



**Family**  
for every child

# Practice Guide on **Foster Care in Islamic Contexts**



HOPE VILLAGE SOCIETY  
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مؤسسة نهر الأردن  
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ҚАЗАҚСТАН РЕСПУБЛИКАСЫНЫҢ  
СЕМБІЛ -  
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ҒАЙЫҚЫ



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# Part B The foster care process

The diagram below summarises the most common steps in the process of recruiting, assessing, training and approving foster carers, and then matching and placing children with them, followed by the essential work of supporting and monitoring the placement. In this section, key elements of good practice at each stage will be outlined, with some specific examples from Family for Every Child members in Islamic contexts.

## Recruitment process via public information campaign or word of mouth



Information meeting with those interested in fostering



Initial screening interview, individual info given



Initial home visit, to check commitment of all family and suitability of home



Basic orientation, either one or several days to cover key basic information on foster care



Completion of assessment, including several home visits and reference checks



Training of prospective foster carers (at least 20-30 hours)

Case worker explores any remaining issues with prospective carers, and prepares the assessment report with recommendation to a decision-making panel



Approval of foster parents by panel or judicial body



Matching of child to a family that is suitable, capable and committed to meet the child's assessed needs



Placement of a child, signing of placement agreement



Support and monitoring visits, review meetings and further training (e.g. on children's special needs or challenging behaviour)

## 1. Recruiting prospective foster carers<sup>1</sup>

There are many ways to find suitable foster carers, and the question of which is the most effective approach depends on the type, number and profile of foster carers needed, over what timescale, and the geographical area to be covered.

### General or targeted recruitment?

A key question to ask when planning recruitment is whether or not the objective is to build up a pool of assessed, trained and approved foster families, with whom children can be placed when needed (in which case large-scale, sometimes nationwide recruitment campaigns may be required). Alternatively, the objective might be just to recruit a particular type of foster carer (e.g. those specialised in short-term care or care for children with disabilities), a family for a specific child or sibling group, or foster families in a specific community. When recruitment is targeted at one community, it might be because there is a high need in that community, or it is considered a community likely to include many families with suitable commitment, motivation and resources to foster.

### Word of mouth:

Recruitment activities can include both mass media campaigns and local information meetings, but experience from many countries has shown that most prospective foster carers only make the final decision to apply once they have met someone who has fostered (Wilson, Sinclair, Taylor, Pithouse and Sellick 2004, EveryChild 2011). This is because fostering is a serious and life-changing commitment, with a number of risks involved, including that a child placed will not adapt well to the family or that the family will not adapt to or cope with the child's needs. With these concerns and risks in mind, meeting experienced foster carers who can provide a positive but realistic account of what foster care is like is often the most effective way to give applicants the confidence to apply.

### Screening interviews:

While TV, radio or online campaigns, and information meetings in mosques or other public places, can reach a wide number of potential foster carers, the applicants and the foster care provider need to have a more in-depth conversation to be able to decide if the applicants are potentially suitable. This meeting is crucial as it prevents both the applicants and the service provider from wasting time and resources on going through a full assessment and training process if the applicants might simply not be legally eligible or personally suited to this type of care. This interview ideally should include both male and female applicants, if they are applying as a couple, and should be carried out through an informal, non-judgemental but exploratory conversation, in an accessible, comfortable but private setting. The interview should ideally be conducted by a member of staff trained and experienced in assessing and supporting foster care, so that they can answer questions the applicants may have, and be able to screen out obviously unsuitable candidates, based on information on their household, commitment, motivation and resources.

<sup>1</sup> This guide is written to apply both to foster carers who are fostering as part of a couple, and those who are fostering as a single person. Where the guide refers to couples, the principles, processes and exercises discussed can still be applied to the assessment, training and support of a single foster carer, although sometimes there need to be some adaptation.

### Advice on recruiting and initial screening of prospective foster carers

- **Decide recruitment goals and most suitable approach:** targeted recruitment to meet specific needs, or general recruitment to build up a pool of foster carers.
- **Set realistic recruitment targets** – quality should be more important than quantity.
- **Consider all forms of media** (TV, radio, social media etc.), but decide which medium to use based on the type of message, target audience, and the messenger.
- **Use careful language and clear messages** that are attractive but accurate, and not likely to be misinterpreted, using local language and avoiding jargon.
- **Share direct, realistic examples of child-centred foster care**, drawing on children's and foster carers' experience.
- **Use word of mouth**, by involving existing foster carers in recruiting others.
- **Respond quickly and reliably to** enquiries; provide a hotline or drop-in sessions.
- **Arrange information and screening sessions at accessible times and places** (consider location, language and social group).
- **Offer applicants group info sessions, followed by individual screening interviews** to enable applicants to explore more carefully if they might be suitable.
- **Include existing foster carers** in presenting to group sessions, so potential applicants can meet and ask questions of carers with direct, recent experience.

## 2. Assessing who is suitable for and capable of fostering

### Advice from Hayat Sende, Turkey

All children deserve a family with good parenting skills. The goal of foster care is not just giving shelter to a child but protection and support as well, so there is a need for families who can understand, listen to, and care for the child and respect their individual needs. For that, it is not enough to just give training to prospective foster families. There should also be careful selection and preparation of the families, assessment and matching of the family to the child, plus further support and monitoring in the post-placement period.

Effective assessment of people interested in fostering is the most essential safeguard to ensure that children will be safe and well cared for in foster care, and that their needs will be met, and their rights upheld. Before assessment starts, information meetings, screening interviews and initial training are all opportunities to enable people who might not be suitable for foster care to realise that fostering is not the right choice for them, and to drop out, or to be advised to do so, as they do not meet basic eligibility criteria and legal requirements in that country. However, there is still a possibility that applicants will pass through all these stages without anyone realising that they are fundamentally unsuitable for fostering. This is because their suitability is related not to obvious characteristics of the applicants and their family and household, but more hidden aspects of the family's behaviour and values that can only be uncovered through a more in-depth, exploratory assessment. These harder to detect issues are wide-ranging and exploring them is likely to take the greatest amount of time and effort during the assessment process. The issues to explore with prospective foster carers are reflected in this list of key

criteria and attributes for fostering, developed through many years of experience of recruiting and assessing foster carers, including with members of Family for Every Child, reviews of research (e.g. Wilson et al. 2004, Atwool 2018), and consultations with children who have experienced foster care (Narey and Owers 2018).

### Requirements and qualities of good foster carers

- Legal requirements:** age, criminal record, sex, marital status etc.
- Realistic and committed to helping children**, putting the child's needs first.
- Able to keep children healthy and safe** from abuse or exploitation.
- Able and willing to fulfil the responsibilities of the role**, including working with others and accepting professional support when needed.
- Able to understand and adapt to child's developing needs.**
- Communication skills**, able to listen to and tune into children in a non-judgemental way.
- Committed to non-violent positive parenting**, and clear boundaries.
- Aware** of their values, parenting style, strengths and weaknesses, and their need for support; and to be able to reflect and make positive use of these things to strengthen them.
- Patient but determined and resilient**, with internal strengths and strong support network.
- Open and flexible:** able to adapt to change, to accept people from different backgrounds, and to appreciate different points of view.
- Open and willing to learn** new concepts and develop new skills.
- Open to contact** and work with biological relatives in the child's best interests.

In the early stages of developing a country's foster care system, it is common for the first practitioners to assess foster care applicants based on fairly superficial, easily detectable qualities and requirements, such as level of education, income, and the physical suitability of their home and immediate environment, as illustrated in the example below.

### A student researching the development of foster care in Egypt interviewed social workers.

**'When I asked social workers what is their definition of the best interests of the child the answers revolved around financial security and stability of parents. They also attributed the best interests of the child to the type of apartment the child will live in. The social workers said:**

***"The most important standard to me is that the child is living with rich parents who can attend to his or her needs. These children are very vulnerable and they need security. This security will only be granted if the parents secure the future of the child by specifying money for him or her when they grow up."***

***"To me the most important standard or requirement on which I base my placement decision is the type of residence the child will live in. I have to ask if the child will have his or her own room that is separate from the parents. I have to check the quality of the room and the furniture. The child should feel comfortable while living in his or her new home."***

Ali 2016



Once social workers have gained more experience of foster care, and in particular have seen how foster care placements fail to meet children's needs, or break down when the foster carers they are placed with are unsuitable, and lack commitment and readiness to meet the child's unique needs; through such experience, they usually develop a fuller awareness of the range and depth of qualities and characteristics required to become a good foster carer, and the amount of sensitive work required to assess if those who wish to foster possess these qualities.

A full and thorough assessment of a prospective foster family usually requires a period of several weeks, sometimes up to three or four months, and must include both a number of visits to the applicants' home and meetings with their family members, as well as meetings with individuals providing references. In order to be sufficiently in-depth and robust, an assessment needs to be carried out in a way that is:

- **comprehensive** (covering all aspects of their suitability);
- **participatory** (enabling open discussion with all family members and others involved);
- **exploratory** (going beyond first impressions, uncovering underlying feelings, motivations and relationship issues, in a comfortable, not intrusive way);
- **based on openness and trust** (a trusting relationship needs to be built with the applicants, but one that is still professional and not so close that it prevents objectivity);
- **objective and accountable** (the assessor must not be influenced by personal preference or bias, and must be ready to justify their recommendations);
- **evidence-based** (assessment should be based on verifiable facts, which can be corroborated by direct observation and conversation with others, including referees).

**In order to explain the need for participation, trust and openness during assessment, it can be helpful to start an assessment with some form of statement, such as the following.**

"We will be discussing a lot of personal issues. This is because we have to be open with each other to be sure that foster care is the right choice for your family. So, these discussions are to help you, not to judge you. They will help us all feel confident that this is the right thing to do for your family and the child or children you later care for. Neither we nor you would want a child to come and stay with you and then have to leave, for a reason that we could have found out about earlier. So we need to check if there might be any reasons you would not be ready or suitable to foster, or if there is a particular type of child you would be most suitable for."

## Issues to cover in an assessment

Foster care assessments normally have to cover a set of issues set out in local legislation or regulations, which cover applicants' overall suitability, and typically include the following.

- Current family composition, and the role or contribution of each family member in fostering.
- Income/other household resources. Do the applicants have a stable and sufficient source of income?
- Do their work commitments allow enough time for attending to the needs of the foster child? Are they realistic about the time and effort required to foster?
- Health and relationship issues and background of the family. Are the home, its land and its surroundings safe and suitable for foster care?
- Suitability of their accommodation and immediate neighbourhood.
- The family's wishes or expectations in regard to the type of foster child who would best benefit from this family (this is covered below in the section on matching).

However, often the most important issues which will affect how successfully and for how long a family is able to meet the needs of different, and often challenging, children, are the following.

- **Motivation and realistic commitment:** their reasons for wanting to foster, which need to include putting the child's needs before their own. Do they have realistic expectations of what it will be like, an awareness of unpredictable challenges they may face, but a determination to do their best to meet different children's needs?
- **Suitability and capacity of the family to foster:** what is their knowledge and experience of parenting or child care? What is their knowledge and understanding of children's needs? What is their level of parenting skills and their resilience to cope with the pressures of fostering? How well are the family supported by their wider family, neighbours, friends and community resources and facilities needed to support a child?

Of these issues, the last two (in bold) need to be covered in depth, which means in a comprehensive, participatory and exploratory way. The questions that could be further investigated under each of these areas include the following.

## Assessing motivation and realistic commitment

This should be first addressed during the pre-screening interview, at which point applicants who clearly do not have a realistic commitment, or are not realistic about their expectations of what foster care will be like, should be screened out.

It is important to screen out any who have confused foster care with adoption, and only want a child to keep forever as their own, and so are not willing to support a plan to meet the assessed needs of the child, that may include contact with or reintegration to their biological family.

Others with selfish or harmful motives should also be screened out, such as those wanting a child to do domestic work, help on the farm, care for sick or elderly relatives, or just be a playmate for an existing child in the family without considering what the foster child's needs and wishes might be.

Motivation and commitment should be further explored during the main assessment, including by checking if all members of the family are equally motivated and committed, and also realistic about the impact and challenge of fostering on their family.

- **Why do they want to foster?** Do they have a specific or only a vague idea of what foster care will be like, and how it will affect their family?
- **Why now?** Have they considered it for a long time or only recently?
- **Why are they choosing fostering, not adoption or kinship care? Are they open and committed to providing foster care only for as long as the child needs it?** Are they aware that foster care is usually a temporary form of care, which can be short-term, depending on the best interests of the child, though some children will need long-term placements till age 18? Are they interested in a particular type or duration of foster care, and, if so, why?
- **Are both of the couple (where applicable) and all family members equally motivated and supportive?**
- **Are they well informed about the commitment and challenges** involved in fostering, including the emotional highs and lows, the challenging behaviour they may face from children, and the long time it may take for a child to settle down, to trust them as carers, and ready to accept and understand a child's situation?
- **Are they aware of the requirements and challenges of working openly and cooperatively** with a range of professionals and authorities, and the child's biological relatives?

### Assessing the suitability and capacity of the family

This will need to include assessing the personal strengths of the prospective foster carers, their values, the family background that has shaped their approach to parenting, and the strengths and weaknesses in their relationships. Specifically, it should address:

- **What are their attitudes and beliefs** in relation to children, to parenting and non-violent discipline, to children who have been abandoned or abused or come from backgrounds of poverty or violence, to the families of such children, to children with disabilities, special needs or challenging behaviour?<sup>2</sup>
- **Personal and emotional resources, family strength and resilience:** strength and stability of the couple's relationship, and other family relationships? Any history or sign of current violence or conflict in relationships? Any evidence of alcohol or drug dependence? Quality of relationship with their own children and parents and other close relatives and friends, strength of their support network (both family and community), resilience as evidenced by history of overcoming family problems and personal difficulties?
- **What is their level of knowledge, skills and experience** in child care, child development, positive parenting, attachment, the impact of separation and loss, the needs and backgrounds of children they are likely to foster and their families, and of their role and responsibilities as foster carers?
- **What are their household and community resources:** not just income, land and property, but access to resources for children in the community (schools, clinics, play facilities, helpful and friendly neighbours and a safe neighbourhood for children)?

### Assessment methods

There are a range of tools that can be used during assessment, as an alternative to just asking questions verbally, that make the process more interesting, engaging and participatory (including for children and other relatives), and that build trust and openness (see Part C).

- **Family tree (genogram):** ask the family to draw their family tree, to show who is in the family (name, age and sex), how they are related, the strength or importance of different relationships, any

<sup>2</sup> Challenging behaviour could include: physical or verbal violence when angry or frightened, destruction of property or gifts, running away, toilet problems (bedwetting, soiling etc), hoarding of food, apparently dishonest behaviours that look like stealing and lying (but in foster children these are usually the result of insecurity: they are usually not deliberate or malicious acts).

difficult relationships. Try to draw this together on a big piece of paper and get both children and adults in the family to help and contribute.

- **Map of support network (ecomap):** this is another important exercise to do together. It involves drawing a diagram to show key family and community relationships, resources and sources of support, with the family in the centre, and lines going outwards in different directions to show the importance of each source of support (e.g. school, church, neighbours, friends, village elders, clinic, colleagues). This should trigger a discussion about who the foster carers will most rely on for support when they foster a child, and for what different kinds of support (practical, emotional, frequent or occasional).
- **Family history timeline:** draw a timeline of key events in the family history, including – if fostering as a couple – when the foster carers met, married and, if this applies, when their children were born, as well as key events in the foster carers' childhoods, including achievements and crises, challenges or losses.
- **Strengths and weaknesses lists:** ask the couple or different members of the family separately to write a list of how they see their own personal strengths and weaknesses, and another list of what they think their spouse, or others in the family, would say are their strengths and weaknesses. Then ask them to compare each other's lists and discuss anything they have learned.
- **A child's eye view of the house and neighbourhood:** if there is a child in the family, ask them to give you a tour of the house, garden, plot of land, and, if possible, immediate neighbourhood, pointing out the things they like, their toys, places to play, friends, and any risks (places or people they avoid).

