



Transforming Children's Care

GLOBAL COLLABORATIVE PLATFORM

WEBINAR #7: Lessons learnt on the development and strengthening of foster care systems

7 December 2021



WELCOME

- This webinar is hosted by the Transforming Children's Care Global Collaborative Platform
- The platform establishes more strategic sector-wide collaboration from global to local levels to strengthen children's care and care systems
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MODERATOR

Rebecca Smith

Global Head of Child Protection
Programmes, Save the Children
International



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AGENDA

- Welcome
- Panelist presentations/discussions
 - Louise Cox, Martin James Foundation
 - Galina Bisset, Hope and Homes for Children
- Q & A
 - David Adoke, Child's i Foundation
 - Sorn Srey Ni, Children in Families
 - Taslima Begum, Save the Children
- Q & A and Discussion



LOUISE COX

International Practice
Development Officer,
Martin James Foundation



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Lessons Learned in the Development and Strengthening of Foster Care System in England

*Louise Cox
Social Worker*

International Practice Development Officer





Foster Care in England

- It is thought that the first child was placed in Foster Care in 1853 when removed from a workhouse
- England has since developed various legal and regulatory frameworks in which Foster Care exists
- Significantly:
 - Children Act (1948)
 - Children Act (1989)
 - Children and Young Persons Act (2008): amends the Children Act (1989)
 - Fostering Service Regulations (2011)
 - National Minimum Standards (2011)





Who provides Foster Care?

- There are 12 million children in England
- There are 151 Local Government Offices responsible for ensuring and overseeing the effective delivery of all forms of social care services for children
- 400,000 (3%) are supported by Local Government services at any one time, both in their family and in alternative care
- Foster Care is provided by:
 - Government (approximately $\frac{2}{3}$)
 - Non-Government (approximately $\frac{1}{3}$)
- Both services are Government funded (per child placed) and the Foster Carers receive an allowance (to enable the care of the child, for example food, clothing, transport, household utilities)



A Closer Look at Foster Care in England

78,000 children & young people live in alternative care in England

56,500 of those children are in family-based care

75,300

Approved Foster Carers



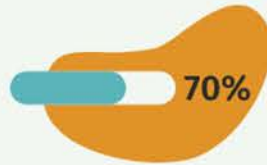
44,500

Fostering households

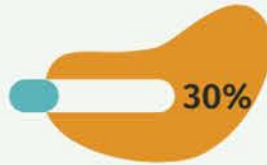


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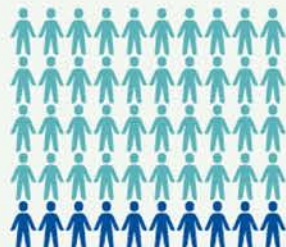
Government & non-government agencies



Foster Carers are couples



Are single caregivers



Majority of Foster Carers are over 50 years of age



Permanent Foster Care



Not permanent Foster Care



Foster Care including short breaks, child & parent, emergency, foster to adopt, etc.



Kinship Care (Connected Persons)

Putting the Child at the centre through:

- Child Participation
- Trauma informed approaches

Individual Level

- Decision making, care planning
- Expert in their own life experiences

National Level

- Policy, Regulations, Standards
- Children Act 1989: The welfare of the Child is paramount

Service/Organisation Level

- Service delivery, Practitioners

Lessons
Learned



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Challenges

- Genuine participation from children, young people and those with lived experience
- Integrating participation, rather than being an 'add on'
- Acting on the information being provided

Examples of steps being taken

Children's consultation groups and representatives within service

Anonymous surveys

Support for young people moving out of foster care and enabling young people to remain in care beyond 18 (Staying Put)

Key requirement of Inspection of services is how have children been listened to, and the changes that have derived specifically from their feedback

Children lobbying Parliament

Young people and adults with lived experience facilitating training

Children chairing their own reviews

Feedback from children at regular reviews

Children making videos or using other age-appropriate media to have their say in meetings

Adults with lived experience being represented in quality assurance roles such as Trustees and panel members

Challenges

- Services that have been developed to meet the need of the service rather than the child
- High caseloads
- Having a 'one size fits all' approach - Structures, policies and processes not allowing for individual circumstances and need
- Lack of training and insight of practitioners and carers
- Addressing behaviour rather than the reason for the behaviour

Examples of steps being taken

A call to put relationships/ connections before the process

Multi-agency working across sectors; Communication between social care, health and education

