see Table 1 below), so that, when alternative care is necessary, a child can always be placed in the most suitable type of care. The Guidelines emphasise that the priority should be to ensure that care is in a family and community setting, wherever possible, and enabling this to happen is also the key goal of Family for Every

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3 - Hope Village Society, Egypt; Muhammadiyah, Indonesia; Jordan River Foundation, Jordan; Semya, Kyrgyzstan; Hayat Sende, Turkey.

Child.[4] This means avoiding placing children in large-scale residential care, although the Guidelines recognise that in some cases certain children may benefit from specialised forms of residential care, ideally organised in small group or family-type settings, in a community setting.

The key advantage of foster care, compared to other forms of alternative care, is that it enables children to be cared for in a family environment in a community setting. The other two distinctive features of foster care are that it is a formal arrangement, with specially selected and approved carers who are not the child's relatives.

These elements are reflected in the definition of foster care in the Guidelines (UN 2010, Para. 29 (c) (i), emphasis added):

> **"Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family other than children's own family, that has been selected, qualified, approved and supervised for providing such care."**

Provision of foster alternative care with these three defining elements (formal, family-based and with carers who are selected, qualified, approved and supervised) has been common in a few regions, particularly Europe, North America and Australasia, for several decades. In most countries in these regions, this type of formal foster care is replacing or has already replaced residential care as the most common form of care provided by local authorities in the various situations in which a child might need care outside of his or her own family. However, in other countries, outside of these regions, foster care, as defined above, either does not exist, does so only on a small scale, or is used only in a limited range of situations (Family for Every Child 2015b).

Foster care is a flexible form of care that can take many forms. One key difference is whether the placement is **short-** or **long-term**. Long-term foster care means stable and continuous care in one **placement**, which meets the child's needs, until they reach the age of 18 or are otherwise ready for independence.[5] However, in many cases long-term alternative care is not needed, as a great benefit of foster care is that it can offer highly flexible, temporary (short- or medium-term) care, only for as long as needed. Indeed, one of the most important roles of foster care is to enable efforts to help the child to safely return to and remain in the care of their family or relative(s), in a process known as **reintegration**. Foster care in this sense can be an effective and important form of family support, a way to support the child's original family to care for their own child.

If the child cannot be cared for by their own parent(s) or by another suitable member of their family, and if the temporary foster carers are not able or willing to become the child's permanent or long-term foster carers, then the other key role foster care can play is to help prepare for an alternative permanent care placement, which is stable and continuous, either through full legal adoption of a child by another family, or through long-term care in an alternative family that has been specially selected and approved, and to which the child has been matched.

In many countries, foster care includes both formal placements with relatives, also known as **kinship care**, as well as care by non-relatives who have been specially recruited, selected, trained and approved for this purpose. For the purpose of this guide, to avoid confusion, foster care here will only be considered to include the latter: formal care by non-relatives.

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4 - Family for Every Child's two strategic goals are: 1. enabling children to grow up in permanent, safe and caring families, and 2. ensuring a range of high-quality alternative care choices. https://familyforeverychild.org/what-we-do/strategy/

5 - Long-term foster care can also be made permanent: see Table 1 below. Also see definitions of 'permanency' in the glossary and here: https://bettercarenetwork.org/toolkit/glossary-of-key-terms#P

The table below spells out the main differences between the types of alternative care mentioned here:

Table 1 Comparison of different types of alternative care, including foster care[6]