### References and criminal records checks

Obtaining references from trusted people who know the applicants well is a good way of checking that they are likely to be suitable to foster. Those providing references need not be in senior positions, but they should be reliable, know the applicants well, e.g. in their work or community activities, and, if possible, in their family life. With a couple, it helps if these referees can comment on how strong their relationship is, and how they are with children. So, they could be a family friend. However, it is difficult to expect a friend of the applicant/s to be objective, and comment on weaknesses as well as strengths. So it is important to reassure them that they will not be helping their friend(s) if they avoid mentioning any concern they might have about the applicants' readiness and suitability to take on this very demanding role, in particular if they consider there is any risk that they could abuse, exploit, neglect or reject a child. Given this sensitivity, it is important that the assessor personally interviews those giving the reference, rather than simply asking for a letter of recommendation. This enables them to speak more openly and honestly and reassure the referees that the information they provide will be kept confidential.

#### Important message to convey, in appropriate language for the context, when interviewing someone giving a reference:

"Thanks for agreeing to be interviewed. The information you provide will be very helpful for me to be sure that [e.g. Mr and Mrs X] will be suitable to provide temporary foster care for children in need. I know you are a close friend of the family, so you might be reluctant to mention any weaknesses or concerns. But if you want to help them, the best way to do so is to help make sure they only take on the huge commitment of fostering if it is the right thing for them and the child(ren) they foster. Starting fostering and then having to stop if a problem arises is very painful and hurtful for the child, the foster family and all concerned, so we want to prevent this from happening if at all possible. We will keep any information you provide confidential. Even though [Mr and Mrs X] know you are providing a reference, they do not need to know what you said."

**It is also essential to check if the applicants have a criminal record**, by obtaining a report from police, and/or interviewing any community leader, local judge or person of authority who is likely to know if the applicants have any history of physical or sexual violence, or of harming, neglecting or exploiting children in any way, or of serious dishonest conduct. If they have no such history, but they have committed a minor offence, such as a traffic violation or non-payment of a fine, particularly if this occurred when they were a teenager or young adult, then this fact alone does not need to be a reason to reject their application.

The priority is to check for any evidence of behaviour that could indicate a risk to a vulnerable child in their care, and at the same time to check their willingness to be open and honest. It is therefore important to ask applicants themselves directly, verbally, or, preferably, on their application form, if they have committed any offences, as if they are ready to admit to an offence, which is then judged not to be a concern, their openness will give assessors confidence about their honesty and cooperation, which are key qualities required of foster carers. However, if someone deliberately conceals information during an assessment, even if that information on its own would not be a cause for concern, this is an indication of an unwillingness to be open and cooperative with you and your colleagues, which in future would make it impossible for you to be sure that children are safe in their care.

### 3. Training prospective foster carers

#### Timing and process

The next step after assessing the commitment, suitability and capacity of prospective foster carers is to provide them with training on their specific roles and responsibilities. The training should make them aware of and ready for the challenges involved, and equip them with specific techniques of positive parenting and safe care for children with often quite complex needs.

Training is usually best held with small groups of foster carers, involving between five and 20 individuals, including both members of couples.

**It can either be offered in a block of three or four full days, or over a series of evenings or weekends**, but ideally with not more than a week between training sessions, otherwise the participants will forget the content of previous sessions and continuity will be lost. However, one advantage of having gaps of a few days between training sessions is that participants can reflect on what they have learned, discuss it with other family members, and perhaps try out new ways of communicating with or relating to children, and then returning to share their experience at the next session. The training sessions themselves should also include plenty of opportunities to discuss and reflect on issues and areas of learning, as well as exercises to try out new ways of thinking and behaving, with respect to children.

**This combination of listening, acting and reflecting is called ‘experiential learning’** (Kolb 1984) and has been widely shown to be the most effective approach to adult learning.

**Foster carer training content needs to be based on global and national knowledge and standards**, as set out below, but to have the most positive and lasting impact on prospective foster carers, it helps for the training **to be also informed by local experience and practice**. This will require involving, as co-trainers, local people with substantial direct experience as foster carers. It can be helpful also to include young people who have grown up in alternative care in providing at least part of the training or contributing their insights and experiences to a session (Kaasbølla, Lassemo, Paulsen, Melby and Solveig 2019).

Further follow-up training should be offered at regular intervals once the foster family is approved and has started to foster, as many more questions will arise once they gain experience, and it can be easier to apply knowledge and skills directly into practice when foster carers already have a child in placement. More advanced training is also often needed for foster carers to prepare for a specialised form of care or to meet a child’s more complex needs.

#### Advice on the timing and process of training

- **Sequence:** decide whether to hold training before or after assessment, or split with some training sessions before assessment, and others during or after.
- **Timing:** decide whether to hold training in one block (e.g. one week), or over a series of days or evenings, considering applicants’ work and family commitments.
- **Location** should be comfortable, accessible, informal and free of distractions, ideally with child care arrangements for applicants who already have children.
- **Good pairing of trainers and co-trainers:** including both expert trainers, and those who can share direct experience (foster carers, care leavers etc.).
- **Plan interactive training methods**, with case examples, role plays and homework, as participants learn best through active engagement and trying things out.
- **Observe and support group dynamics among applicants** to learn more about them, and to help them develop important relationships for future mutual support.
- **Participation:** when couples are applying to foster, make sure the men as well as the women attend training; older children in the family can also be included in some sessions.

#### Planning and preparing the content of training

There are a variety of tried and tested training programmes for foster carers that have now been used in many different countries and cultures. The best known and most widely used programmes and the learning materials and exercises that go with them should be considered, and may be appropriate to use, at least in part (see examples here<sup>3</sup>). However, foster care providers should also consider the specific needs, requirements and sensitivities of their local context, and develop local practices. Participants are likely to relate better to locally developed case examples and role plays, using local language, faces, names and scenarios, and this is preferable to using training materials and watching videos showing foster families interacting in very different, often usually western, social and cultural settings, as offered by the established training programmes. Programmes developed in other countries have to overcome not only a language and culture barrier: they are also based on a set of assumptions in terms of laws, procedures and standards that apply, and resources that are available, that might be entirely alien to the local context. However, it is worth consulting a range of existing programmes and materials before developing a truly locally adapted and needs-based programme, to ensure the full range of topics that foster carers may need to learn is covered, and a full range of active learning techniques considered to see which might be most suitable.

<sup>3</sup> Fairstart Foundation: <http://fairstartfoundation.com/1-introduction-to-your-learning/> provides free online resources. Other well-known resources usually need to be purchased, but versions may already exist that have been adapted and made available for certain countries or regions. Examples include:  
- The PRIDE (Parent Resources for Information, Development, and Education) Model of Practice, Developing and Supporting Foster and Adoptive Families as Team Members in Child Protection and Trauma-informed Care of Children, <https://www.cwla.org/pride-training/>  
- The Skills to Foster (UK): <https://www.thefosteringnetwork.org.uk/get-involved/training-consultancy/skills-foster>



## Key topics to cover in training for foster carers

Note: other topics should be added, or given more or less emphasis, depending on local needs and context

1. What is foster care? Definition, types, legal requirements.
2. Why is foster care important? Its role and place in the alternative care system.
3. Roles and responsibilities of foster carers.
4. Principles and values of child-centred foster care.
5. Child development, attachment and the needs of children in foster care.
6. Positive parenting, effective communication, and helping children learn and develop.
7. Keeping children and young people safe from harm – prevention of and response to violence, abuse or neglect.
8. Working together with others to develop, implement and review a care plan.
9. Helping children keep in contact with and return to biological families.
10. Foster care support networks, building resilience and managing stress.
11. Supporting children through positive transitions (moving on and leaving care)

## 4. Independent approval of selection of foster carers

In different countries, there are different structures and processes for formally confirming the decision to approve a couple or an individual to foster. The priority is to be able to verify that an assessment of prospective foster carers has been objective and covered all required issues, and for this it helps to have an independent body to review or approve the assessment and recommendation.

The most common approach<sup>4</sup> in countries where foster care is well established, is for the social worker or case worker who carried out the assessment to submit their comprehensive assessment report, with a recommendation, to an independent committee or panel.<sup>5</sup> This body is chaired by a senior local official or community representative and needs to be both balanced and well informed. This means it will ideally be composed of people with different areas of knowledge and responsibility, including health, education, legal, and if possible, child and family psychology, plus, if possible, someone with direct experience of foster care.

The committee or panel usually make their decision having reviewed the assessment and asked the worker who completed it any questions that need clarification (and in some cases the applicants themselves are invited at that point to join the panel), or make a recommendation to the local official or judge with the authority to confer the status of approved foster carer. In some cases, the committee may ask for more information, which might require further home visits, checks or investigation, before a more complete report can be submitted for approval.

### Principles of effective decision making by independent panels

In terms of how panels can best fulfil these responsibilities, ideally, like the assessments they rely on, their composition and decision-making processes should be objective, transparent, participatory and evidence-based, reflecting the following principles.

- **Child-centred:** seeking always to decide what is in the best interests of the child, and considering both the needs of the child or children who will later be placed with that family and the family's own capacity and support needs.
- **Informed** by knowledge and understanding of child development and children's needs and welfare.
- **Multi-sectoral and multidisciplinary:** making decisions that are based on different areas of expertise and perspectives, including panel members with knowledge of social work, law, health and education. The role of the chair will include ensuring objectivity and a balance of expertise through the participation of all panel members, including those from the police, local judiciary, local education and health departments.
- **Independent and objective:** not influenced by pressure from the foster family, those that work with them or others involved. To achieve this, the panel chair will need to ensure that the panel is strong and confident in its role, and able to make fair, informed and independent decisions based on panel members' careful consideration of the information presented to them, rather than influenced by any external pressure or bias.
- **Community-based:** membership of panels should also, where possible, include community leaders and representatives of local CSOs, and in time they should also involve experienced foster parents, or others with relevant experience of alternative care.
- **Accountable:** the decisions of the panels should be subject to an appeals and complaints process, particularly to enable the prospective foster carers or, in matching decisions, the representatives or relatives of the child, to question or challenge a decision if necessary.
- **Evidence-based and balanced:** panel members should carefully consider the whole of the caseworker's assessment presented to them, and make their decision based on it, not on prior information or narrow judgement based on other information, such as just one aspect of the family's situation on which they might have already formed an opinion.
- **Transparent and inclusive:** prospective foster carers and other interested parties should be given clear information about the role of the panel, its composition, and the process it follows. Prospective foster carers should also ideally be invited to attend part of the panel meeting and present themselves, and answer appropriate additional questions, though without being required to repeat major areas of the assessment, which will already have been covered by the case worker.
- **Clear and specific in its decisions or recommendations:** panel decisions should include specific recommendations for the age range, gender, and type of needs of child that foster parents are registered for, and for what type of foster care – short or long-term, emergency or specialised.

### Assessment practice in Turkey (information provided by Hayat Sende)

In Turkey, the staff member who carries out the assessment of a prospective foster family shares his/her views and opinions in a report. The family has the right to appeal if there is a negative decision about being a foster carer. The decision on approval of a foster family is made by a committee including the social worker, and other officials from the provincial directorate.

Steps to assess and prepare for a foster placement:

1. Social services officer prepares an assessment report indicating the communication and adaptation process between the child and the foster family candidate. The report is then submitted to the foster family unit of the provincial directorate.
2. Assessment is based on at least five interviews with the foster family candidate, including the first interview, home visits, family history and two interviews afterwards. The prepared report will reflect all these interviews.

<sup>4</sup> Standard practice in the UK, Australia, South Africa, and a number of countries that have developed a UK model such as Moldova, Georgia, Jordan, and pilot projects in Morocco and Uganda. Best practice in Scotland is highlighted on p.18 of Family for Every Child (2015a).

<sup>5</sup> This is a similar model to that set out by UNHCR 2018. Guidelines on assessing and determining the best interests of the child. 2018 Provisional Release.



3. This process should take no longer than 70 days to observe the compatibility of the child and the foster family.
4. If the process is positive, the same commission in the provincial directorate approves the child and family match. Birth family and foster family contracts are made. Foster family payments begin after this date.
5. After the placement, a review is made in the first 10 days and a home review is made in the next month.
6. Home inspections are carried out once a month in the first year and once every three months in the following period.<sup>6</sup>

## 5. Identifying and assessing children in need of foster care

Assessment of children to determine if they are in need of and suitable for foster care, and then to decide which family would best meet their needs, needs to be carried out on a child-centred, case-by-case basis, rather than using predetermined formulae or categories. In other words, rather than deciding in advance that all children of a certain age, background or type of special needs should go to one type of placement, child-centred assessment and decision seeks to understand and consider each child or sibling groups' specific needs, and the most suitable placement to meet them.

The identification of children potentially in need of foster care, the assessment of their needs and suitability for foster care, and decision making and planning regarding a specific placement that can best meet their needs (known as 'matching', see below), are all elements of what is known in some contexts as 'gatekeeping'.

Gatekeeping is defined in *Moving forward* (Cantwell, Davidson, Elsley, Milligan and Quinn 2012) and in a Better Care Network (BCN) working paper (BCN and UNICEF 2015), as a 'recognised and systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs' (BCN and UNICEF 2015, p.3). Strong multidisciplinary cooperation at all stages is essential to gatekeeping, to ensure decisions are taken in the best interests of the child, and when made are then well supported by all key actors in the system

The assessment of a child to see if they are in need of and could benefit from foster care, and to determine the type of placement they need, should cover:

- **Age and background:** the child's age and background, including family origins and reasons for being in need of alternative care.
- **Necessity:** is alternative care now needed, and all other options considered and ruled out, including kinship care?
- **Suitability:** is foster care the most suitable form of care for this child? If so, what type of foster placement is most suitable?
- **Reintegration:** the possibility of reintegration to the child's biological family – is there a parent or relative willing and able to resume care of the child after a period of assessment and support (both before and after reunification), and if so, can this happen now or only once certain needs have been met and problems resolved? If reintegration will be sought after a period in foster care, during which

<sup>6</sup> Hayat Sende's own consultations for this report have revealed that in practice this currently rarely happens, and that after one or two years, foster families are very little, if ever, visited by social workers.

time the family will be prepared for reintegration, what will be the role of the foster carers in that process? Are they willing to support reintegration as required, and capable of doing so?

- **Contact:** children have a right to maintain contact with their parents, key family members, or others important to them during alternative care (UN 1989), so the assessment should consider how this can and should take place, in order to best meet the needs of the child, and to support their longer-term care plan (whether that be reintegration or long-term foster care) – see further details below on planning and supporting contact.
- **Language, religion, culture and ethnic or tribal background:** consider how these needs will be met in the placement, where possible finding a family with the same language, religion and background, or one that can fully and respectfully help the child continue to use and learn their language, practice their religion and observe their customs or traditions.
- **Health and any special needs,** including physical or mental disability, long-term conditions.
- **Education** and special educational needs, including schooling they have already received, what follow-up support is needed, particular educational needs already identified that need to be addressed (e.g. dyslexia, problems concentrating etc).
- **Attachment and grief issues** including how the child has responded to and been affected by previous separation and loss, and challenges they have faced or might face forming secure attachments to and trusting new carers, given their experiences of rejection, and resulting insecure attachment style (either anxious – clingy and fearful – or avoidant – distant and untrusting).
- **Behavioural issues:** any challenging behaviours (e.g. aggression, volatility, problems with trust, truth and boundaries, which can look like stealing or lying behaviour, but may not be either malicious or deliberate). Any triggers for such behaviour, either at school or at home, with peers or with care-givers, and consideration of best approaches to preventing and managing such behaviour positively, and the capacity and skills required to do so.
- **Placement plan: based on all of the above,** what are the immediate and long-term goals of alternative care? (See more details below on how to develop a placement plan). What are the actions and roles and responsibilities of the social worker, foster carers and other professionals and key people (including in some cases biological relatives) in implementing this plan?