Practitioner and Carer training and induction

Carer support groups, consultations groups and representatives

Therapeutic support for Foster Carers and Social Workers as well as directly with children

Outcomes monitoring based on the individual rather than standardised milestones



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Thank you

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**GALINA
BISSET**

Technical Adviser for
Deinstitutionalization and
Alternative Care, Hope and
Homes for Children



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Foster care in Bulgaria

Galina Bisset

Technical Adviser – DI and Alternative Care

7th Dec 2021



hope and homes
for children





Background and Timeline of FC Development

1944-1989	Institutional care system for children part of the socialist past. In the 90-ies around 30 000 children in institutions.
1991	Bulgaria ratifies the UNCRC
2000	Child Protection Act adopted
2001	Child Protection Departments (gatekeeping) First alternative care services are piloted by NGOs, incl. FC
2003	First regulation of foster care was adopted (in force 2004) allowing for voluntary foster care. Very few FF.
2006	Second regulation of foster care (in force 2007) allowing for voluntary and paid foster care
2007	Foster care seriously underdeveloped, 77 Foster families, 135 children placed
2008	96 Foster families, 91 children placed
2009	133 Foster families, 112 children placed (voluntary and professional)



Background and timeline of FC – continued

2010

252 Foster families, 221 children placed, only a handful of children under 3

Government national strategy 'Vision for Deinstitutionalising the Children in Republic of Bulgaria' for the closure of all institutions for children by 2025. First Action Plan – 5 national projects [incl. one on FC.](#)

Starting point

32 institutions for children under 3, 2,421 children (MoH)

80 institutions for children 3 to 18, 3,876 children

25 institutions for children with disabilities, 1,419 children

137 institutions with 7,716 children

2011

NGO projects for a model of National Centre for foster care and 9 Regional foster care centres are established. The number of foster carers increased to 395 and led to 391 children placed in foster care



Background and Timeline of FC - continued

2012	Foster carers numbers significant increase due to the EU funded national project: 1,253 Foster families and 1,144 children placed. First 12 children with disabilities are placed in specialist foster care
2013	1,955 Foster families and 1,943 children placed
2014	2,322 Foster families and 2,275 children placed
2015	2,452 Foster families and 2,323 children placed Closed all 25 institutions for disabled children
2016	2552 Foster Families and 3195 children placed in FF
2017	2426 Foster Families and 2320 children placed in FF
2018	2351 Foster Families and 2205 children placed in FF
2019	2227 Foster Families and 1948 children placed in FF
2020	Closed all 80 institutions for children without parental care Closed 28 institutions for babies. This leave Bulgaria with 4 institutions for children under 3 and a total of 260 children. 2119 foster families (12 voluntary + 2107 professional); 1899 children placed in FF
2021	increased allowances for babies and children with disabilities in foster care



Current child population in alternative care

Kinship placement – approx. 6000

Small Group Homes – approx. 3400 (of which 1400 with disabilities)

Foster Care – approx. 2000 (of which 180 with disabilities)

Baby institutions – approx. 200 (most of the children are with serious disabilities). Due to close by end of 2022.

Types of foster care:

Emergency

Short-term – up to 1 year

Long-term – over 1 year



Roles of Government and Civil Society

Leading role of NGOs in pioneering FC, development of first regulations, scaling up through project and as providers of social services within which FC was developed (such as Centres of social support - CSS); model of regional foster care centres, PRIDE model etc.

Until 2012, foster families were recruited and managed by the child protection departments (subordinate to the Agency of Social Assistance), salaries paid from the national budget. NGOs could run campaigns, training, supervision, monitoring and support services to the foster parents and the foster children.

Since the start of the national project on foster care in 2012 foster families are recruited, trained and managed by foster care teams managed by local authorities and paid with EU money. Centralised campaign. Only CPDs can meet and work with the children.

NGOs cannot work with the foster parents within the national project. They can be contracted by LAs for trainings and supervision of the foster care teams and supervision of the foster families. Can provide therapeutic services to the foster children in CSS or rehabilitation centres.

Lack of financial standard makes impossible development of FC outside the national project.



Challenges

Middle income country – affects the profile of the foster parents – older people, more in rural locations: mindsets difficult to change, difficulties placing disabled children, those with troubled behaviour and large groups of siblings.

National project boosted the number of foster parents as set targets were pursued, however it was at the expense of quality.

The expertise of NGOs was disregarded and their involvement in the national project seriously cut back.