Type of alternative care	Purpose	Duration
Informal kinship care	Alternative care by relatives of the child.	Flexible – from short-term, to long-term or permanent.
Informal foster care	Care by non-relatives, selected informally by the child's family or community leaders.	Flexible – from short-term, to long-term or permanent.
Emergency foster care	Urgent care when needed – until family issues are resolved, or a longer-term placement found.	A few days or weeks – as required.
Short-term foster care	A temporary placement as a bridge to family reintegration or permanent placement.	A few weeks or months – as required.
Long-term foster care	Stable, continuous care for as long as required – usually until age 18; some countries allow until 21 or older.	As many years as required.
Permanent foster care	As long-term, but recognised as permanent through a legal order giving parental responsibility to the foster carers, though without cutting the child's legal relationship with his or her parents.	Either until age 18, or longer if specified in the legal order.
Fostering to adopt	To prepare a child and prospective adoptive family for adoption. (1)	As long as required but not usually more than one year.
Respite or short breaks foster care	Short breaks care to support a child and their primary carers – often for children with special needs and their families, or for one foster carer to provide respite for another.	A few hours or days at a time, multiple times, as required.
Cluster foster care	A group of foster families in the same community supporting each other; can provide any form of foster care.	As required.
Mother and baby WWfoster care	For a vulnerable parent (typically a young mother) to be looked after in the same family placement as her child.	Short-term, until parent and child are ready to live independently together, or it is assessed that the child should be placed separately.
Specialist/therapeutic/ treatment foster care	Care provided by specially trained carers intensively supported as part of a team, for a child with special needs, challenging behaviour or disabilities.	As long as required.

6 - These types are further defined in the BCN Glossary, https://bettercarenetwork.org/toolkit/glossary-of-key-terms and on national foster care websites, such as this from the UK: https://www.thefosteringnetwork.org.uk/advice-information/could-you-foster/types-fostering

Remand foster care	For young offenders awaiting trial or as an alternative to custody.	Usually short-term; a few weeks or months.
Foster care with relatives or kinship foster care	A formal, legally recognised placement, in some countries included and supported as a form of foster care (though not included in the definition of foster care used in this guide).	As long as required, usually long-term.
Guardianship	A legal status, normally confirmed by court order, which gives another adult, not the parent, legal parental responsibility for the child.	Usually long-term or permanent.
Small group or family-type residential care	Residential care of a small group of children in a house or apartments, with care workers, but in an environment that is as family-like as possible. Some take the form of more specialist or therapeutic residential units, for children with complex needs; some are only temporary shelters.	Short- or long-term, as required.
Large-scale or institutional residential care	BCN defines a large institution as having 25 or more children in one building. A small institution or children's home refers to a building housing 11 to 24 children. This may be for short-term care (such as a shelter), or long-term care, including boarding schools, children's homes or what are sometimes still known inaccurately as 'orphanages', as most children in residential care have at least one living parent. (Browne 2009; Williamson and Greenberg 2010).	Short- or long-term, but institutional care often ends up being long-term when no support is provided for family contact or reintegration.
Supported independent living	This involves an individual or group of young people living independently in the community, but still receiving support with self-care and life skills.	Depends on the level of need and time needed to prepare for independence.

(1) Adoption itself is not defined in the Guidelines as a form of alternative care, as the adoptive family permanently replaces the biological family.

3. Principles of child-centred foster care

Before considering the details of how foster care can be planned, developed and provided, it is important first to set out the essential principles upon which this form of care should be based, according to global standards and norms for children's care.

The first set of principles relates to the rights of children in foster care, under the UN Convention on the Rights of the Child (UN 1989), to:

- **participate** in assessment, decision making and reviews of their placement (Article 12); preserve their identity, including nationality, name and family relations (Article 8);

- **grow up in a safe and caring family environment**, and with continuity of care (Preamble and Article 20);

- **contact** with biological relatives, and support with family tracing and reunification (Articles 9 and 22);

- **non-discrimination:** foster care should be available to all children who may need it, regardless of age, health, disability, ethnicity, religion, sexual orientation[7] or any other aspect of the child's background (Article 2);

- **maintain their language**, **religion and culture** (Articles 20 and 30);

- **for their parents or other key relatives to participate** in decision making regarding their care (Articles 5 and 9).

The following other core principles also underpin safe, effective and child-centred foster care.