## 6. Matching: identifying a suitable foster family for a child

Matching is the process of identifying the most suitable foster placement for a specific child. It is therefore based on the best interests of the child and should not allow foster families to select a child just because they consider that child will fit best into their family. However, matching is a two way process, so a successful match is based on the compatibility of family and child, and needs to take into account both the child's needs and wishes, and the family's capacity (to what extent they could meet the complex needs of a child or sibling group, or cope with challenging behaviour), and their preferences and limitations in terms of the child's age and sex, taking into account the age and sex of any existing children in the family.

It is generally accepted that it is risky to foster a child older than the existing children in a family, as this will create rivalry for attention, and the foster child's behaviour may also pose a risk to the younger children. The foster child may also be delayed in their emotional development, and so have similar needs for attention and nurturing as do younger children. If the foster carers' own children are several years older than the foster child, and are becoming more independent, then it is more likely they will both accept the new child, and be willing and able to participate in looking after the child.

The approach to matching based on finding the right family out of a pool of pre-assessed and approved foster families will not apply in all cases and places. In many cases, a family, who had not previously considered fostering, may come forward willing to foster a specific child, or such a family will be identi-

fied by community representatives or leaders as potentially suitable for a specific child. In such cases, the match will already have been proposed, but the motivation and suitability of the family, and whether they can meet the child's needs, should still be assessed.

**Table 1** A simple checklist for matching children with families who can meet their needs

This form is only shown in summary form – it should be adapted to allow a lot more space to insert notes in each box

Category of needs	Details of the child's needs (use more space than this – at least a paragraph per item)	Foster family's suitability and ability to meet this need – CAN they do it?	Foster family's willingness to meet this need – WILL they do it?
Sex – male/female			
Age and stage of development			
Health – special needs			
Educational needs			
Contact and life story work			
Emotional – history of abuse and loss			
Behavioural issues			
Language, culture and religion			
Placement plan – goal and key steps (reintegration/other permanency?)			

## Placing siblings

In finding the right placement for a child, a key principle should be keeping siblings together wherever possible. However, other key existing relationships in a child's life should also be considered, and the priority should be the quality and continuity of stable and trusting relationships, as a key factor in children's happiness and resilience, and the overall stability of the foster placement. Foster carers and the staff supporting them are often concerned about the number of siblings, sibling rivalry, and the special needs of one sibling compared to others, but these should not be sufficient reasons to separate siblings if a placement can be found and supported to accommodate all their needs without conflict, given the long-term benefits for their emotional development of keeping siblings together. However, there are a few circumstances in which one or more sibling may pose a risk to others or prevent the others' needs from being met. This would particularly be the case if they display sexually or physically harmful beha-

viour, they are in contact with a violent or abusive adult, or their needs and behaviour are incompatible with their siblings' needs in other ways. In these cases, separate placement, but continued contact where possible, may be preferable (Lord and Borthwick 2009).

## Turkish foster care associations' recommendations on matching

- Consider the **reason the child has come into alternative care**.
- Consider the impact of the placement on the **foster carers' own children**, and consider whether they are compatible, and not in conflict, in terms of age and needs.
- **Siblings should be placed together**, but ideally not more than two, unless this is a kinship care placement.
- Consider the **child's personal preferences and cultural values**.
- Consider the **expectations of prospective foster carers** and what type of parenting challenges they may be ready for.
- For children with the most complex needs or challenging behaviour, it is best to choose foster carers with **direct experience of working or volunteering with children**, such as teachers, nurses or psychologists.

## Additional advice from Hayat Sende

In Turkey, foster families consider it important to be able to choose the age and gender of the child they would accept in their family. Foster families also usually prefer permanent placement of a child. However, this might not be what children need, so in training for foster families, we need to address these common perceptions and motivations.

One helpful approach to prepare a foster family for the realities of fostering a disabled child is to allow prospective foster families to volunteer to support the child long term before they foster. Volunteer families normally spend their weekends in children's homes to provide training to support the children's academic success or spend quality time with all the children living in the same group house. Yet, some volunteer families are encouraged to spend time one-to-one with children with disabilities since it is thought that the child needs the special attention of the volunteer. Becoming a volunteer for a specific child is not accepted unless a child has a special need. Volunteers normally cannot apply to become a foster carer for a child from the group they are volunteering with, but if a child with a disability has built an emotional attachment with his/her volunteer, exceptions can be made.

The foster parents start by offering a child in the institution the opportunity to stay with them at weekends. This will then allow them to make an informed decision whether they can take care of the child long term.

## 7. Care planning

Planning in foster care usually involves both an overall **case plan**, which covers all the work with the family of the child being placed in foster care, and a **care or placement plan**, which is the specific plan for the child's foster placement. A care plan must centre on what is in the child's best interests, and therefore requires an initial and ongoing assessment of the child and their needs. It needs to cover all the issues already covered in the assessment, and specifically:

- **The purpose of the placement:** short or long-term; if short-term, is the placement supposed to act as a bridge to family reintegration or kinship care, or transition to adoption or another permanent placement?

The plan will then need to set out how the following needs will be assessed and met:

- **contact with biological relatives/others important to the child:** see section below;
- **linguistic, religious and cultural needs;**
- **health and any special needs;**
- **education** including any special educational needs;
- **attachment issues<sup>7</sup>** and the impact of previous separation and loss;
- **behavioural issues:** any plan for dealing with challenging behaviours.

**Permanency planning<sup>8</sup>** is the process of assessing and preparing a child for long-term alternative care when they cannot be cared for by their original parents or family. Permanency planning is essential to upholding children's right to stable family-based care, but the exact form that 'permanence' could take depends on the child's unique needs and situation, including their age, relationships, and the relative strengths and risks of the different placement options. Determining the long-term care plan most suited to an individual child requires consideration of a continuum of care options, starting with continued care by the birth family, through to kinship care or guardianship by other relatives, adoption, foster care, small group homes and specialist residential units.

A key dilemma in permanency planning is whether a young child placed in temporary care but now attached to their carer should return to the care of their biological parent(s) when the parent's health or situation has improved, i.e. when the reasons for the child's original placement in alternative care no longer apply as that situation has been resolved.

The key principle of permanency planning is not that restoring parental care is always in the best interests of the child, but rather that **a child's fundamental need and right is for secure emotional development based on stability and continuity of their primary care relationship.**

## 8. Introductions and settling in: process, roles and requirements

Most children find moving from one home to another difficult and they can take longer than many carers would expect to settle into a new environment and routine. This is particularly the case with children who have already experienced separation and loss, and who are not only moving home, but have to learn to trust, get used to and find their place in a new family. Such children will often be slow to build trust and confidence in their new family and foster carers. They often show some initial progress, being eager to make a good impression or fit in, or fearful of early rejection, but this tends to be followed by a period of challenge and confrontation, with children testing the foster carers' boundaries and commitment. Children who have already experienced separation and loss learn to expect further rejection. One way for them to feel more in control is for them to try and provoke a rejection by their foster carers, rather than face a longer period of anxiously wondering when the rejection that they expect will come.

Since children vary greatly in how they react to moves, introductions and settling in, and their age and previous experiences greatly affect how they react, it is important to make the introductions process not only positive and welcoming, but as flexible and sensitive to the child's needs as possible. The number of visits during an introductions process will need to be adjusted to the needs of the child. Older chil-

dren generally need longer to trust strangers, to accept the loss of their previous environment and to feel positive about their new surroundings. In the case of an emergency placement preparatory visits will not be possible and preparation for introductions will be limited, but efforts should still be made to explain to a child what is happening and why, and to give them as much reassuring information about the new family as possible. The following steps may need to be followed, depending on the age and needs of the child.

1. **Initial preparation** and exchange of information (ideally the child will receive photos of and information about the foster family, as well as the foster carers receiving social and medical reports about and photos of the child).
2. **Foster carers visit the child:** This should be a low-key visit in a comfortable setting, without raising expectations, and with the social workers checking the reactions of both child and foster carers.
3. **The child visits the foster placement.** The initial visit need not be more than an hour, but with older children further visits might be appropriate, and could involve an overnight stay.
4. **Placement of the child with the foster carer:** On this day, the child should be accompanied by their current caregiver or social worker for support, and the foster family should have prepared their living space and considered how best to welcome the child. The social worker should call to see how the first day has gone, and ideally visit again by the end of the first week, to check all is going well.

### Advice from a foster mother in Turkey on introducing a foster child to a new foster family, and on telling others only what they need to know (reported by Hayat Sende, 2018)

It is natural for a child to be confused and have mixed feelings when he/she is placed with a new foster family. It should not be forgotten that it takes time to adapt. The foster family should work closely with their support worker at this stage. To prepare for the foster placement, it helps for the child to visit at least once before they move in. The child and family should decide together where the child will sleep and keep their personal items, where to sit at the table to eat, and where they will have a desk to study. If there is a routine applied at home, it needs to be shared with the child. In order to learn the rules of the family, giving clear information to the child is vital so that they can meet those expectations.

The clothes and toys that the child brought with him/her should not be thrown away without the child's agreement, even if they are in a very bad condition. Keeping them can make the child feel safe and help him/her to adjust to the new situation more easily as these possessions come from their past experience. For the same reason, the foster carers should not immediately try to change the child's appearance, e.g. to cut their hair, change their clothes or make them have a bath. This should all be done when the child wants to and is ready.

It is necessary to agree with the child what to say, when meeting new people, about why they are in foster care, or what foster care is. People need to know that the placement of the child in foster care is due to a special situation, but they don't need to know the details. Unless the child wants to tell someone else, and it is safe to do so, no one needs to know. It is important, however, that the other professionals working closely with the child, like their teacher, know that they were placed in foster care as they were in need of alternative care and protection. Agreeing with the child what simple 'story' to give others about why they

<sup>7</sup> For information about attachment theory as developed by Bowlby and Ainsworth, see Bowlby 1969 and Ainsworth and Bell 1970

<sup>8</sup> <https://bettercarenetwork.org/library/principles-of-good-care-practices/permanency-planning>



were placed in the foster family will help the child to adapt more easily. People will ask further questions, but it is important that they are only told what they need to know (e.g. a teacher should be told about their previous education and any behaviour issues), and other information should be kept confidential.

Foster carers share the care and responsibility of the child in need of protection with others who have legal responsibility (such as the state, or the child's biological parent(s), depending on the case and local laws). So, they need to be aware that some decisions about the foster child cannot be made as quickly or easily as the decisions they make for their own children. The foster child also needs to be included in making important decisions about their own life (e.g. about circumcision, or surgery), and the way they participate in decision making will depend on their age and their ability to understand.

In order to help children settle into a foster placement the most important thing is to establish a consistent and continuous family structure. But the foster family also has to be ready to adapt to the child while they adapt to the family, because children come with different experiences, lifestyles and expectations. The family will need to be patient and explain many times certain things about their family, what behaviour is expected, and what is and is not acceptable.

The preference of the child regarding the way he/she addresses family members should be respected, and no pressure should be placed on the child to address the foster carer in a certain way (e.g. as Mum or Auntie).

Challenges in helping the child to settle in the first days of a placement are natural and to be expected, so it is important to:

- be calm and patient
- give the child time
- spend quality time together
- give a sense of confidence to the child
- focus on the child's good behaviours
- try to see the reasons underlying the child's behaviour
- understand and adapt to children's different stages of development
- establish healthy communication so that possible conflicts can be resolved without becoming a problem.

Children who seem generally harmonious at first can begin to exhibit different behaviours in the process without a clear reason. This may mean that the child feels at home and safe, relaxes, and does not constantly have to show his/her best behaviour. Families may have a hard time with their foster children due to many reasons just as they may have a problem in raising their biological children. When such problems are encountered, the family should share them with their social worker as soon as possible, instead of ignoring the problem. Foster families will learn how best to communicate with the child as soon as they know the child well and then the risk of problems in the transition period can be reduced considerably and an easier process experienced by all.

**It is also very important to not to restrict children from talking about their previous life and family,** but instead to listen with interest and without judging. Allow them to keep safe the

photos and other valued objects that remind them of people, events and places in their life that are important to them. Giving the child positive messages about their previous life and original family will help the child feel valued and develop self-esteem.

However, in Turkey, biological families are usually not introduced to foster families and information about the foster family is not shared with them, and their details are not shared with the foster family. The intention here is to protect the privacy of both foster and biological family. However, this prevents direct foster carer-biological parent cooperation. Instead, what is expected of foster carers is that they show positive attitudes to their foster child's biological family and origins through their words and actions. This is so the child gets the message that the foster carers support any contact the child has with the biological parent, as long as it is planned and supported, and safe and beneficial for the child.

## 9. Supporting, monitoring and reviewing foster placements

An essential requirement for supporting foster placements is consistent support from the social worker or other relevant support services, provided through regular visits to the foster family's home. When this requirement is overlooked or neglected, often owing to lack of personnel, time or resources for home visits, this greatly increases the risk that children's needs will not be met, that they will be abused, exploited or neglected, that the care plan as agreed will not be implemented, and/or that the placement will break down.

It is important that visits include the following.

- **Meeting with the child** to be sure they are still happy and well, and to find out their wishes, feelings, or any particular fears or requests they have in relation to their care, education, or contact with their biological family or others important to them. In the case of infants, who cannot express themselves verbally, it is still important that they are seen, and their behaviour, health and development adequately checked and observed. The social worker should not force a child to be alone with them if they are not comfortable with this: a trusting relationship needs to be built first, and in some contexts safeguarding procedures will prevent the social worker and the child from being alone together, but it is important that the social worker or caseworker is able to assess the child and hear their true wishes and feelings, without them feeling restriction, interference or pressure from anyone else, including the foster carer.
- **Checks to ensure the home environment is still safe and appropriate for the foster child,** and in good condition. This includes checking that the foster carers are providing sufficient food, living and play space for the child, and that if any new individuals have joined the household, that basic background checks have been carried out to be sure they will not pose a risk to the child, and that they, like other members of the household, are committed to the safe care of the foster child, including respecting their special needs, relationships and confidentiality.
- **Discussion with the foster carers to review how well the child is settling in and developing,** how well their care of and relationship with the child is developing, how well the child's other relationships in the foster family, community and school are developing, and to assess if any particular support is needed, either practical (e.g. with household resources), or psychosocial (e.g. with difficult behaviour), and to help them build and maintain their support network in order to meet these needs.



## Foster placement reviews

Regular reviews of the foster placement are an important part of making sure that foster children remain safe and well cared for, and, above all, that their care plan is understood and being implemented. Most countries that have requirements for formal reviews require them to happen within the first month of the start of a new placement, and then every six months (in the case of a very stable, long-term placement, annual reviews might be sufficient).