Profile of foster parents and regulation deficiencies create gaps in foster care provision for the most difficult children and they continue to be placed in residential care (SGHs).



HHC - Responding to the gaps in the state FC system

High transport costs:

Transport costs for matching visits when children and FFs are far apart, final transfer. (GAP – CPD's lack resources);

Covering transport costs of FFs with disabled child to receive high quality medical care far away from the place of living - interventions and prophylactic examinations. (GAP - Many FFs live rurally; good medical care only in the largest cities);

Transport costs of intensive visits by HHC coordinator to the FFs, for advocacy and mediation, logistical support, arranging appointments. (GAP – newly formed FC teams lacked experience and resources).

High cost for baby care:

Expensive baby milk and diapers in disproportion to the child allowance, received by the FF (GAP- low and delayed allowances for children 0 to 3);

A large amount was spent on the purchase of cots, mattresses and pillows, baby accessories. This investment is not only for the particular child placed in the family during the project, it helps enable the family to care for other infants in the future (GAP – this initial investment acted as a disincentive to FFs to take babies);

Children with disabilities need immediate home adaptations and aids (GAP – slow process of receiving state entitlements and very basic range of aids for children; need for home adaptations is a disincentive).



What should have been done differently

More flexible base for foster care development:

A financial standard allowing NGOs to receive funding from the state to develop foster care as an independent service

Allowing application of different models of foster care

Allowing project-based innovation of foster care for those groups of children that are most difficult to place

Allowing variety of local recruitment campaigns

Allowing variations of payments to foster families based on performance and profile of the placed children, incl. caring for more than 3 children

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Vision: a world where children no longer suffer institutional care.

Mission: to be the catalyst for the global elimination of institutional care for children.

Q&A



**DAVID
ADOKE**

Project Manager/ Interim
Head of Programs
Child's i Foundation



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Background - What is the foster care system in your country/context?

- **An estimated** 19 % or 4.8 million children are living in kinship care
- Several Civil Society Organisations run foster care schemes fostering a small number of children every year.
- An estimated 40,000 to 50,000 children live in residential care facilities (in Uganda known as Children homes)
- As of December 2020, there was an estimated 40,996 registered unaccompanied and separated refugee children. These children generally live with extended family or with foster families in refugee settlements, mostly supported by UNHCR.

Background - What is the foster care system in your country/context?

We have informal (non formalised) and formal foster care.

Formal foster care is supervised by the Probation and Social Welfare Officer (PSWO) and the courts of law and is provided **for under the Children Act (2016 as amended)**.

Informal foster care also often involves kinship care where a foster carer is related to the family but also includes care for children by carers who have no relation to the child.

Informal foster care is not documented and doesn't give the statistics of children under such arrangements.

Formal foster care involves a prospective parent, expressing interest after which they are taken through an assessment either by the PSWO or a foster care agency (usually a Civil Society Org). They then undergo training and are then presented to an Alternative care panel for approval. Following approval, the foster parent is matched with a child for placement.

What is the role of the government, and civil society?

Government role

- Provide guidelines and policies that regulate and govern foster care
- Assessment and recommendation of prospective foster carers
- Approval of foster carers and children in need of foster care
- Placement of children in foster care
- Supervision of foster care placements
- Recommendation to court for grant of foster care orders and adoption orders

How and when was it established?

Formal Foster care is provided for under the Children Act 1997 and as Amended 2016. Foster care was **included in the Children Act in 2004**.

Draft National Framework for Alternative Care in Uganda was developed in 2012 - guides the country on alternative care, and also provides for a continuum of care option

Communities in Uganda have always practiced “foster care” within their different contexts for a very long time. It is common practice in Uganda for families to provide kinship care, and a home to children with no biological ties.

The Ministry of Gender Labour and Social Development worked with CSO's and developed guidelines in 2019, these guidelines although used are still in draft.

Child's i Foundation with support **from Martin James Foundation** will be reviewing the guidelines in line with on going practice within Child's i and 4 other models of foster care in Uganda, to review practice against the guidelines and to advise on how practice can be improved.

Childs i started implementing foster care in 2010 as it prepared to transition it's babies home.

Civil Society

- Sensitisation, awareness and promotion of foster care provision
- Identification and assessment of prospective foster carers
- Training and capacity building of families, CSO's and local and national government officials
- Referral of children in need of foster care to PSWO
- Supporting advocacy and peer groups for foster parents and to amplify children's voices through Uganda Child Rights NGO Network
- Monitoring and supervision of children in foster care placements carried out in partnership with the Probation and Social welfare officer
- Strengthening households and communities to be able to undertake foster care
- Support with matching and placement of children in foster care
- Technical support to government to draft guidelines and policy

What is the primary alternative care option in your country/context?