- **The best interests of the child** should be a primary consideration in all decisions. (UNCRC, Article 3).

- **The necessity principle:** a child should only be placed in alternative care when necessary (when original family care or kinship care are assessed as not possible) (UN 2010, Articles 32-52; Cantwell et al. 2012, Ch. 5).

- **The suitability principle:** if in need of alternative care, a child should be placed in the most suitable placement, for their assessed needs, out of the continuum of care options (UN 2010, Articles 15, 44, 48; Cantwell et al. 2012, Ch. 6).

- **The need for every child in alternative care to have a care plan**, agreed together with the child, foster carers, other professionals and biological relatives if possible, and regularly reviewed (Cantwell et al. 2012, Ch. 6, p.72-74).

- **The importance of permanency planning** to ensure that children benefit from continuous and stable care, as soon as possible, but in the form most suitable to their needs (Cantwell et al. 2012, Ch. 6, p. 72-74).

- **The need for ongoing support:** foster carers and children should receive ongoing support, with regular monitoring and review, plus learning and development opportunities, and support for when children move on or leave care. Foster carers should also receive some kind of financial or economic livelihood support, in-kind donations or allowances, to help cover the costs of caring for children in foster care (Cantwell et al. 2012, Ch. 8).

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7 - Non-discrimination in terms of sexual orientation is not mentioned in the 1989 CRC but is part of Family for Every Child's principles and values and is now closely monitored by the UN Committee on the Rights of the Child.

Part A:
Foster care in Islamic contexts

Two major challenges are often faced when promoting foster care as a potential alternative care solution in non-western countries, and Islamic contexts in particular. The first is linked to religious beliefs, cultural values and social norms, and the second is more a question of how foster care is conceived of and promoted in practice.

1. Attitudes towards placement of children with non-relatives

In many cultures, and in particular in Islamic culture and tradition, a child's identity and social status is derived from their family origin, lineage and inheritance (Rotabi et al. 2017). In Islamic contexts it is particularly important that the child knows who their father is, and retains ties with his family, so the child can not only inherit his or her father's name, but also his property, and receive the father's official blessing (as wali[8]) on getting married. In Islamic Sharia law blood ties and lineage cannot be changed, and inheritance cannot be transferred (Karim 2018). Hence full child adoption is not permitted.

A consequence of the cultural importance of maintaining ties with the father's blood line is that children who, as a result of being born outside of marriage, grow up not knowing, or not being told, their father's name and family, are often marginalised and stigmatised. As well as the need to preserve clear lines of inheritance, it is essential in Islamic culture to avoid any situation in which incest might accidentally occur, such as through siblings meeting and getting married without knowing they are related, as they do not know their blood line. Another concern relates to Islamic concepts of hijab and mahram, which prevent a woman from being 'unveiled' (or without hijab), in the presence of any adult male who is not a member of her family. This deters Muslim families in some contexts from fostering a child, as when they reach adolescence, these restrictions would apply to them, as to any other non-relatives.

For these reasons, in many Islamic countries, there is concern and religious and cultural resistance to bringing up children in a family to which they are not related. However, the concerns about lineage mostly arise from a situation in which a child is not aware of his or her true origins and identity, and may instead be led to believe, as are others, that he or she is the biological son or daughter of their foster carers. Such concerns should not apply when foster care is arranged openly, and also understood to be only a temporary or time-limited arrangement, which does not alter lineage or inheritance, and in which the child is expected to be fully aware of, and where possible in contact with, their biological family. Some religious authorities have given official rulings in support of foster care on this basis. Some families also seek to resolve concerns about hijab or mahram by ensuring they only foster a child young enough to be breastfed by the foster carer or her relative, as in Islamic custom and practice a breastfed child acquires the status of blood relative. This is a less positive solution than ensuring openness about a child's origins, as it significantly limits the age range of children who can be fostered.

Islamic scholars and community leaders in many countries have now addressed most of the concerns related to foster care practice, and the boxes below set out some of the Islamic guidance now developed and issued.