The review meeting, which is ideally held at the foster family's home, is an opportunity to revise or update the care plan, in line with any changes in the child or their biological family's circumstances, or in the situation of the foster family. Ideally the review meeting should include, as well as the social worker and other support workers, the foster carers, any other key professionals involved in directly supporting the child, the child's biological parent or relative (if possible and appropriate, and if there is regular contact and the plan is for reintegration) and the child (if they are supported to attend and feel comfortable doing so). If the child is unable to attend the meeting willingly and comfortably, then their views can be represented to the meeting by their care worker or foster carer, as long as they have made a special, separate effort to find out what those views and feelings are, in advance of the meeting. They may want to sit with the child to make a written record together of what the child wants to say to the review meeting.

## Practical support for foster families

Foster carers can benefit from a range of types of practical support that do not involve paying them an allowance. The most helpful forms of support include:

- help with income generation (either with training in income generation, or small business support such as small loans);
- referral to free or subsidised health and education services, at least for the child(ren) in their care;
- access to other benefits and services for families.

## Peer-to-peer support

Other foster carers can often be the most valuable form of support for foster carers, and those who live close to each other are likely to meet and support each other, but local authorities should also make extra efforts to bring foster carers together for social and emotional support. The children of foster carers also benefit from meeting others in their situation.

## Respite foster care

Foster carers can also help each other by temporarily looking after each other's children, when needed. This is known as respite care. It also takes the form of short stays in foster care for children who are otherwise still in the care of their parents, but need support in the form of short breaks to relieve family stress, in particular in the case of children with disabilities. Respite care is often needed when a foster carer has to go away for work or a family commitment, or the child or carer just need a short break. When this happens, the case worker needs to assess that the respite care offered is suitable and safe for that child, and that both the child and the family providing respite care are sufficiently prepared and supported.

Respite care arrangements are ideally planned in advance, with respite foster families identified, assessed and matched with the child for whom they might be needed, but they may also be needed on an unplanned basis, for example if a foster carer falls ill or needs to attend to a family commitment such as a funeral. Foster carers and social workers need to carefully consider the impact on the child of respite

care if, for example, they request respite care so they can take a holiday separately from the child, as a recent government review of foster care in England found that children see being included in all the usual family activities of a foster family, such as holidays, as important to enabling them to feel a sense of belonging and acceptance (Narey and Owers 2018, p.108).

## Foster care associations

Governments or agencies supporting foster care should also consider supporting the set-up of a national foster care association, or local associations or networks of foster carers. In many countries, foster carers have found this an invaluable form of support and advocacy. Children and young people in foster care, and the children of foster carers, can also often benefit from being able to set up associations of youth in foster care.

### Practice of peer-to-peer support for foster carers in Turkey

In Turkey, there are many organisations supporting foster carers which have been established by foster carers themselves. Denizli Foster Family Association was established in 2009. It carries out local, national and international activities with foster families and children who are in foster family care. It also works to increase the quality of the foster family model. Since 2010, foster families have been coming together under the roof of the association and have been able to feel they aren't alone. In this process, families have contributed to spreading the system through sharing emotions, experiences and information among themselves, and the sharing of foster families' similar difficulties or happiness has improved the families' resilience and perspectives about the challenges they face. Many families have extended the period of care. Foster placement breakdowns have been reduced to a minimum. Prospective foster carers receive an invitation to come to a meeting which helps to provide them with a realistic preparation for what foster care will really be like. In addition to sharing emotional experiences, workshops and trainings have contributed to the development of parents' skills and helped minimise conflicts between children and their foster carers. The families feel that they are not alone, with regular visits to each other's homes. And knowing that they are supported by people like themselves creates a stronger sense of belonging. Gathering together children who are in foster care also helps them feel a sense of belonging and reduces their sense of isolation.

## The role of foster carers' biological children – 'children who foster'<sup>9</sup>

Foster carers' own children also play a vital role in supporting placements, both in supporting foster children, helping them settle and feel welcome, and in supporting and preparing for transitions. If the feelings of these other children in the family are not recognised and they are not supported, however, they can feel jealous or resentful, so they need to be included in activities involving the foster child and in family decision making. They also often worry about foster children moving on, and don't want children they have become attached to to leave and be replaced by others, so they need help with understanding and dealing with these transitions, and help, if possible, to stay in contact with children who have left. With this kind of support, the children of foster carers can benefit greatly from the experience of helping others in their family, and some later become foster carers themselves (Noble-Carr, Farnham and Dean 2014).

<sup>9</sup> There have been several studies on this topic, but one comprehensive review is from Australia: Noble-Carr, D., Farnham, J., and Dean, C. (2014) Needs and experiences of biological children of foster carers: A scoping study. Canberra: Institute of Child Protection Studies, ACU. <https://www.acu.edu.au/-/media/feature/pagecontent/richtext/about-acu/institutes-academies-and-centres/icps/docs/finalreportneedsandexperiencesofbiologicalchildrenoffostercarersascopingstudy.pdf?la=en&hash=CC7EC9AD415D22F2247903EE2F78A0EF>

## Ongoing training for foster carers

For foster care to be safe and effective, and to prevent foster carers from burning out and quitting, they need not only opportunities to meet and support each other, but also regular follow-up training. This can be arranged in a variety of ways, but there should ideally be at least one new learning opportunity per year, which could include either a presentation and discussion on a specific topic in relation to children's needs or foster care at a local meeting of foster carers, a one day or half day course on children's needs or development, an online learning opportunity, or regular and supported reading or viewing of training materials on foster care. The social worker or support worker's role is important in ensuring these learning opportunities are taken up by foster carers and that they find them relevant and useful, and in helping them apply what they learn.

## 10. Supporting contact with the child's family

Children have a right to knowledge about their origins and their original family, under the Convention on the Rights of the Child (UN 1989), but many foster carers prefer not to share or discuss this information with the child, either because it is too difficult to explain or because they worry the child will be unsettled by it. However, the long-term consequence of keeping key information secret from the child or telling false information to them or others about the child's family and origins, can be to undermine the child's sense of self-confidence and trust in others. This can create conflict, or lead children to run away or harm themselves or others, as questions about who they are, and why certain information and relationships have been blocked, emerge, particularly in their teenage years.

It is helpful for foster carers to learn and develop ways to talk openly and supportively to the child about their family, important people in their lives, and the reasons they came into foster care. To do so, a few simple tools can help, including making a life story book and/or memory box with a child. These include photos, letters or other reminders of key people, places and events, which help the child understand and fit together their past, who they are and where they came from. This work should be sensitively handled, and life story books and memory boxes need to be carefully looked after, but available for children when they wish to see them. More information on the use of these tools should be covered in training for foster carers and social workers.

### Contact with biological family – supporting and supervising contact and ensuring it is in the child's best interests

Article 9.3 of the UN Convention on the Rights of the Child declares the 'right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests'.

Stable and reliable contact with biological relatives, previous carers or friends to whom the child has a significant and positive attachment is likely to be beneficial to the child's security of identity and emotional development. However, there are certain factors to take into consideration to ensure that contact is and remains beneficial and to minimise the risks of it being either directly harmful to the child, or undermining the stability of the foster placement.

- Contact arrangements should be part of both initial and ongoing care planning and review, ensuring they are always in the best interests of the child, and all parties involved, including the child, are consulted to ensure contact is and remains safe and beneficial to the child.
- The care plan should specify the most appropriate type and location of contact: direct (face-to-face) or indirect (telephone or video call, email or other electronic communication, or letter), supported

or supervised by a trained professional, or the foster carer, if this is required for the child's safety and best interests, and in a safe and appropriate location (usually either the foster placement or a child-friendly neutral venue).

- In choosing a suitable location, it is important to consider safety, convenience and comfort for all involved, and availability of support if needed.
- A risk assessment might be required, to assess what risks the child might face (including distress or abduction), and how to prevent and mitigate such risks.
- Supervised contact: courts or others determining care arrangements may need to stipulate when and with whom contact needs to be supervised and where it can take place, as part of the care plan (this may include the person supervising contact providing a report with their observations).
- Supported contact: contact with individuals with whom a child has a significant but difficult relationship may need to be not only supervised, but supported, with guidance and play facilities provided to enable the time spent together to be as positive as possible.
- Background or criminal record checks, where possible, should be carried out on all those with whom a child has contact, if they are not already known by the foster carer or social worker, to determine if they might pose a risk to the child.
- Ending or limiting contact: contact may need to be limited or halted in situations when it is becoming unduly upsetting for the child, when the person having contact with the child is breaching certain conditions (such as not being under the influence of drugs or alcohol), or when comments made or the way contact is organised are becoming disruptive of the foster placement and/or undermining the relationship between the child and the foster family.

It should be recognised that supporting reliable and beneficial contact between a child in foster care and their biological parent(s), relatives or other key figures from their past is one of the most difficult elements of foster care, and in many countries it is actively avoided. This is therefore an area of work that needs careful and sustained advocacy, development of policy and practice, training and resources (including funds for travel and for appropriate facilities for holding and support contact).

## 11. Learning from failures and unexpected outcomes

Some foster placements end earlier than planned. This could be because the child or young person asks to leave or runs away, or discloses that they have been abused, exploited or feel unsafe and so need to be moved for their own safety. It could also be because the foster carers can no longer cope with the child's behaviour, especially if it includes sexual or physical violence or continued disrespect for the rules and expectations of the household and for other family members.

In such cases, it is essential to learn why the placement broke down, to ensure that the child and foster family in question receive the support they need to recover, and the child receives a new foster placement or other suitable form of alternative care that can better meet their needs. It is also important to ensure that staff learn the lessons of the case, to ensure measures are taken to prevent a repetition in other cases. These lessons learned should be regularly monitored, evaluated and compiled into reports by the government so they can be built into further training and capacity building, as well as amendments to policy and regulations if necessary.

A post-breakdown review meeting should be held for these reasons, including the foster carers, social worker, other professionals or community workers involved, and, if possible, the child or their representative, the child's new foster carer or caregiver and the child's parent or other close relatives, if they remain in contact. The chair of the meeting must ensure that it is held in a calm, supportive and reflective atmosphere, with the purpose not of apportioning blame, but learning why the breakdown happened, and how to avoid a recurrence, both for this child and other children. The meeting should also result in a

plan with practical steps for providing the support needed immediately for the child, the foster family, and other children in the foster placement who may well have been upset and disrupted by the experience.

## 12. Reintegration and leaving care

Reintegration is 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, p.1)

Supporting successful and lasting reintegration to the care of the child’s birth family or close relatives is a complex and long-term process, beyond the physical act of reunification. It involves the careful re-building of safe and trusting family relationships. Supporting this work is usually the responsibility of the social worker, working closely with the foster carers and biological family. It should only be undertaken having been assessed that it is in the child’s best interests, in which case it should be a primary goal of the care plan. When reintegration is not possible or safe, the goal of the care plan should still be to achieve for the child a stable, permanent caring environment and relationships, which could either be through adoption or another permanent placement, or long-term foster care, in the current placement if possible, till the child reaches 18 or is ready for independence.

Leaving care, when a child is ready for independence, is another important and complex process that foster carers and social workers need to support, and which requires both careful preparation, support during the transition, and follow-up afterwards. The similarities and differences between supporting reintegration and supporting leaving care are set out below.

**Table 2** The similarities and differences between supporting reintegration and supporting leaving care

	Reintegration	Leaving care
Before	<ul style="list-style-type: none"> <li>Assess and plan carefully, involving the child and parents/relatives/future carers, and their community and support network.</li> <li>Assess the home environment, the family’s emotional readiness and commitment to rebuild a relationship with the child, family livelihood (economic self-sufficiency), support networks, family and community acceptance, risk of stigma, discrimination, abuse, violence, alcohol or drug problems.</li> <li>Assess how to support special needs/ disabilities.</li> <li>Support regular and increasingly frequent contact to prepare the child and family for reintegration (rebuilding relationships, trust and commitment), including supported visits to the family home.</li> </ul>	<ul style="list-style-type: none"> <li>Discuss and plan an aftercare independent living plan for the young person in line with their needs, wishes and capacity.</li> <li>Assess and seek to strengthen the young person’s support network, including family and community ties.</li> <li>Begin preparation at least two years in advance by helping the young person develop skills for finding and staying in training, employment and housing, personal self-care, budgeting, housekeeping, safe and healthy relationships.</li> </ul>
During	<ul style="list-style-type: none"> <li>Practical and emotional support during the act of reunification.</li> <li>Transfer of case to local authorities, including local social worker.</li> <li>Ensure enrolment in school and health services, ensure acceptance and transfer of relevant information on any special needs.</li> </ul>	<ul style="list-style-type: none"> <li>Practical and emotional support for the move to independent or supported lodgings, including allowing the young person to return temporarily to the foster family if the first arrangement breaks down.</li> <li>Check accommodation is safe and appropriate, and that the young person has financial means and legal documentation.</li> </ul>
After	<ul style="list-style-type: none"> <li>Regular monitoring and support visits, at least for a year, and longer if needed.</li> <li>Practical support and guidance in follow-up including in economic strengthening, continued strengthening of relationships, access to and integration in education and health services, access to counselling or specialist family support if needed.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing support with self-care, relationships and independent living.</li> <li>Access to employment, education, legal and financial advice.</li> <li>Ongoing access to health services and counselling if needed.</li> <li>Assistance with legal documentation.</li> <li>Support to form a group or association of care leavers for mutual support.</li> </ul>



# Part C Training materials and assessment techniques

## 1. Identity and attachment

### 1.1 Supporting foster children to develop a positive identity

Children have a right to knowledge about their origins and their original family. Nevertheless, many foster carers feel instinctively that the best way to help the child in their care feel secure and loved is to tell them they are just the same as every child in their family, and to never mention, or even keep secret, the truth about how and where they were born and where they came from. However, the end result of keeping secrets or telling false information to a child is that the child feels less secure, not more, because they sense that they are not being told everything, and they hear gossip, rumours or passing comments that give them a hint that there is something different about them, despite what their foster carers tell them.

The child should never be the last person to know the truth about themselves. Eventually they will find out information that was being kept secret, and often this will happen negatively, either from someone who tells them to hurt them, or in a moment of anger. As a result of finding out, in an angry or hurtful way, the truth about who they are and where they came from, which has been kept from them, the child will feel a strong sense of betrayal. This will further undermine their trust in others and can result in them harming themselves or running away. This is particularly likely to happen in adolescence, when children naturally start to question who they are and where they came from, and work out how they fit into their family and community.

So, it is much better to tell the child about their origins in a calm and positive way, and to do so as early as possible, but not all in one go. Ideally, the story of how they came to be in foster care should always have been part of the stories told to the child, from as early as they can remember. If they have also always had around them photos or other reminders of their original family and others close to them, they can learn to feel pride in this part of themselves, not shame. This will help strengthen their sense of identity and self-esteem, which are key elements in their long-term emotional resilience, i.e. ability to cope with other challenges. It will also make it more likely that they will feel positive towards their foster carers, as the relationship is based on openness and trust, and the child feels accepted for who they are, not on the condition that they pretend to be someone else.

### 1.2 Tools to support a positive identity

Life story books and memory boxes are simple, practical things that foster carers and foster children can make and keep together, as part of understanding and honouring information about their origins, their past and the relationships that have or will be most important to them.

**A life story book** is usually an album of photos, other reminders and short pieces of writing showing key events, people and places from the child's past, and for the child to show family members and others still important to them. It will be arranged in chronological order, so the child becomes familiar with and proud of their own story, which they can later add to, when they have further important photos or documents to record, such as school achievements. The act of making a life story book, as well as helping a child understand why they are in foster care in a positive way, can be a very helpful bonding exercise between a foster carer and child, which clearly demonstrates that the child and the key people in their life (their parents and their original family) are valued and accepted, and that they can trust their foster carer/s to be open, honest and respectful of what matters most to them.