- Kinship care is considered the primary alternative care option after which short term /emergency foster care is considered
- If known, what is the population in alternative care and within that foster care?

Estimated 40-50K children in institutional care, foster care numbers are unknown.

Refer to slide 1

If known, how many foster carers are in your country or context? And what types of foster care are provided?

The predominant forms of foster care are

- Known family members – Kinship care
- Emergency / short term foster care
- Long term foster care
- Fostering to adopt

Child's i Foundation

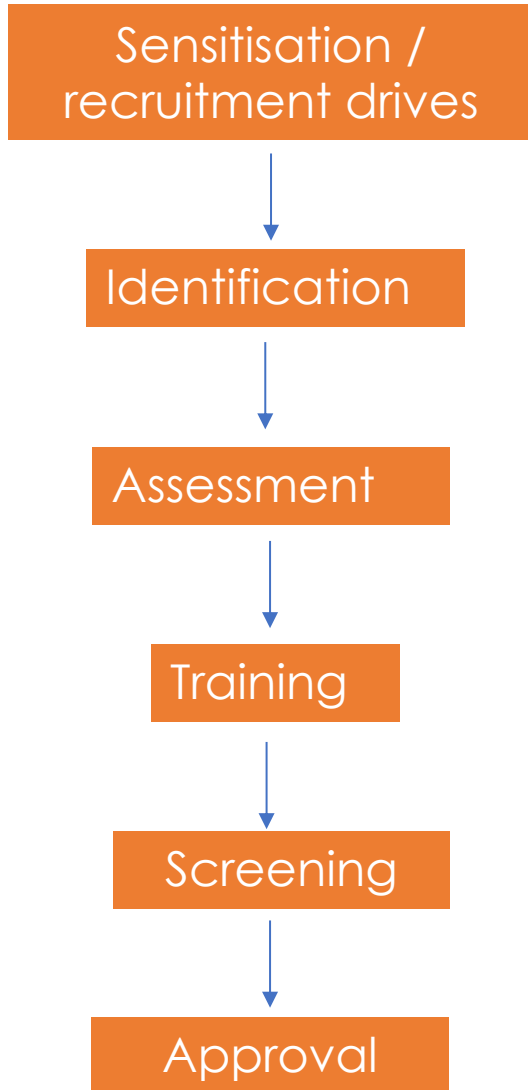
- Potential foster carer parents - identified in 2020, 2021 - **164**
- Potential foster carers trained - **122**
- Approved - **97**
- **46** families fostering

Current situation

How is foster care provided in your context?

- **Community foster care** supported through our ACTIVE Family Support approach in 5 districts. 2 in partnership with Thrive a Civil Society organisation and the local government (Wakiso)
- Foster carers are all registered with the local government during approval process
- Local foster parenting groups are set up to for parents to get peer support, start savings groups
- Foster carers provide loving homes for
 - Children transitioned from institutions whilst we trace
 - Children separated /abandoned
 - Children experiencing and at risk of abuse

How are foster carers currently recruited, supervised, supported and trained?



- In Uganda we have adopted alternative care panels as part of the approval process.
- UNICEF is supporting the government to establish the ACP in every district. We have supported two districts, to set up their ACP's
- Various organisations have different approaches that include
 - Stipends
 - Microfinance
 - Income generation
 - Parenting / Peer support groups
 - Income generation
 - A combination of all above

Challenges

What are some of the challenges you have faced in developing foster care?

- Transitioning from a salaried model
- Managing expectations
- Placement breakdowns
- Cultural context
- High turnover rate
- Parent attachments especially short term care

Solutions and opportunities

- Understanding cultural context
- Allowing contact visits with birth family and family fostering
- Open discussions to manage expectations from the onset

What are some of the children that are hardest to place? How do you address stigma?

- Children with additional needs – e.g. Children with Disabilities, HIV
- Older children
- Boys in some cases
- Children from different tribes from the community we are working in

We try and address stigma at the very early stage of our engagement and buy in

We are also doing our best to train specialist foster carers to support the hardest to place

We are identifying specialist organisations to partner with when supporting harder to place children.

Looking back, how do you think things could or should have been done differently?