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8 - See glossary.

Official religious ruling on family-based alternative care in Egypt

"The legal framework of kafala is often backed by religious fatwa due to the sensitivity of the topic. Generally speaking, adoption is strictly prohibited in Islam; however, Dar Alifta Al Misrryah (the sole body authorised to issue official religious rulings in Egypt) issued a fatwa in 2005 to clarify the position of Islam with regard to adoption. Islam encourages that children deprived of parental care should be sponsored and provided for by people acting as if they were their parents based on the Sunnah. "Based on this, the responsibility of sponsoring an orphan in Islam includes all the responsibilities and duties of adoption except changing lineage, which Islam prohibits and its ensuing consequences. Allah Almighty knows best." (Source: Dar Alifta Al Masriah, 'The Legal Ruling for Adoption')." (Ali 2016)

Islamic guidance on fostering and adoption in the UK

This guidance was developed by Muslim scholars and community leaders (Karim 2018).

- **Islam strongly encourages the care of vulnerable children, and, in particular, orphans (*yatīm*), but when is adoption permissible in Islam?** Open adoption and foster care, in which carers inform the child of their origins, is different from the prohibited practice of tabannī, in which adoption negates the relationship between the child and their biological parents. So both adoption and fostering, when practised openly and respecting a child's origins and family ties, are forms of **kafālah al-Yatīm** (guaranteeing (or protection) of the orphan), which is highly commendable in Islam.

- **Preservation of the child's identity, surname and lineage:** Muslim scholars recommend that an adoptive parent does not change the surname of the child. However, for some children, keeping their biological surname may place them at risk of being located by abusive parents who may pose a risk to them, in which case the surname of the child must be changed, but the child should still be given information about their lineage. When an adopted child is aware of their adoptive status and lineage, the adoption is fully compliant with Islamic law; even more so in the case of foster care, when parental responsibility is often retained by the biological parents or held by the state (unless foster carers have parental responsibility by court order).

- *Hijab* **and privacy issues with a child who is not biologically related.** The requirement in Islam that a man and woman (who are not closely related) should not be alone together in private, and a woman's body and hair should be fully covered (hijab), should not be a barrier to fostering or adoption. Covering of the body is only one component of hijab; more important are behaviour, interactions and intentions, so 'safer care' practices by foster carers ensure a high standard of observance of hijab.

- **In Islamic tradition, women who wish to marry need the blessings and approval of their legal guardian (*walī*)**, typically their birth father. However, for women who have grown up in foster care, or are adopted, scholars agree that it is sufficient for the woman to have this role played by an Imam or Islamic scholar, who may also delegate this authority to the adoptive parents.

- **The effect of breastfeeding on the family relationship:** Children who are breastfed by anyone other than the biological mother before age two are conferred a special status in Islam, giving them a similar legal relationship to adopted children. Some consider this a way to resolve the issues of hijab and privacy that arise between genders after puberty, so some adoptive or foster mothers may stimulate milk production via hormonal treatment, but this causes harm to one's body, so is prohibited in Islam, and should not be done unless on medical advice (Al-Zuhayli 2007).

However, promoting foster care as a positive alternative care option for those children for whom it is necessary and suitable, in particular in Islamic contexts, requires an ongoing and wide-ranging set of advocacy and awareness-raising activities, in addition to consulting Islamic scholars at national level and disseminating their guidance. Family for Every Child members Jordan River Foundation in Jordan and Muhammadiyah in Indonesia regularly consult and involve local imams and community leaders. In Jordan, local mosques play a crucial role in raising awareness of the needs of children who have lost parental care, reminding the community of their communal obligation to care for such children.