**A memory box** is similar to a life story book, but more like a treasure chest – a box that is valued and

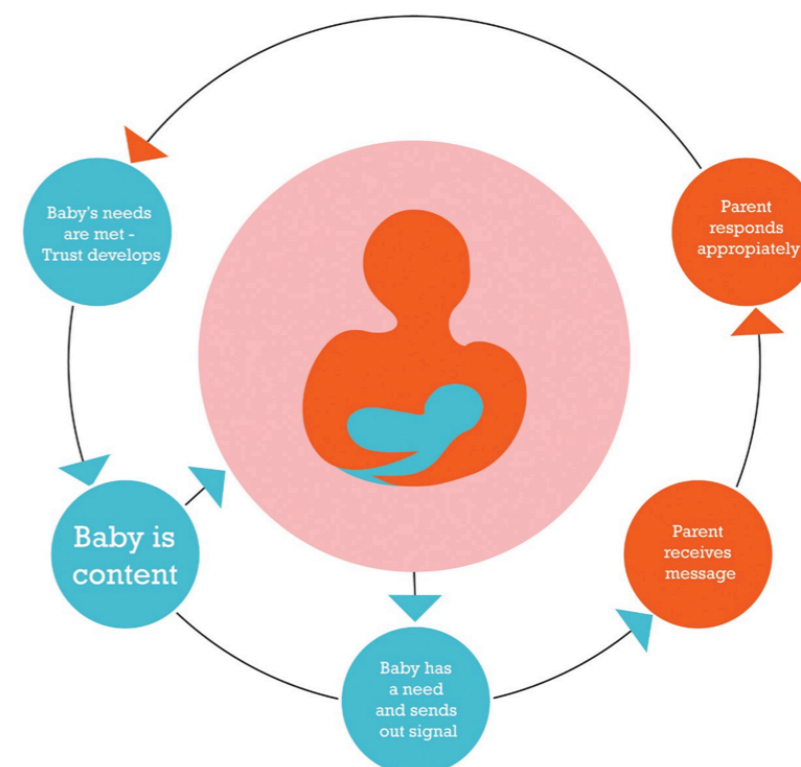
looked after carefully, and which includes important photos, reminders, and treasured objects, including anything given to the child by their parents or people close to them, and anything that represents or reminds them of those people. Making the memory box can also be an important trust and relationship-building activity between foster carer and child.

It is important that both life story books and memory boxes are kept safely, recognising that others or even the child him or herself might wish to destroy them in a moment of anger. But they should not be kept hidden, rather, they should be kept safe, but available for when the child wants to look at or add to them.

### 1.3 Attachment, separation and loss

We have learned from Bowlby's (Bowlby 1969) attachment theory, and a wide range of studies since, the importance for child development of growing up with consistent care and attention in a loving family. This enables a child to develop **secure attachment**. This process happens in particular in their first year to 18 months, which is the most crucial and sensitive stage of an infant's brain development. They first develop a trusting attachment to their main, reliable caregiver, and then to others consistently involved in their care. A child who is securely attached is one who has learned that they can trust in the people that care for them, so they have confidence that they will be cared for and their needs met; this gives them a sense of self-worth and self-confidence that enables them to grow, learn and safely explore their world. Secure attachment develops gradually, through the child consistently experiencing the following attachment cycle: the child feels a need (e.g. hungry, cold, in pain or discomfort), the child expresses that need (cries out), the parent responds by meeting that need (through breastfeeding, cuddling, changing their nappy etc). From the repetition of this cycle, trust develops, and attachment is built, and the child feels they have a **'secure base'**. When they have this secure base of a reliable, consistent caring relationship, this gives them the confidence to start to play, explore, take risks, learn and make new relationships, all of which are normal and essential parts of child development.

Figure 1 The cycle of attachment<sup>10</sup>



<sup>10</sup> Source: Diagram derived from Bowlby's attachment cycle (Bowlby 1969) and reproduced from <https://www.lifestartfoundation.org/evidence-behind-our-work/theoretical-underpinnings>



It is when this cycle is not repeated, because it is interrupted or blocked at any stage, e.g. because the parent is either unavailable or unable to respond, or the child is unable to communicate their needs to the parent, that the child will struggle to develop a secure attachment, and will not feel that they have a 'secure base'. If the cycle repeatedly fails, the child will learn the opposite of secure attachment: that their needs will not be met, that they cannot trust their caregivers, others around them or the outside world, that they are not loved or loveable. This results in different types of insecure attachment (Ainsworth and Bell 1970) including **insecure ambivalent (or anxious) attachment**, i.e. a child who is clingy and always fearful of being left alone, often the result of very inconsistent care (so the child cannot predict when their needs will be met and when they will not), or **insecure avoidant attachment**, which more often results from a complete lack of care and attention by the parents or caregivers, and results in a child becoming emotionally isolated, cut off and not trusting in or expecting anything from anyone.

Since studies on attachment have shown that it is just as important to a child's healthy development as physical care and protection, it is important for foster carers both to understand the basis of secure attachment, and the types of behaviour to expect if they are caring for a child with insecure attachment, which will often be the case for children in foster care, especially with children whose parents were either unavailable or unable to care for them consistently in their early years. Foster carers also need to know how to cope with such behaviour sensitively, firmly and consistently and how to try to rebuild secure attachment, through helping a child to learn to trust them, and to feel that they are loved and loveable, so they can develop self-esteem and confidence, and enter into other relationships positively.

The most common signs of insecure attachment, which can turn into the condition called Reactive Attachment Disorder, include the following (depending on the type of insecure attachment, children will show different symptoms).

- Lack of eye contact, isolated or cut off (including not interested in others, not watching others when they move around).
- A sad appearance, or little facial expression, without smiles or laughter.
- No interest in playing with others – prefer their own company and solitary play.
- Consistent self-soothing behaviours, often used instead of seeking soothing from others (e.g. thumb sucking, rocking back and forth).
- Sociable in abnormal ways, e.g. showing affection to strangers and visitors but not to their carers; showing superficial but not genuine signs of affection.
- Outbursts of anger and hostility, sometimes in unexpected situations, and expressed in violence towards carers, other children, animals, or others who come close to them, or to objects, including gifts that are given to them.
- Separation anxiety – very upset if a carer goes away, worried they will never come back, clinging to prevent them leaving, not reassured when they return.
- Lack of self-esteem and lack of trust – this can show itself in behaviour that looks like stealing or lying, but is in fact the result of the fact that they have not learned how to respect what is theirs and what belongs to others, they fear that what is given to them will be taken away, and they have been let down so much by the behaviour of adults, and broken promises, in the real world, that they prefer a fantasy world (so invent information about themselves as it is less painful than the truth).

Foster carers can help rebuild the child's trust in them and others, as a step to building secure attachments, and to do so, can be given the following advice.

- Show that you are consistent, available and reliable for the child in your care (i.e. you are there when promised or expected), in particular showing that even if they cannot see you, that you are close, and come back in a few seconds (you can show this in play with infants and small children), and, as they get older, showing them that when you leave you always come back as promised, and that when you leave, even for a few minutes, you make sure there is another trusted, caring figure available for them.
- Don't rush the child into forming new relationships when they arrive – placing high expectations on them will panic them and make them more likely to push back.
- If they are withdrawn at first, don't force them to play with you, play with other children or keep eye contact. It is enough for you to be alongside them, to do simple activities with them, and for them to play alongside rather than with other children, until they start to trust you and other children, and slowly start to join in.
- Focus on building and keeping the same small number of attachments with close and trusted people in their life. Avoid always introducing new people and avoid large groups and social gatherings with lots of people they don't know well. Limit the number of people who care for them, and the number of children they play with, and keep those people consistent.
- Develop and keep a consistent routine, so that before they start to trust in people, they can trust in things happening when they expect, like mealtimes, playtimes, bedtimes.
- Don't over-react, punish the child for their behaviour, or take personally any negative or rejecting behaviour that the child shows. Remember that behaviour is communication. They are not rejecting you as a person, they just don't yet trust that anyone who comes close won't hurt them, or that anyone who offers love, care and attention won't later take it away, as has happened to them till now. Through their challenging behaviour the child is showing you how they see their world. Don't punish them for that, but show that you understand something is making them upset or angry, and that you want to work with them to understand it, and help them find other ways to show how they feel, and ways to learn to trust you, and have fun together. You can still show them what behaviour is acceptable in your family and what is not, what the rules and limits are, using positive discipline (see section below). The most important thing is that you show that you accept them as a person even as you show that you do not accept their behaviour. If they feel you are rejecting and condemning them as a person, not just their behaviour, this will confirm their belief that they are not loved and not loveable.
- Help the child trust that they don't need to control things in a negative way. If they trust you and others, you can control things together. Insecurely attached children use negative control as they expect rejection and broken promises, so try to get control back in any way they can, which is often through negative or destructive behaviour. This means that in a positive situation like a relationship, or a fun activity, the child thinks, "I know from experience that this will end badly, I will again end up rejected and let down, so this time I should protect myself, and not just wait for the bad ending, but end it myself now, then at least I'm still in control." This is a very difficult cycle to break, but it helps to understand why the child is doing it and, rather than reacting angrily to their negative behaviour, slowly rebuild their trust through simple things you can agree on to do together. They can then learn trust and positive control, which is knowing that when good things are promised, they do happen. They also learn that positive things don't have to be gained by taking something away from someone else – they learn how to trust and work with not against others, i.e. as part of a 'win-win', rather than 'I win, you lose', situation.

## 2. Tools for assessing foster carers

It is important to use participatory assessment techniques which actively engage the prospective foster carer/s and their family members as these help reveal how they see themselves as parents and as a family, their values and beliefs. Exploring issues together with the prospective foster carers in this way enables a deeper assessment, and a more accurate and detailed picture of their family, than just asking a series of questions. Just asking questions normally results in a list of superficial answers, as the prospective foster carers just tell the assessing social worker what they think they need to know, often guessing what the 'right answer' might be, rather than opening up and sharing some true insights into their family, and thoughts about how ready and able they are to foster.

Here are five participatory techniques that assessing social workers could try to use when assessing a prospective foster family. For all of them, the social worker will need to bring on the visit to the family big marker pens and big pieces of paper, or chalks to draw on the floor or a wall, if that is OK with the family. For all of them, emphasise that they are not pass or fail tests, but ways to get to know the family better.

### 2.1 Exercise for prospective foster carers to imagine how life will change when they foster

**Goal:** This exercise helps assess how realistic the prospective foster carers are about fostering, and how much they have thought about how it will change their lives, in particular their family life and relationships.

Ask the prospective foster carers:

- What do you think foster care will be like? How will it affect your family?
- Can you think of three ways your lives will change?

If they cannot think of any concrete examples of how their lives will be different, try asking them to think how it will impact their usual routines, the way they organise the space in the house, roles and responsibilities in the household, relationships in the family, and their work.

If they have children, make sure to ask them how they think the arrival of a foster child or children will impact on their own children's lives, and how it will affect their relationship with their children.

### 2.2 Comparing personal strengths and weaknesses

**Goal:** This is an exercise that should be enjoyable, but also can be very revealing of how couples think about themselves and each other, in the context of their relationship, and also differences in how they see themselves and each other that they might not have expected. This helps reveal how open they are in their relationship, and how much they think about relationships, as openness and ability to think about relationships and how they can change are important qualities of foster carers.

In the case of a single prospective foster carer, if they live with another family member, who will be helping them foster, perhaps an older child, their sister, brother, mother or father, they could do this exercise with that person.

1. Ask each person to write down a list of their own strengths and weaknesses as a parent, and in their relationship. Ask the prospective foster carers to:

*Draw a line down the middle of a page, with a plus as the heading on the left, and a minus as the heading on the right. Under the plus, and then under the minus, list your strengths and weaknesses as you see them. First, a few strengths and weaknesses that you feel you have as a parent (as a mother or father, or if you don't yet have children, think of how you are with other children), and then a few strengths or weaknesses in your relationship (as a husband or wife – or sister, brother, son, daughter etc).*

**First complete this list without showing it to anyone.**

2. Now, on another piece of paper, write a list, in the same format, of what you see as the other person's strengths and weaknesses (those of your husband or wife, (or other person), both as a parent and in your relationship), **again without sharing it.**
3. Now swap lists so you can compare what you wrote about yourself to what your partner (the other person) wrote about you, and vice versa.
4. What does this tell you about how well you already know each other, and how well you already support and complement each other (i.e. how well you balance or make up for each other's strengths and weaknesses)?

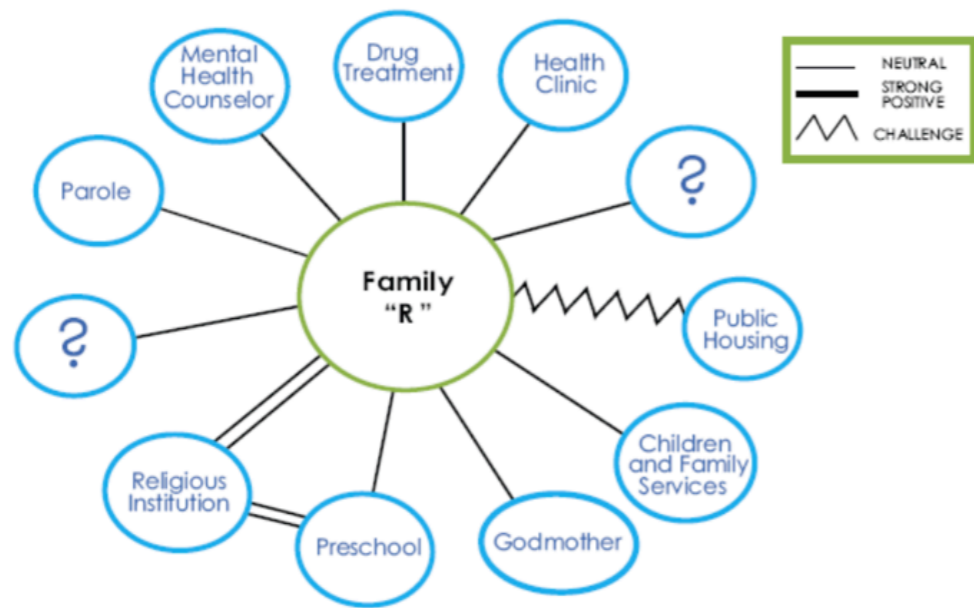
### 2.3 Ecomaps

**Goal:** To understand the foster family's support network, in their extended family and community.

This is a simple diagram to draw when assessing prospective foster parents, ideally including other members of the family when doing so, with a big sheet of paper and pens so all can join in. The ecomap simply represents the family's view of their community and support network, which includes all the important people (including relatives, friends and neighbours) and institutions that support the family (including place of work, worship or other community groups).

Ask the family (or individual or couple, if they don't have children already) first to draw themselves as a circle in the middle; then, in circles, the people and organisations are shown surrounding them, and connected to them by lines. The strength of the relationships can be shown with either solid or double lines, or zigzags to show challenge or conflict. Those most distant or less frequently in contact can be shown further away, and those closest and most frequently seen can be drawn closer to the centre.

**Figure 2** Ecomap of family 'R'<sup>11</sup>



## 2.4 Genograms

### Goals:

- To understand who is who in the family, including different generations and key relatives outside of the household.
- To understand a family's past and present relationships, including any repeating patterns.
- To learn more about how the family works by seeing how they talk about each other and how they draw their family together, when they do so together on the same big piece of paper.

The genogram is like a family tree as it shows how different family members are related, and years when they were born, married and died.

The symbols below show people's sex and age, and vertical and horizontal lines show how people are related or married. It is possible to add extra lines, on top of the lines to show family relations, to show different emotional relationships between different individuals. Positive relationships can be solid, or if very strong, double or triple lines. Zigzag lines show relationships of conflict or hostility. A weak or dashed line could show a distant or weak relationship.