- Non salaried model of foster care
- Earlier documentation of our model of foster care
- More consultation with our first foster carers
- Strengthening of peer support groups
- Adopted the model of working with partners to support foster carers much earlier.
- Harmonised package of foster care including cultural context

**SREY NI
SORN**

ABLE Project Manager, Children in Families



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តើទីណាជួសសម្រាប់ពួកគេ
CHILDREN IN FAMILIES
...where they belong

Foster Care In Cambodia



Photo: Amy Higg

Srey Ny Sorn
ABLE Project Manager

8th December 2021



Background - Establishment and Development of Foster Care

- First formal foster care started in 2004
- No laws at that time regarding foster care
- By 2008 had laws regarding minimum standards for alternative care
- Cambodian government has gradually increased legal responsibility for regulation of foster care but implementation was left to NGOs
- Most recently developed government policies assign government duty-bearers key roles in recruiting and monitoring of foster families



Background - Forms of Alternative Care in Cambodia

- Heavy utilization of institutional care
 - In 2015 - 16,579 children under age 18 living in RCI
 - 9,608 were living in some other form of non-family care facility
 - RCIs in every province in Cambodia except one
- Informal kinship care and foster care
 - no clear data regarding how many
- Formal foster care and kinship care
 - nine NGOs in Cambodia providing foster care, many of which also provide kinship care.
 - Current total number of children in foster care = 199
 - Number of children with disabilities in FC = 35



Current Situation

- Foster care operates by means of cooperation between local government authorities and NGOs
- FCF|REACT - Network of NGOs working in partnership
- Each organization has its own policies & procedures for recruiting, supervising, supporting, and training foster carers
- Most recent legislation will promote more government involvement and standardization of practices.



Challenges

- Preconceived ideas
- Quality of care – lack of well-trained social service providers
- Rural areas
- Children hardest to place:
 - Children with disabilities or chronic illnesses
 - Older children (especially boys)



Challenges - Looking Back

- Should have been more effort to promote and protect the rights of children with disabilities from the beginning
- Should have been higher levels of cooperation from the start
- Should have been more donor awareness raising to prioritize family-based care over institutional care



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CHILDREN IN FAMILIES
...where they belong

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Foster Care in Bangladesh: Cox's Bazar



Taslina Begum
Case Management Specialist
Save the Children, Cox's Bazar

Background

More than four years since the influx, the Rohingya refugee crisis remains a protection emergency at its core.

Children represent 52% of the Rohingya refugee population in Cox's Bazar (UNHCR October 2021) and 53% in the host community

Many children became separated from their primary caregivers due to the displacement.

J-MSNA (2021), child labor and children going missing were both reported to have increased in communities by 16% of households.

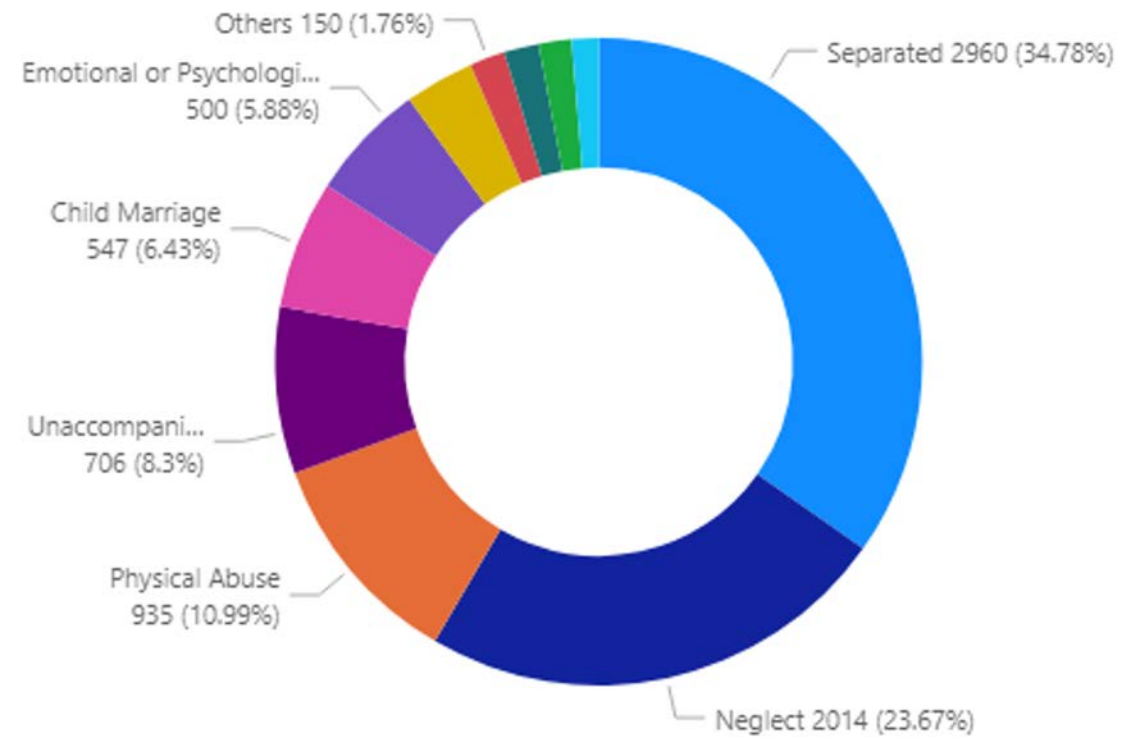
Given the size and layout of the camps, it can be very easy for young children to get lost.