2. Promoting foster care that puts the child's needs and interests first

The second major challenge in terms of both attitudes and practice, in cultures such as Islamic contexts in which family ties and loyalty are considered strong, permanent and not transferable, is the belief that prospective carers would only be willing to care for a child on a long-term or permanent basis. In all cultures, parents and carers are instinctively wary of forming close bonds with a child from whom they are then likely to be separated. Childless couples also favour long-term foster care as a way to start or build a family of their own. Where adoption is not a legal or viable option, as in most Islamic legal systems, or adoption is possible but costly or bureaucratic to arrange, foster care can be seen as an easier and quicker way to find a child for a family. However, when, aware of this motivation, governments encourage people to apply to foster for these reasons, the motivation and interests of applicants are likely to be brought into conflict with the child's needs, which may be for alternative care only for a limited period of time, whilst preserving their identity and family ties, and being supported to return to their original family if and as soon as possible.

Practice in foster care (known as 'alternative families') in Egypt

"Alternative care is seen as a service that is provided to families who cannot conceive for any reason and who would want to care for children: 'Alternative care is a service that allows couples who God did not gift them with children to raise a child at their home.' (Interview with government social worker.) It is noticeable that social workers described alternative families as a service for families and not a service for children without parental care." (Ali 2016)

Another consequence of allowing foster care to be seen as a way for a childless couple to be given a child is that these couples then tend to prefer to be left alone to live as a 'normal family'. This means they prefer not to allow or cooperate with certain key requirements of child-centred foster care: to be visited by social workers or other professionals; to attend or host meetings of professionals responsible for the child to plan or review the foster placement; to allow, support or escort the child to contact with their biological parent(s) or relatives; and to explain and support the child in understanding their origins and reasons for being in alternative care. When foster care allowances are available, these couples tend to refuse them, as they see receiving payment as undermining the perception of being a normal family or acting on parental instinct. Having refused financial support, this gives the foster parents a further sense of not needing to fulfil the requirements of social workers and the authority that places the child with them (Ali 2016).

Provided by Hayat Sende, Turkey

Prospective foster families should start their journey ready to work with the child's biological family and to support the child for a certain period of his/her life, whether long or short. This kind of child-centred approach should be promoted rather than giving foster carers unrealistic assurances that all placements will be long-term. Foster carers do form emotional attachments with their foster children, but they need to know that not all children need long-term care. So, they should be well informed and able to participate in planning for the long-term future of the child, in line with what is in the child's best interests, whether that means returning to their biological family, staying in foster care long term, or other long-term or permanent care.

3. Openness about a child's origins and contact with biological family

In addition to reluctance to cooperate with and implement a placement plan that is in the child's best interests, many foster carers in contexts where child-centred foster care is not strongly established choose to act directly against the best interests and rights of the child, and in their own interests, by deliberately concealing from the child, as well as from friends and neighbours, the truth about the child's origins. Instead, they act as if the child is their own biological child and tell the child that they are. This can have extremely negative consequences as the child grows older, questions and explores their identity and sense of belonging, and considers similarities and differences between them and their family members, often sensing that they are in fact different from and not treated the same as others in their family, before being told as such. As a result, when a child in this situation is told about their origins, or more often discovers accidentally from another person or source, and the parents are then forced to tell them the truth, they often experience a strong sense of betrayal and deception. This undermines their self-esteem, confidence and security, and often leads them to reject the foster family and seek the company of others with whom they feel they belong and who will accept them unconditionally for who they are; this may include trying to find their biological parent(s), siblings or other relatives.