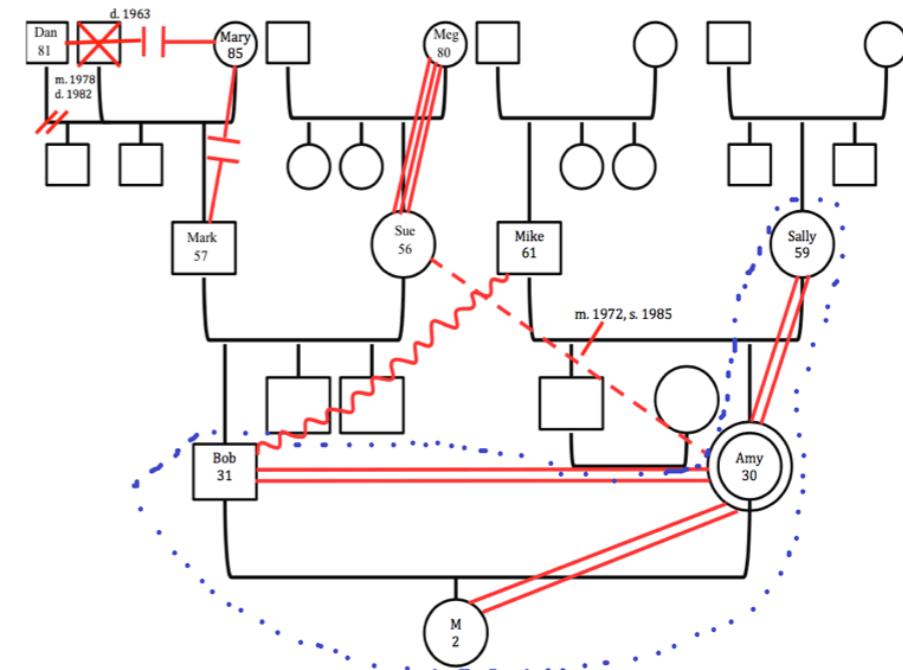
It is important to add a dotted line around the current members of the foster family's household.

In the example of a genogram below, the blue dotted line shows that the current household includes Amy, her husband Bob and their existing child, M, plus the maternal grandmother, Sally (shown as married in 1972 but separated from her husband Mike in 1985).

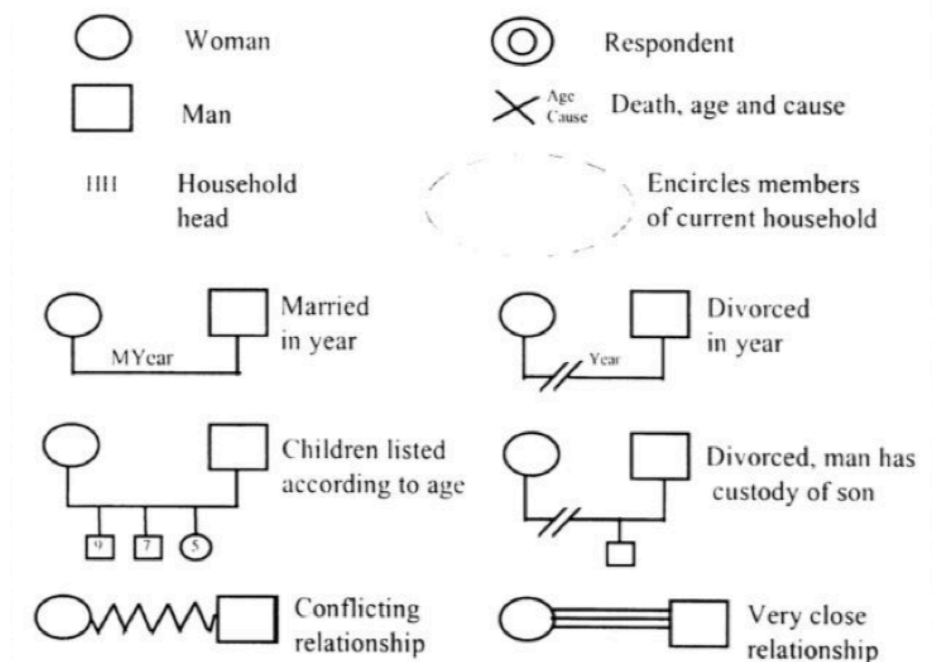
**Note:** All of the members of the household are shown as having strong emotional relationships between them. But Mike, Amy's father, who is not in the household, is shown as having conflict with Amy's husband Bob, and Amy is shown as having a weak or distant relationship with her mother-in-law, Sue.

When visiting a family, bring a big piece of paper and different colour marker pens, or find an empty flat wall or floor to draw on with chalk (which you can take a picture of afterwards). Don't show them the example, but show them the symbols, and you might need to start helping them draw the first relationships. It's usually easiest to start with husband and wife, and then their children, or an individual and the other person or people they live with, showing how they are related, then adding other key relationships (brothers and sisters and their families, parents, whether deceased or living).

**Figure 3** A four-generational genogram<sup>12</sup>



**Figure 4** Commonly used genogram symbols<sup>13</sup>



<sup>11</sup> From Mullins, T. G and Toner, C. (2008) *Implementing the family support approach for community supervision*. Family Justice, APPA and BJA, p.26.

<sup>12</sup> Source: <https://familytherapybasics.com/blog/2017/3/17/how-to-add-relational-dynamics-to-your-genogram>.

<sup>13</sup> Source: [https://www.researchgate.net/figure/Commonly-used-genogram-symbols\\_fig1\\_31222657](https://www.researchgate.net/figure/Commonly-used-genogram-symbols_fig1_31222657)



## 2.5 Questions to assess parenting style

### Goal:

- To share a few questions with prospective foster carers that they can use to think about their parenting style.
- In a couple or family, different adults may have different parenting styles, so this exercise can identify these differences, and help the caseworker consider how these differences could complement or balance each other, or how the differences could create tensions or conflicts that could make the prospective carers unsuitable to foster, if not resolved in advance.
- So, understanding the prospective foster carers' parenting style will help inform whether they would be suitable to foster, and if they are, what type of support or advice they might need to adapt their parenting style to the needs of the child(ren) they foster.

There are generally considered to be four main parenting styles.<sup>14</sup>

**Disciplinarian parenting** (strict and harsh): children are expected to follow the strict rules established by their parents. Failure to follow such rules usually results in punishment. Authoritarian parents fail to explain the reasoning behind these rules. If asked to explain, the parent might simply reply, "Because I said so." These parents have high demands, but are not responsive to their children. They expect their orders to be obeyed without explanation. Specific characteristics:

1. The home looks well organised and children physically well cared for, but no sign of warm feelings.
2. Parents are self-centred and very busy.
3. The family is ruled by lists of 'dos and don'ts' and there are hard punishments for breaking these rules.
4. Children can't ask questions and are not included in important family discussions or decisions.

**Authoritative parenting** (responsible but caring): these parents establish rules and guidelines that their children are expected to follow, but they also explain the reason for these. They are responsive to their children and willing to listen to questions. When children fail to meet the expectations, these parents are more nurturing, forgiving and encouraging rather than punishing. They set clear standards but are not restrictive. Their disciplinary methods are supportive, not punitive. Specific characteristics:

1. Parents listen to what children say and ask, and discuss important issues with the children.
2. They give helpful advice/guidance and are good role models.
3. They notice, encourage and reward good behaviour, and encourage schoolwork.
4. They involve children in household chores and encourage teamwork.

**Permissive parenting** (lenient): these are also known as indulgent parents, as they make very few demands of their children. They rarely discipline their children and they don't set high expectations for maturity or self-control. They are responsive, but don't demand, and always avoid confrontation. They are warm, caring and open, but talk to their children more like a friend than a parent. Specific characteristics:

1. The parents set few rules or standards of behaviour.
2. When there are rules, they are often very inconsistent, and may be enforced by bribes or gifts.
3. Nurturing and loving towards their children.
4. Behave more like a friend than a parent.

**Uninvolved parenting** (neglectful/careless): these parents make few demands, and rarely respond to or communicate with their children. They fulfil the child's basic needs but are generally detached from their child's life. They may even reject or neglect the basic needs of their children. Specific characteristics:

1. Parents don't seem to notice or care what's happening in their family and with their children.
2. Children do what they want even if these behaviours might sometimes put them in danger.
3. Children generally don't go to school regularly; home and children are neglected.
4. Household income is not well managed; the household is not planned or organised.

### EXERCISE

1. Read out five from the list of statements listed below and ask the participants to stand on a line, with those who strongly agree at one end, those who strongly disagree at the other, and others in between depending on their views. Those who are not themselves parents can think about their approach to looking after other children in their family, or the approach their own parents used. Then ask them to choose which is their usual parenting style.
2. Give the participants the whole list and ask them to think how they can use questions like this to assess parenting styles.
3. Share the scenarios, and ask participants if these are useful, or if they could use some and develop others, to discuss with the prospective foster carers so that they can work out how they would react, using examples that are appropriate and realistic.
4. Discuss how to adjust the questions and scenarios for use with childless prospective foster carers.

### List of questions (to each one, answer 'agree, disagree or sometimes/it depends'):

1. Whenever my children need me, I am there for them.
2. I love my children no matter what they do, and their happiness matters more than anything else.
3. I encourage self-expression and individuality in my children.
4. I always try to praise my children, so they know they are loved and appreciated.
5. I always listen to my children, don't shout at them, and avoid conflict.
6. If my children want a treat like sweets or a new toy, I give it to them, as they should never miss out.
7. I trust my children to make the right choices.
8. I always set firm boundaries for my children, on everything.
9. While my children live under my roof, they will live by my rules.
10. I expect my children to accept my judgements and values as their own.
11. We always eat meals together, and always at the same time.
12. Treats and privileges have to be earned and can be taken away if children misbehave.
13. My children can only watch (on screens/TV etc) what I have approved, and at agreed times.
14. If my children make a mistake, they need to suffer the consequences, or they will never learn.
15. In this house, we all discuss and agree everything together. Everyone has a say, whatever their age.
16. The adults in this family must discuss and agree every decision or rule first, before we apply it.
17. I collect all my children's achievements, their drawings, awards, schoolwork and reports.
18. I carefully monitor my children's growth and development, health and diet.

<sup>14</sup> Baumrind (1967) initially identified three different parenting styles: authoritative, authoritarian (or disciplinarian) and permissive. Maccoby and Martin (1983) divided permissive parenting into permissive parenting (also known as indulgent parenting) and neglectful parenting (also known as uninvolved parenting). <https://www.parentingforbrain.com/4-baumrind-parenting-styles/>



19. I try to take part in or supervise all my children's out-of-home play activities.
20. I need to check who is looking after my child, as I can't trust others to be as responsible as I am.

**What would you do and say to your child in this situation?**

1. You're doing the laundry, and a condom falls out of your 15-year-old daughter's jeans.
2. You have a bad headache, but your kids aren't at school because it's a national holiday. Excited that they get the day off, they are running around the house like mad.
3. Your 16-year-old son has been brought home by a police officer because he has been caught smoking marijuana while skipping school.
4. Your son is pleading to join his friends at football but hasn't cleaned his room as asked.
5. You're shopping for your niece's fifth birthday and your two-year-old son spots a toy that he wants – now! You only have enough money for the gift, but your toddler throws a tantrum.
6. You get a call from school to say your seven-year-old son has been hitting other children in the playground, and this is the second time they have called you about this.
7. Your five-year-old son is starting school but is crying and refusing to let you go at the school gates.
8. Your six-year-old daughter is afraid of the dark. She wakes up in the middle of the night and cries, saying there is a monster in the cupboard. She won't let you go.
9. You're growing strawberries and your four-year-old daughter knows she's not supposed to eat them. She comes in with strawberries all over her face...but she denies eating any.
10. Your 13-year-old son, who is usually energetic and noisy, comes home from school quiet and withdrawn.

## Annex A National contexts and case studies

These are to show similarities and differences in how foster care has developed so far in members' countries – in terms of numbers, types, policy, laws, regulations, and the main successes and challenges in foster care practice, so far. The case studies are intended to further illustrate the success stories or challenges in foster care practice. EGYPT – Hope Village Society (HVS)

### EGYPT – Hope Village Society (HVS)

#### Number of children currently in formal foster care

See below, as currently children are fostered under the *kafala* system.

#### Number of children in *kafala* /other forms of formal family-based care

11,764 in 2016, compared to 5,705 in 2009 (children in 'alternative families', under the *kafala* system) (UNICEF and CAPMAS 2017).

#### Number of children in residential care – what types of residential care?

12,015 (2,418 in 'shelter nurseries', 9,597 in residential institutions for children over age six), compared to a child population of 33.4 million (UNICEF and CAPMAS 2017).

#### Legal status of foster care

Foster care in Egypt is regulated by the Ministry of Social Solidarity (MoSS) and overseen by local Family and Childhood Departments (FCD), under the MoSS, in line with detailed procedures of the Egyptian Child Law No. 126, 2008. The system combines features of western foster care as well as adoption within the guidelines of the Islamic *kafala* system. Children who are deprived of parental care for any reason are eligible to enter the foster care system (Ali 2016). The government, through its High Committee of the Foster Family, is currently updating the foster care system and procedures, including clarifying the criteria for becoming a foster carer.

#### Types of foster care existing

Only long-term. Few if any examples of foster care followed by reintegration to the biological family.

According to Megahead and Cesario (2008), this placement of children with foster families may be made through: (1) financial support to children while they are living in residential care, (2) contractual agreement with a residential home to fully support children in their own home, or (3) contractual agreement with the Family and Childhood governmental administration under the MoSS to fully support children. Ali (2016) finds that the Egyptian family foster care system primarily addresses care of newborns that have been abandoned, while older children and adolescents are placed in foster care only under rare and extreme circumstances. Government social workers interviewed emphasised that alternative care is a service provided to enable childless couples to have a child, so it is focused on the needs of (foster) families,

not children. (Ali 2016).

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### **Main types of children currently being placed in foster care**

Abandoned babies are placed in *kafala*, via the MoSS's social workers. Older children or street children are currently placed in shelters or residential care, but some initiatives are now being attempted to place them in foster care. HVS' goal is to support community-based foster care for such children, so placing children with families whose background is similar to that of their biological family (but without relationship problems etc., and with sufficient basic income and accommodation), which contrasts to *kafala*, which is mostly the choice of middle class, mainly childless couples looking for a baby.

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### **Lead agency and other implementing partners – government, CSO, others?**

#### **Official overseeing or coordinating body for foster care**

Ministry of Social Solidarity. High Level Committee

#### **Implementing organisation – foster care service providers**

There are no specialist foster care providers. Only the MoSS Family and Childhood Departments are authorised to assess prospective carers and make placement decisions, via the Alternative Care Committees.

#### **Other partners**

CSOs play a role in advertising and in recruiting families for alternative care, but in the main, CSOs which run residential institutions are approached by childless couples and are then taken to choose a child, and the CSO then helps the family work with the FCD (local authority) social workers to complete the required assessment and paperwork (Ali 2016).

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### **What is the location, social background and living situation of most foster families?**

*Kafala* families are mostly middle class and located in major cities (nearly 50 per cent of them are in Cairo (Ali 2016)). They are generally infertile, and just want a baby, with no involvement with the biological family or the authorities. They also generally refuse the financial allowances to which they are entitled (a discussion with Hugh Salmon, February 2019, revealed most families who would consider fostering would consider it shameful to accept money for doing so).