There is stigma and discrimination against unwed mothers than can make it very difficult for an unmarried woman/girl to care for her child and get access to services.



Child Protection Concern in Rohingya Community

% of Case by Protection Concerns



Separation and being unaccompanied is a consistent concern for children in this context

Alternative care practice in Bangladesh : Rohingya Camp

Foster Care (arranged)

Foster Care (spontaneous)

Kinship Care

Independent Living

Residential care (Safe home, orphanage, religious education center)

☐ Operated by Non-Government Child Protection agencies, coordinated by child Protection subsector.

☐ Foster Care arrangement in Rohingya community is informal

☐ Short term/long term

☐ 24% children in alternative care are in different form of foster care and 69% are in Kinship care (*SCI Case Management Data*)

Steps involved in the placement into alternative care

- 1) Identification of the child and assessment of current care arrangement
- 2) Identification of an alternative care placement and screening
- 3) Care plan/Case Plan
- 4) Foster care agreement
- 5) Initial Placement for foster care
- 6) Monitoring the care arrangement
- 7) Case review and follow up
- 8) Case closure



Supporting the foster carers and Children in Foster Care



- Provide training on positive parenting.
- Refer to other services they need – no payment
- PSS support for caregivers and children
- Regular follow-up and review the care plan
- Ensure that no action is taken that can interfere with tracing efforts

Challenges

Challenges:

- Identify foster parents for infant , adolescents, children with disability.
- Ensuring safety of a child who has protection concern
- Sometimes adolescent's shows unwillingness to stay with foster parents
- Arrange foster care for the siblings

Steps being taken

- Pool of prepositioned trained foster family
- Orient the foster-carer on managing children who have sign of stress.
- Take children opinion and views while determining foster care
- Peer support group of foster carers

Foster Care System for Bangladeshi Children

The types of institution based alternative care in Bangladesh

- ❑ Department of Social Services (DSS) under Ministry of Social Welfare (MoSW) operates the following type of institutions to ensure residential care for the children.
 - 6 Chotomoni Nibash (Baby Home) -6
 - 85 Sharkari Shishu Paribar (SSP) with total capacity of 10,300
 - 2 Training and rehabilitation centers for the destitute children
 - 6 Training and Rehabilitation Centre for Socially Disadvantaged Girls
- ❑ Non-Government /private run orphanages

Formal foster care is not commonly practiced in Bangladesh

Family based alternative care in Bangladesh

Guardian and Wards Act 1890.

Adoption: Adoption is only approved for Hindus. Since the family law Bangladesh is dictated by religion, Muslims cannot legally adopt but be granted guardianship under the Children Act, 2013.



THANK YOU

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Q&A



**THANK
YOU FOR
JOINING!**

Please see the chat box for a link to learn more about the [Transforming Children's Care Global Collaborative Platform](#) and find out how to join.

We will be sending you a link to the webinar recording and slides in a follow-up email shortly. If you have questions, comments or recommendations for future webinar topics, please send them to:

contact@transformcare4children.org

En el chat encontrará un enlace para obtener más información sobre la [Plataforma de Colaboración Mundial para la Transformación de la Atención Infantil](#) y saber cómo unirse a ella.

En breve le enviaremos un enlace a la grabación del seminario web y a las diapositivas en un correo electrónico de seguimiento. Si tiene preguntas, comentarios o recomendaciones para los temas de futuros seminarios web, envíelos a:

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