Practice challenges

Refusal of kafala carers to let local authority social workers visit them at home, in Egypt
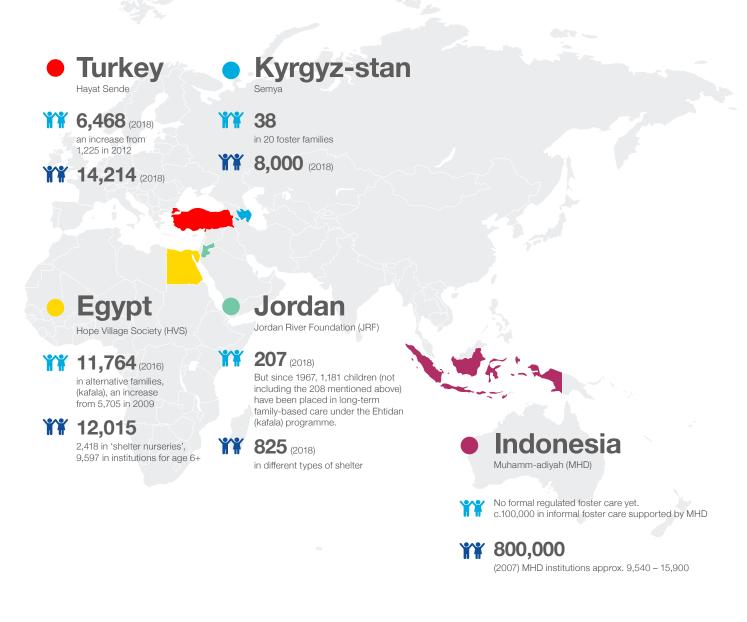
"After parents receive the child, they do their best to disappear. They really give us a hard time to contact them. They are always worried that people know that the child is not biologically theirs." Interview with social worker, quoted in Ali 2016.

Reluctance of kafala/foster carers in Turkey and Egypt to support contact or cooperation with biological relatives

In Turkey, regular face-to-face contact between children and their biological parents is very rare. Those children who have good relationships with their families are usually supported to reintegrate to family care at a very early stage. Most long-term foster placements, even where foster carers may be willing to explain to children about their origins and the reasons for them being in foster care, do not include regular contact, because this is often the preference of foster carers, who worry about the disruption and impact on the placement that might result from contact, particularly if the relative or relatives' behaviour is unsettling for the child. (Hayat Sende, consultation with foster carers, 2018.)

In Egypt, interviews with social workers indicate that they make sure that children placed in long-term foster care (under the kafala system) are orphans or can never be united with their biological parents, as one social worker explained. "We cannot put children whose parents are known into the alternative families system. It will be very problematic when biological parents demand their children back. After all, they are the real parents. This will only bring us all drama that we do not need." (Interview with social worker, quoted in Ali 2016.)

Comparison of foster care systems in five countries

● Turkey
Hayat Sende

6,468 (2018)
an increase from
1,225 in 2012

14,214 (2018)

● Kyrgyz-stan
Semya

38
in 20 foster families

8,000 (2018)

● Egypt
Hope Village Society (HVS)

11,764 (2016)
in alternative families,
(kafala), an increase
from 5,705 in 2009

12,015
2,418 in 'shelter nurseries',
9,597 in institutions for age 6+

● Jordan
Jordan River Foundation (JRF)

207 (2018)
But since 1967, 1,181 children (not
including the 208 mentioned above)
have been placed in long-term
family-based care under the Ehtidan
(kafala) programme.

825 (2018)
in different types of shelter

● Indonesia
Muhamm-adiyah (MHD)

No formal regulated foster care yet.
c.100,000 in informal foster care supported by MHD