Middle class families are normally against any contact, life story work or other work to recognise or support the birth origins and family of the child in their care, owing to the stigma of abandoned babies of unwed mothers. So HVS is now planning to target the recruitment of foster carers from lower class/lower income communities in neighbourhoods in Cairo and Alexandria, including families in receipt of small loans for business development under an HVS programme. The mothers of these families consulted so far have expressed a strong interest in fostering and pledged to be open about foster children's origins, to work with their biological family to support contact and achieve reintegration if possible, to treat the child the same as their own and not to stigmatise them for their background. Some have already provided informal temporary foster care, to help children in their neighbourhood and support their parents through a crisis (meeting with Hugh Salmon at HVS project office, February 2019).

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### **Main successes so far**

In addition to the 2008 Child Law, the government is now working to update and improve the foster care system, including clarifying criteria and requirements for foster carers. However, it does not yet include in its scope street-connected children, children with disabilities or any specific age groups. HVS has held three major national and international conferences in (2016 in Turkey; 2018 & 2019 in Cairo) to convene all key stakeholders, including the High Committee of the Foster Family, and other government and civil society actors, to consider the steps needed to develop truly child-centred and flexible foster care.

HVS is developing a model of foster care (Family Hosting model) that can meet the needs of these specific groups, including street-connected and older children, through short-term foster care that allows for contact and cooperation with biological families, and works towards reintegration wherever possible. HVS is now seeking to develop this child-centred, community-based, open and inclusive approach, and to do so will start by recruiting foster families from the communities in which it works in Cairo and Alexandria. Initial consultations have found these families understand the needs of vulnerable children and families, including children who have been living on the streets, as these are issues affecting these communities. They are therefore sympathetic, non-judgemental, and committed to help, through both temporary foster care for children and through supporting their original families, in order to enable the children's parents or other relatives to rebuild relationships and resume care of their child if possible.

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### **General Challenges / learning needs**

- Lack of information and data on the situation of children in *kafala* (or this information is available, but do not have access to it).
- Slow progress of the Supreme Committee of the Foster Family in deciding and confirming the details of care reform, despite having expressed interest in improving foster care practices.

Notes below from Ali 2016, citing also 'The Alternative Care System in Egypt' 2014:<sup>15</sup>

- Lack of capacity of responsible departments (Family and Childhood department under the MoSS). FCD social workers are poorly paid and receive little or intermittent management support and supervision. The risk of being blamed for a wrong decision leads them to avoid making recommendations on cases, and so they leave it entirely to the regional or central committees to decide. Some have social work qualifications, but not all, and there are few opportunities for continuous professional development and training.
- Alternative care decisions are taken by the Regional Alternative Care Committees, but they have a small and recently reduced budget for meeting expenses, so meet rarely.
- FCD staff lack funds for home visits to monitor placements. A by-law requires them to visit monthly, but they rarely do. Some just make phone calls to families. This is not challenged by management as they are aware there is no funding for visits, and say this is a result of similar cutbacks across all government departments. Some families who are seen as VIPs (because they are rich and influential) are given an unofficial waiver from having to be visited at all. Generally, families resist being visited for monitoring purposes for fear that it will reveal that they are not biologically related to their child, something they try to keep secret.
- Low financial support to 'alternative families' (maximum of 250 LE (Egyptian Pounds) per

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<sup>15</sup> Full citation missing from Ali 2016.

month per child – around US\$16), but even this is rarely paid, owing to the tendency to accept only well-off families who will not need the financial support (Megahead and Cesario 2008). Such families usually reject financial support anyway.

- Lack of technical capacity: lack of standard assessment forms or tools, and of capacity to carry out objective and in-depth assessment (other than of the conditions of the home and the economic status of the family). The application form for those applying to foster a child is minimal, and some social workers accept just a letter of application.
- Lack of consistency in application of legal requirements to keep alternative care records confidential – some files not secured, kept open and visible in offices; some staff willing to name families without regard for confidentiality, while others take confidentiality very seriously. FCDs generally lack essential office supplies such as confidential filing systems.
- Lack of recruitment of a pool of trained and approved alternative families (foster carers), so placements are usually demand driven not needs based, i.e. a couple approaches an FCD wanting an infant and the FCD takes them to an institution to help them select one.
- Egyptian by-law on alternative care (No. 126) stipulates the ‘social assessment’ of prospective ‘alternative families’ should be completed within two weeks, which does not allow enough time for in-depth discussion during several home visits, or consultation of all key stakeholders (other family members, professionals, community members, references).
- Egyptian law stipulates that siblings should not be placed together except when this is approved by the Alternative Care Committee, even though this is contrary to international norms, and children’s needs and rights (UNCRC (UN 1989)), and UN Guidelines for Alternative Care (UN 2010).
- Lack of care planning (not stipulated in the by-law), though alternative families are required to sign a contract stating their responsibilities. Egyptian law also does not require alternative families to coordinate or cooperate with different bodies and does not require them to support contact with or work with biological relatives.
- Lack of complaint mechanisms for *kafala* families or children in their care. Even if there were complaint mechanisms, it is likely that children would not know how to access them as they are usually not told they are a foster or *kafala* child – they are told they are biologically the child of their carers.
- Placement breakdown is common, owing to lack of training, support and monitoring, but there are no clear procedures or capacity to support the family and child through this process, made worse by the fact that the child often does not know that they are in alternative care, and has no information about their origins and biological family. In such cases, the foster carers often give the FCD little if any notice of their intention to reject the child (the law requires them to give two weeks’ notice if they are going to break the care contract that they sign). As a result, the FCD struggles to find an alternative placement as most shelters or institutions do not accept older children, or are full up.
- Lack of CSO involvement. Egyptian law does not stipulate a role for CSOs, and there is no requirement for the government to support foster care associations. In practice FCDs do rely heavily on local CSOs to advertise and recruit potential alternative families, who are then referred to FCDs; the CSOs then are not allowed to play any role in post-placement support, even though some are residential care providers, and know the children’s needs well.
- According to Ali (2016), the Central FCD office does not have standardized procedural guidelines to specify criteria of selection (of alternative families) or required documents. Therefore, FCD offices in different directorates improvise their own standards and selection criteria that sometimes may be totally different than what the law or the by-laws stipulate. For instance, some FCDs require [a] medical report that proves the infertility of parents which is not at all stated in any piece of legislation.

## INDONESIA – Muhammadiyah

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**Number of children currently in formal foster care** (if known, approximately)

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**Number of children in *kafala*/other forms of formal family-based care** (if known)

Informal kinship care is still the most widespread form of family-based alternative care, particularly in families where the parents work abroad.

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**Number of children in residential care** (approx.) – what types of residential care?

In 2006, it was estimated that there are 8,000 mostly unregulated facilities housing over 500,000 children (Martin and Sudjurit 2007 cited in O’Kane and Lubis 2016, p.4). 150 of the institutions are for children with disabilities (O’Kane and Lubis 2016, p.21). More than 90 per cent are run by private organisations, including religious or civil society organisations, although a significant proportion receive government subsidies (O’Kane and Lubis 2016, p.28).

Residential care facilities are mostly divided by age (age 0-5, 5-12, 13-18), which is linked to the level of schooling (pre-school, elementary or high school).

Muhammadiyah has three service models:

- a. family based (family benefit)
  - b. community based (family care)
  - c. Institutional based (LSKA - Lembaga Kesejahteraan Sosial Anak, which is Children’s Social Welfare Institution).
- 

**Legal status of foster care:**

**full national law and regulations/pilot project only/other?**

Ministry of Social Affairs (MOSA) Regulation No. 21/2013: Child care (old version) needs to be revised, referring to Government Regulation No. 44/2017: Implementation of Child Care.

National Standards No. 30/HUK/2011: National Standards for Child Care for Child Social Welfare Institutions needs to be revised, referring to Government Regulation 44/2017: Implementation of Child Care.

Standards for child care under Muhammadiyah: 2018. Muhammadiyah also has standards for foster care. What distinguishes between the national standards and Muhammadiyah’s is that the latter refer to Islamic values and cite the Qur’an.

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**Types of foster care existing:**

short or long-term? emergency? specialised? (therapeutic or for children with disabilities, refugees or other special needs)

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### Main types of children currently being placed in foster care?

The main reasons that children currently lose parental care and are placed in institutional care are:

1. Parents' poverty and poor living conditions.
2. Parents send their children to an institution for better education (in the absence of a good local school near to where they live).
3. Unwanted pregnancies, or mothers unable to care for their child, including as a result of rape, or women who are migrant workers.
4. Recruitment by institutions in order to reach their target of occupancy.
5. Mothers who are victims of domestic violence.
6. Mother who are mentally ill or for other reasons are unable to provide safe care, and the child is removed from their care by local authority staff.

### Lead agency and other implementing partners – government, CSO, others?

What is the role and responsibility of each? What is your CSO's role in foster care implementation?

### Official overseeing or coordinating body for foster care:

Ministry of Social Affairs

### Implementing organisation – foster care service providers:

Muhammadiyah, Save the Children, SOS Children's Villages

### Main successes so far

Muhammadiyah has strongly advocated for the development of high-quality foster care services with policy makers and decision makers. Advocacy has also targeted religious leaders and other influencers. In general, Muhammadiyah is motivating community members and making them aware that caring for children is part of religious practice and in line with Islamic values. Recruitment is targeted at communities in which Muhammadiyah is already working. The basic philosophy of family foster care in Muhammadiyah is derived from the Quran, and considers therefore that the best media is Quranic recitation, advice from Muhammadiyah and the example of action of Muhammadiyah's leader and founder.

### Main challenges we are still facing/learning needs

- Resistance of staff of care institutions. The head of one orphanage (child care institution) said that he prefers to send the children to institutional care as it is easier to monitor the quality of care there.
- Continued lack of public awareness of foster care.

## JORDAN – Jordan River Foundation, with Ministry of Social Development (MoSD)

### Number of children currently in formal (registered and supported) foster care

(approximately)

- 207 children are formally fostered
- 5 children approved of father relations and family name *باسم نوال تاباتا*
- 19 children have been reintegrated over the past two to three years

### Number of children in *kafala*/other forms of formal family-based care (if known)

- 1,181 children in *ehtidan* since 1967 – *ناضت ح ال*

*Ehtidan* is one of the alternative care projects in Jordan, has been implemented by Ministry of Social Development since 1967, targeting children with unknown father and Mother to join a foster family under the supervision on the Ministry

### Number of children in residential care

- 825 children are living in shelters; 481 male and 344 females, in the following categories:  
71 unknown parents, 243 unknown father and known mother, and 511 from disintegrated families.

### Legal status of foster care: full national law and regulations/pilot project only/other?

Foster care is approved and included in the following laws and regulations:

- Juveniles Act 2014
- Personal Status Law
- Care System of 1973 (under development)
- The rules and instructions of the financial exchange (alternative care) issued for the year 2013
- Instructions for *ehtidan* in 2013

### Types of foster care existing in our country

The foster care available in Jordan covers all the types mentioned in Part A and applies to all children in different age groups regardless of their nationalities; even children with special needs are integrated under a special law.

Fostering has no specific duration but is linked to social variables or risk factors. All foster care procedures are included in the guidelines from Jordan.

### Main types of children currently being placed in foster care?

The types of alternative care types can be summarised as follows:

1. Foster care for children with a known mother and an unknown father.
2. *Ehtidan* for children with an unknown father and unknown mother.  
Both these types are long-term, except that if the relationship with the biological parent(s)

is verified, then the care will stop and the child will be reintegrated with the biological family based on a psychosocial assessment and if this meets the best interests of the child.

3. Foster care for children with their biological families after their parents' separation.
4. Foster care for children with their extended families, like separated children (SC) and unaccompanied children (UAC).

In situations of domestic violence, the third and fourth types are implemented applying a case management approach in accordance with the national framework for domestic violence.

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### **Lead agency and other implementing partners – government, CSO, others?**

#### ***Official overseeing or coordinating body for foster care***

The agency responsible for alternative care is the Ministry of Social Development, which carries out pre-assessment for the children and the foster families, as well as follow-up visits and monitoring. Their role is supported by UNICEF, and a lot has been done in raising staff competencies and capacities and allocating funds to partnership with civil society organisations.

#### ***Implementing organisation – foster care service providers***

In some governorates, the implementers are partnered CSOs, CSOs in collaboration with social workers from different MoSD directorates. In others, social workers from MoSD are the direct implementers.

#### ***Other partners***

CSOs, CSOs, MoSD's directorates, UNHCR.

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### **What is the location, social background and living situation of most foster families?**

At the beginning of its existence, foster care was only in Amman, Irbid and Zarqa governorates, but the project has now been expanded to cover all governorates in Jordan.

The MoSD is seeking to replace the shelter care for foster families. The ministry was able to build strong partnerships with specialised organisations such as the Jordan River Foundation (JRF) and other CSOs.

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### **Main successes so far**

- Development of Jordanian legislation regarding fostering.
- Changing the ideologies of workers and society about foster care.
- Changing the reality of a child and providing family care for them instead of them growing up in shelters and then living alone in the community.
- Some children who suffer from diseases have been cared for by foster families.
- Foster families would previously have been unwilling to foster children whose mothers were known, but now the MoSD has been able to change this trend.

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### **Main challenges we are still facing and learning needs**

- The need for budgets to develop alternative care programmes, empower families and assist them in providing better care for their children, and also to build the capacities of the MoSD workers. MoSD is seeking to develop an administrative unit specialising in foster care, and to develop the role of shelters.
- The development of legislation to address concerns about mixing the genealogy of children of unknown descent so that the law allows ways to document children's family origins in a certain way when the mother is known but father is not.
- The need to gain further national and international support and advocacy for the foster care project due to its importance to children and society.

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### **Case study – Jordan River Foundation: success stories**

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**Source:** Dr Yara Musleh (Jordan River Foundation), Abeer Al-Hawari (Head of Alternative Family Care Department, MoSD), Mahmoud Jabour (Director of Family and Protection, MoSD).

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#### **Summary of the case or situation**

- A girl suffering from a health problem was rejected by many families and she became older than two years, resulting in more family rejection. When she was five years old, she was fostered to a single woman who was dreaming of providing care to a child. The single mom equipped the child's own room before even seeing her. This woman is old, but her physical health is excellent. MoSD was able to get the necessary approvals after conducting observations and evaluation assessments, and the child has now been fostered for two years.
- One family agreed to foster three illegitimate brothers whose mother abandoned them; the family despite there being large age gaps between the boys.
- A five-year-old child with mild mental health needs has been successfully fostered by a family.

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#### **Lessons learned:**

- Exceptions for children whose needs make them a special or exceptional case can be issued.
- All children regardless of their nationalities or their mental and health conditions have the right to be fostered by a proper family.
- Working with various children and families enables us to develop best practice and show that safe loving family is the right for every child.

**Number of children currently in formal foster care** (if known, approximately)

32, of whom all are in long-term care. Individual plans are completed for six months, but in all cases extended by another six months.

**Number of children in kafala/other forms of formal family-based care** (if known)

8,164 in guardianship care (national statistics, at the end of 2017)

**Number of children in residential care** (approx.) – what types of residential care?

21,120 (national statistics)

- Baby home – 206
- Children’s homes (boarding schools) – 1,361
- Educational institutions for children with disabilities – 3,668
- Family-type homes – 152
- General-type boarding schools (in full state content) 15,733

**Legal status of foster care: full national law and regulations/pilot project only/other?**

Full national law (Children’s Code).

Regulations on the foster family (as amended by the Government of the Kyrgyz Republic on 4th August 2014, No. 439)

**Types of foster care existing:**

In theory (in legislation) the following exist, i.e. are recognised:

1. Emergency, for a period of from several hours to 24 hours.
2. Short-term, up to one month
3. Medium term, up to six months.
4. Long term, more than six months.
5. Periodic, for several days, for weekends and for holidays.