800,000
(2007) MHD institutions approx. 9,540 – 15,900

**Number of children in foster
care/other family-based care**

**Number of children in
residential care**

	Legal status of foster care	Achievements
Egypt (1)	Regulated by Ministry of Social Solidarity, overseen by local Family and Childhood Depts. in line with Egyptian Child Law No. 126, 2008.	Foster care recognised in the 2008 Child Law. Government now working to update and improve the foster care system, including clarifying criteria and requirements for foster carers. HVS is developing a more child-centred and community-based approach, to enable foster care for street-connected children, and recruiting local community families able and willing to work with these children and their biological families.
Indonesia	Ministry of Social Affairs Regulation No. 21/2013: Child care – needs revision. National Standards for Child Care, 2017. MHD has its own care standards which reflect Islamic values.	Setting up of the Aliansi Pengasuhan Berbasis Keluarga (Family Based Care Alliance) with 24 partners, including MHD, Save The Children, SOS, and UNICEF. Widespread consultation including the national alliance and Family for Every Child members and partners in development of new foster care regulations. Wide range of advocacy campaigns promoting family-based care, involving religious leaders and influencers and drawing on MHD's influence in promoting foster care as being in line with Islamic values and teaching.
Jordan	Foster care is covered by one article in the 2014 Juveniles Law, Article 37.b.3. A National Alternative Care Framework has been drafted, but not yet approved.	Development of a comprehensive child-centred model of foster care, since 2011, with the support initially of Columbia University (USA) and Jordan River Foundation. Social workers and foster carers have been trained in line with a comprehensive training programme. Foster carers receive allowances and regular support. Imams from local mosques have helped recruit foster carers, overcoming people's fears that foster care by non-relatives might be against Islamic tradition and practice.
Kyrgyzstan	2012 Children's Code, plus draft foster care regulations.	Detailed foster care regulations have been drafted, but approval is delayed. Two NGOs have been contracted by the government, with EU and UNICEF support, to train foster carers (approx. 150), but the number of placements remains low. A few small pilot projects have been developing foster care for the last ten years but none have been scaled up yet.
Turkey	2005 Child Protection Law. 2012 National Foster Care Regulations. Regulated by Ministry of Family, Labour and Social Services.	Massive increase in recruitment of foster carers and placement of children in foster care, linked to reduced use of institutional care. Most foster placements are long-term. Foster carers are assessed in line with regulations and receive standard training and support. Foster care associations play a key role in peer support and advocacy

(1) Egypt: data from UNICEF and CAPMAS, 2017.

Main challenges in the development of foster care in Islamic contexts

The following is a summary of the key challenges encountered in the five countries featured in the table above, based on the experience and accounts of Family for Every Child members.

1. **Lack of a strong legislative basis for formal, regulated child-centred foster care allows a foster care system to develop that focuses purely on the long-term care of infants relinquished by their parents, rather than on children of different ages in different situations, including those who might need short-term foster care as part of an intervention to support their family.**

In Islamic contexts where foster care is practised, it is often done on the basis of a simple article in legislation that refers to care of children by a 'trusted person' or alternative family, when comprehensive legislation, regulations and standards are lacking. The result is that foster care can be implemented to suit the interests of individuals who would like a child, rather than children who need a range of forms of care that could meet their varied needs. Since couples with socio-economic resources who want to have a child tend to have more power and influence than children who have lost or are risk of losing family care, unregulated foster care is often implemented in the interests of those childless couples rather than the interests of vulnerable children. This is a particular risk in Islamic jurisdictions which do not permit formal adoption, and where childless couple therefore seek alternatives. In many Islamic countries, kafala is seen as the alternative to adoption, but foster care can sometimes get confused with kafala, or it can be preferred over kafala if less bureaucracy is involved, or if allowances or other forms of support are available. The result is that couples whose main goal is having a child, just like a 'normal family', apply to be foster carers, but do not always have the required commitment to put the complex needs (and existing relationships) of the foster child before their own.

The absence of detailed legislation and regulations also prevents authorities from monitoring and reviewing foster placements to ensure that every child placed has a care plan setting out the child's needs and a long-term goal for the placement that is in the child's best interests. Such a plan may include regular contact with the birth family, with a view to supported reintegration. Foster parents who only want their 'own child' tend to want a child as young as possible, and in some contexts to prefer girls as they are perceived as less likely to later display challenging behaviour. They also are more likely to refuse to support contact with birth families, and to resist telling the child about their origins and to conceal this information from others; they are less likely to cooperate with any plan for reintegration. They also often fail to cooperate with the requirement for regular visits by a social worker. The preference of childless couples for infants, and in some countries specifically for girls, also restricts the number of children in need of alternative care who can benefit from foster care as an alternative to residential care, as many of these children are of school age; and in our members' experience in the Middle East region, boys are more likely to be in care than girls, as it is more often boys in the family who choose or are forced to leave home, are forced to seek work and/or have lived on the streets (Ali 2016).

2. **Resistance from the management or staff of residential institutions, or other supporters such as donors and faith-based organisations**

A common finding in countries that rely on residential care is that the management or staff of institutions tend to resist efforts to close, reduce in size or transform institutions, in order to ensure that more children can be cared for in family-based alternatives, or in smaller, family-type or more specialised residential care units. Their arguments tend to be that the children need professional care which only they can provide, but their motivation is often mainly about preserving their jobs and livelihoods. In one of the countries of the Family for Every Child

members in Islamic contexts who contributed to this guide, it was reported that residential care managers were opposed to family-based care because they found it easier to supervise children in an institution. Such arguments tend to be based on convenience for staff rather than what is in the best interests of children, and also disregard the higher average cost per child of caring for children in large institutions (Carter 2005; Delap 2011).

3. **In Islamic contexts, foster care is often piloted but then not effectively or sustainably scaled up at national level, owing to lack of government or donor investment and commitment**

All of the countries explored in detail for this practice guide have seen at least some small-scale foster care initiatives, usually funded by the government or other donors as pilot projects with a view to being later scaled up at national level. However, many of the governments in these countries, having supported or allowed pilot projects, then fail to commit the necessary funds, resources and political support to achieve effective implementation of foster care on a national scale. The members in these countries have observed that when foster care is underfunded, sometimes with the justification that it needs to be kept at low cost (to prove the argument that some make for introducing it, that it will save money compared to residential care), there are a range of negative consequences:

- there are often not enough trained social workers available to be deployed to support foster care;

- those that are deployed are poorly trained, resourced and supervised;

- a lack of training, resources and support means that social workers are not able to support foster placements adequately, and do not provide foster carers with essential information on the needs and backgrounds of children in their care;

- social workers are not provided with enough travel costs or time to carry out support and monitoring visits and to carry out reviews of placements, which are vital to ensure quality implementation that upholds children's rights and meets their needs;

- foster care allowances are reduced or cut completely, often as a cost-saving measure, which can not only result in children's basic needs not being met, but can also risk foster carers feeling less morally obliged to cooperate with local authority social workers, including allowing them to visit and carry out reviews, and working to implement agreed care plans that may include contact and reintegration; there is also a risk that foster carers could start to neglect or exploit the children in their care, e.g. for domestic labour;

- it becomes harder to place in foster care children with any kind of special educational needs, challenging behaviour or disability, as there are not sufficient funds to provide the additional services in the community or at school that may be required, and there is no specialist support from psychologists for addressing challenging behaviour.

The following two sections will be published separately.

Part B provides a summary of the key stages in the foster care process in Islamic contexts and, at each stage, key elements of what our members consider to be good practice, and practice that reflects global standards and principles, as set out in the Guidelines for the Alternative Care of Children (UN 2010), and the handbook on their implementation (Cantwell et al. 2012). This section is not an attempt to define one single model of 'good practice' or a single set of standards or procedures. The intention is also not to recommend foster care above all other forms of care. Instead, Family for Every Child members, with the help of a consultant, are proposing key elements of good practice in foster care,
in order to help practitioners and policymakers:

- to decide when, and for which children, foster care might be the most suitable short- or long-term solution, compared to other alternative care options;

- to plan how to recruit, assess and prepare foster carers, and then monitor and support placements, so as to ensure the potential benefits of foster care are maximised, and the risks minimised.

How this guidance will be applied in different contexts will inevitably need to vary, according to different local contexts and needs.

Part C includes a range of practice techniques, to support the different aspects of foster care practice in Islamic contexts, and learning materials which explain further, for practitioners or foster carers, certain key issues in foster care

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