**Main types of children currently being placed in foster care?**

- Orphans.
- Children whose parents are deprived of parental rights, are limited in parental rights – recognised by the Court as incapable, missing, convicted.
- Children who are urgently withdrawn from families where there is a threat to their lives, or their mental and/or physical health (children subjected to physical, sexual and psychological violence).
- Children whose parents for health reasons cannot personally carry out their upbringing and maintenance, as well as children who are left without parental care, are in educational, medical and preventive institutions, social protection institutions or other similar institutions.

**Lead agency and other implementing partners – government, CSO, others?****Official overseeing or coordinating body for foster care**

1. The Ministry of Labor and Social Development (MLSD). Its role is development and approval of the Regulations on the Foster Family in the framework of the “Strategy for the protection of the family and childhood for 2017–2020, stage I”. Authorized Department for the Protection of Children and Families at the MLSD.
2. Department of Labor and Social Development of the region and city (e.g. Osh City Hall – “Osh City Development Strategy”. Its role is implementing the Regulations on the Foster Family).

**Implementing organisation – foster care service providers**

1. SOS Children’s Villages – implementing the Regulations on the Foster Family and training potential foster families.
2. PF “League of Children’s Rights Defenders” in Bishkek – broadly informing the population about the Regulations on the Foster Family **in the north** of Kyrgyzstan, conducting broad information campaigns on the development of the foster care model.
3. PF “Family for every child” in Osh – broadly informing the population about the Regulations on the Foster Family **in the south** of Kyrgyzstan, conducting broad information campaigns on the development of the foster care model.

**What is the location, social background and living situation of most foster families?**

These are middle-income families living throughout the country. Foster families so far are not the average family, which brings up from three to five children. Generally, existing foster families and potential foster families are single mothers (unmarried, widows or those who cannot have children) aged 55 and older. Or they are retirees who have brought up their own children and who want to have children as helpers for the housework and to care for them (old foster carer).

Foster and potential foster carers do not want a child to communicate with their biological family because they want this child to be theirs. Also, they mostly take small children for foster care. This problem stems from the fact that for seven years in Kyrgyzstan there has been no clear understanding among the population and authorised bodies of the difference between the foster family and adoption. It is necessary to involve religious leaders in informing the population about foster care, as they enjoy authority with men, who have a decisive voice in the family.

**Main successes so far**

1. On August 14, 2017, the Government of the Kyrgyz Republic approved the family support and child protection programme for 2018-2028.
2. The Government of the Kyrgyz Republic approved the regulations on foster (adoptive) families with amendments.
3. A good prerequisite has been created for the development of foster care in view of the fact that residential institutions will be gradually closing down.



## Main challenges we are still facing/learning needs

1. The population has low awareness of foster care. Little information reaches the population about the essence of foster families. Most families want to adopt children. There is an unwillingness to take older children or children who have parents.
2. Due to low payment for child care (less than \$100) and low payment for the purchase of seasonal clothing and other necessary material costs for the maintenance of children, as well as the fact that the amount remains the same if the family takes more than one child, few parents wish to take children for foster care.
3. There is no mechanism for further social support of the family, until this child fully adapts to the family (no social and psychological services).
4. High staff turnover in authorised social protection agencies that work directly with children due to low wages.
5. The amount allocated for the study, visit and analysis of the needs of the family is low.
6. A small staff and social workers having a large case load.
7. There are no qualified experts, practitioners and psychologists in the social protection agencies because of the small number of specialised universities and scholarships.
8. There is a great need to train social workers to work with foster families.
9. Regular training and exchange of experience for foster carers is necessary.
10. There is a need to create a network or association of foster families, such as in the example of the association of foster families in Denizli, Turkey.
11. It is necessary to conduct large-scale information campaigns on the values of family upbringing among the population, with the participation of decision makers.

## Case study: Emil, a success story

**Source:** Kyrgyzstan, CSO Family for Every Child or Semya

### Summary of the case or situation

Emil was born in the southern city of Osh in 2004 in a dysfunctional family, without a father. His mother was in a civil marriage with Emil's father, but after his birth, his father left. Alfia, Emil's mother, did not work anywhere. After Emil's father left, not recognising him as his own, Alfia could not cope with the stress and began to drink. As a result, Emil did not have proper care. He often missed school, suffered from neglect, and resorted to stealing.

Employees of the Inspectorate for Juvenile Affairs caught Emil stealing, and handed him over to the authorised department for the Protection of Children and Families of the city of Osh. When examining the living conditions of Emil's family, it turned out that the family was in a difficult life situation: the boy's mother did not work, and was sick with alcoholism, and so could not educate or care for him properly.

The Commission for Children's Affairs at the Osh City Hall transferred Emil to a trained foster family. He was placed first for one month, then six months and, in the end, Emil spent two years in this family. The foster mother Zarina was working as a teacher in a school, with good living conditions. After two years, Emil began to study well without missing classes.

Zarina (foster mother) and Alfia (biological mother) established a trusting relationship from the outset. Zarina supported Emil to have contact with his mother. Thanks to foster care training, Zarina knew that the main purpose of foster care is to provide temporary assistance to the biological family – to help them overcome difficult times. Emil was allowed to meet with his mother at any time. Zarina said: "If Emil's mother's life gets better and she comes after him, then I will give him back. I do not want to take the child away from his mother. He loves his mother anyway."

Since 2017, Emil has been living with his own mother again. She recovered from her alcohol addiction, after completing a full course of rehabilitation, and thanks to the active work of the local social protection service. She has a job and can provide for her son.

### Lessons learned

We need to:

1. Increase the number of training hours for foster families.
2. Conduct exchange visits to families with positive experience.
3. Creating an association of foster families.
4. Conduct large-scale information campaigns to promote foster care.

## TURKEY, Hayat Sende

**Number of children currently in formal foster care** (if known, approximately)  
6,468 (in 5,289 foster families) (National Statistics 2018<sup>16</sup>)

**Number of children in residential care** (approx.) – what types of residential care?  
14,214 (National Statistics 2018<sup>17</sup>)

Numbers of children in different forms of out-of-home care in Turkey in December 2018:

Number in small group or family-type homes	Any other type	Total number in residential care (incl. group homes, excl. foster care)
6,199 in individual family-type units; 6,383 in group homes in 'village' or 'cluster' sites	1,632 in specialist child support centres (institutions)	14,214

In comparison, the number of children supported by the state to live with their biological parents is 119,537; the number of children reunified with their biological family (2005-2017) was 11,485; and the total number of children adopted during that period was 16,809.

<sup>16</sup> <https://cocukhizmetleri.aile.gov.tr/istatistikler>

<sup>17</sup> <https://www.ailevecalisma.gov.tr/uploads/chgm/uploads/pages/istatistikler/2018-5c62a51c75b1f.pdf>

In Turkey there are three types of residential care: group homes (six-eight children living in an apartment in an informal building in the city centre with their three rotating care-takers); group homes sites (six-eight children living in a housing complex/site which contains many similar houses, each with their own three rotating care-takers); and lastly children's support centres (where children who have a traumatic background and need psychological support stay with other children for different amounts of time). There are 6,383 children in 111 group homes sites, 6,199 children in 1,192 group homes and 1,632 children in 63 children's support centres in Turkey, according to the 2018 statistics.

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**Legal status of foster care: full national law and regulations/pilot project only/other?**

Foster Care Regulations in Turkey were only recently adopted (2012) and now around 30% of children in state care are placed in (long-term) foster care.

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**Types of foster care existing**

There are three types of foster care in the regulations. Long-term foster care is the only one existing in practice so far due to the lack of support mechanisms. Besides long-term foster care, short-term and professional foster care types are available in the regulations but have not yet been implemented.

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**Lead agency and other implementing partners – government, CSO, others?**

The government is a dominant actor in providing care for children in Turkey. The Ministry of Family, Labour and Social Work is responsible for preparing the relevant policy, law and regulations. The Provincial Directorate of the Family, Labour and Social Work under each governorate (there are 81 in total) is the only authority for gathering applications and evaluating foster family candidates, placing the child and monitoring the process. In rare cases, the ministry has signed some protocols with a few foundations to take responsibility for a particular number of children's care institutions in the residential care system (mostly group homes). Hayat Sende and some foster care associations support the process by raising awareness and promoting foster care among the communities in their local city and nationally. Also, CSOs offer some support training for foster families and social workers as well as carrying out advocacy work to achieve a higher standard of foster care.

***Official overseeing or coordinating body for foster care:***

The Provincial Directorate of the Family, Labour and Social Work under each municipality in 81 cities in Turkey

***Implementing organisation – foster care service providers:***

The Provincial Directorate of the Family, Labour and Social Work

***Other partners:***

foster care associations, care leavers associations, some foundations providing residential care (Koruncuk, Mikader, Muradiye etc.), UNICEF Turkey

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**Main successes so far**

Single mothers and single fathers showing some interest (anecdotal evidence)

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**Main challenges we are still facing/learning needs**

Foster families are tending to apply from lower social backgrounds who are interested in having a child and also welcome the 'promotions' – monthly allowance, which varies according to the age of the child (300-1000 TKL – around US\$50-167), social security payments for the foster mother if not working, other benefits, but foster care associations are not supporting community-based recruitment, saying a child needs more than just a family, but family with good education and inspiration for the child.

Political influence is used to recruit large numbers of foster families, using party support to make the numbers higher in their respective regions – but this has not been successful everywhere. This was especially the case in the early years of the foster care model, when the focus was on emptying institutions and rapid reunifications, and also finding a high number of foster families as quickly as possible, mostly without training pre-placement.

# Annex B

## Islamic guidance on the contemporary practice of adoption and fostering in the UK

Source: Penny Appeal, January 2018, author: Shaykh Zuber Karim [www.pennyappeal.org](http://www.pennyappeal.org)

This is a summary of guidance developed through convening a wide range of renowned Muslim scholars, community leaders and social care sector experts in the UK in early 2017.

### 1. The emphasis in Islam on caring for orphans

Islam strongly encourages the care of vulnerable children, and, in particular, orphans. The Prophets Muhammad and Moses (peace and blessings be upon them) were orphans, and the Prophet Muhammad (peace and blessings be upon him) adopted a child. Muslim communities therefore have an ethical responsibility to ensure that homeless and parentless children have guardians and families to look after them (*Al-Zuhayr* 2007), as, according to Islamic law, a ‘communal obligation’.

### 2. Definitions and terminology of adoption and fostering

The term ‘adoption’ denotes permanent placement of a child into a family whereby parental responsibility for the child is passed to the adoptive parent(s). Fostering denotes temporary care of a child in a home whereby parental responsibility remains with either the birth parents or the local authority. Neither adoption nor fostering negate the biological link and the right for the child to be informed about their lineage. Adoption, as practiced in the UK, is mistakenly understood to be the counterpart of the prohibited practice of *tabanni*. This is not the case. The key difference between the two practices is that *tabanni* negates the relationship between the child and their biological parents. Adopters in the UK are, however, expected to inform their adopted children about their adoptive status and to give the children age-appropriate information about their biological parents. Thus, due to this fundamental difference, it is argued that both adoption (when the child is aware of their adoptive status) and fostering are forms of *kafalah al-yatim* (guaranteeing (or protection) of the orphan), which is highly commendable in Islam.

### 3. Preservation of the child’s identity, surname and lineage

The Prophet Muhammad (peace and blessings be upon him) adopted a child himself. In order to ensure clarity around the adopted son’s lineage, a verse in the Qur’an was revealed: “Call them by [the names of] their [biological] fathers” (Qur’an 33:5) – from then on the surname of the Prophet’s adopted son was changed back to that of his biological parent.

Because of this, many people have mistakenly come to believe that adoption itself is sinful, confusing the preservation of lineage with the practice in the UK of changing an adopted child’s surname. In order to comply with the broadest range of Muslim scholars’ opinions, it is preferred that an adoptive parent does not change the surname of the child. However, it is also recognised that, for some children, keeping their biological surname may place them at risk of being located by abusive parents who may pose a risk to the child or the adoptive parents; therefore, in these cases, the surname of the child must be changed. In the instances where a change of surname is necessary, it is imperative that the child nonetheless is given information about their lineage. When an adopted child is aware of their adoptive status and is given a suitable amount of information about their lineage and heritage, the adoption is also fully compliant with Islamic law.

With regards to fostering, in British law, parental responsibility for children placed into foster care is retained by the biological parents or with the local authority (never by the foster carers). Therefore, there is little debate about the issue of lineage from an Islamic perspective.

### 4. Hijab and privacy issues with a child who is not biologically related

Islam has precise rules with regards to how men and women should interact with each other, most of which pertains to those who have reached the age of puberty whereupon they are considered adults in Islamic law. After this age, 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*). Islamic scholars consulted have agreed that this should not be a barrier to fostering or adoption with an approach taken on a case-by-case basis and in consultation with local scholars. Furthermore, it is recognised that covering of the body is only one component of *hijab*, and in fact the greater observance of *hijab* is in terms of behaviour, interactions and intentions. ‘Safer caring’ policies for foster carers ensure a high standard of observance of *hijab* (in terms of relationships) and it is recognised that this can also be implemented comfortably with a child who is adopted.

From the Islamic perspective, where a process of milk-nursing (or physiological bonding) has occurred, the child is considered to be a member of the family in the same way as a birth child. In the case where milk-suckling has not occurred and there is an absence of any physiological link between the adopted child and the adoptive parents (see section 5 below), it is technically within the boundaries of Islamic law for an adopted child to marry their adoptive siblings. However, this may be considered socially inappropriate.

There is a strong emphasis in Islamic tradition that women who wish to marry need the blessings and approval of their legal guardian (*wali*), who is 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 the consent of an Imam or Islamic scholar to advocate on her behalf and represent her interests. The Imam or scholar can also delegate this authority to the adoptive parents.

With regards to bequeathing to adopted or fostered children in the parent’s will, Islamic laws of inheritance do not include adopted or fostered children by default. Instead, according to Islamic law, adoptive parents may bequeath up to a third of their wealth to non-inheriting parties. In addition to this, adopters and foster carers may wish to gift the child during their lifetime, for which there is no limit for non-family members.

### 5. Formation of parent-child relationships

Children who are breastfed by anyone other than the biological mother (wet-nurse) or given breast milk by other means are conferred a special status, in Islam, as children of the wet-nurse. Wet-nurses have a similar legal relationship to adopted children as they have to birth children according to Islamic teachings. This only applies to children who are wet-nursed before the age of two. This proviso is often considered as a way to resolve the issues of *hijab* and privacy that arise between genders after puberty. Some adoptive mothers have stimulated milk production via hormonal treatment; stimulating milk production through any way that causes harm to one’s body is prohibited in Islam. Thus, this should not be done unless one has consulted with an appropriate, qualified doctor. It should also be noted that wet-nursing is only an option for a limited number of adoption placements, and it is not a suitable practice for fostering placements.



## 6. Cross-religious placements – looking after non-Muslim children

It is clear from the Islamic tradition that looking after vulnerable children is commendable regardless of the religious background of the child. Therefore taking care of vulnerable children belonging to non-Muslim backgrounds is not only permissible, but, in fact, is a praiseworthy endeavour. Furthermore, it is important to note that one is not allowed, either legally or religiously, to force one's own religion on a child. Adoptive and foster carers are encouraged to teach the child about the religion and culture of the child's heritage, as it is expected that the same support is given to Muslim children placed in non-Muslim homes. If an older child makes their own personal choice to embrace the religion of their adoptive or fostering parents, without being compelled by them, then their choice should be respected.

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