

# Foster Parent Training Manual

"Empowering Caregivers,  
Strengthening Families"



REPUBLIC OF GHANA  
MINISTRY OF GENDER,  
CHILDREN AND SOCIAL  
PROTECTION





Care Reform Initiative (CRI) Ghana  
#FamilyBestPlaceForChildren

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# Foster Parent Training Manual

*"Empowering Caregivers,  
Strengthening Families"*

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Published by:

UNICEF Ghana and Department of Social Welfare  
of the Ministry of Gender, Children and Social Protection

August 2018

Design and Layout: Glyphs Company Ltd.

For further information and request for copies, contact:

Department of Social Welfare, of the Ministry of Gender, Children and Social Protection

**This document is made possible by the support of the American People through the United States Agency for International Development (USAID) The contents of this tool are the sole responsibility of the Government of Ghana and UNICEF and do not necessarily reflect the views of USAID or the United States Government.**

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# ACKNOWLEDGEMENTS



The Ministry of Gender, Children and Social Protection is deeply grateful to all the individuals and organisations who participated in the development of this foster parent training manual.

The Ministry is especially appreciative of the contribution from Bethany Christian Services who so generously shared their foster parent training materials with the Department of Social Welfare and their support in organising the testing of the standardised training materials with a group of prospective foster parents.

The development of this foster parent training manual would not have been possible without the technical support received from UNICEF and the financial support from USAID. The Ministry of Gender, Children and Social Protection is, as always, profoundly grateful for the support and partnership with our Development Partners.

# FOREWORD

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Ghana has over the past decade, initiated a number of complementary measures towards resolving the many challenges associated with its child care practices, especially for children in need of alternative care. Recognizing this as of great concern, the Ministry of Gender, Children and Social Protection (MoGCSP) with the technical and financial support of UNICEF, USAID and in collaboration with Governmental, Non-Governmental and Civil Society Organizations undertook and led a number of far reaching reform processes to ensure better care and protection for children in non-family based care.

Within the framework of the Children’s Act, 1998, (Act 560), the Department of Social Welfare (DSW) has identified, screened and registered a number of dedicated prospective foster parents as part of the national efforts at promoting a well-regulated formal foster care programme. This laudable initiative has become imperative to reinforce and complement the informal foster care system which is increasingly becoming strained in the light of the considerable socio- economic stress that has come to bear on it.

To advance the implementation of the formal foster care programme that ensures that fostered children’s rights are guaranteed, the Ministry through the Department of Social Welfare has again taken one great step in developing a structured, user-friendly Foster Care Training Manual with the support of UNICEF, USAID, Governmental and Civil Society Organizations.

The manual is to serve as a tool for the Child and Family Welfare Division of the Department of Social Welfare to build and strengthen the capacities of staff at national and sub-national levels, foster parents and foster care agencies across the country. It is extremely useful in upgrading social workers’ knowledge needed for post- placement support to foster families and equally of great value for relevant NGOs and others involved in providing rights- based alternative care services and programmes. It is believed that the use of the manual will go a long way in ensuring that fostered children are able to live and be nurtured in a caring and loving home, as foster parents would have been equipped with the knowledge and requisite skills for quality care of children. The use of the manual may be complemented with the **Facilitators Training Manual for Community Engagement** which was also developed by the Government of Ghana.

It is however significant to note that, the value of this document largely depends on its effective usage primarily by the DSW and other key actors in restoring hope and in bringing life-changing experience for those children who for a variety reasons, are deprived of parental care.

The Ministry of Gender, Children and Social Protection is extremely grateful for the remarkable assistance and collaboration received and will like to thank all those who in diverse ways have contributed in the development of this Foster Care Training Manual.



**Hon. Gifty Twum-Ampofo, MP**

Deputy Minister, Ministry of Gender, Children and Social Protection

# ACRONYMS



<b>ACRWC</b>	African Charter on the Rights and Welfare of the Child
<b>CRI</b>	Care Reform Initiative
<b>DCOF</b>	Displaced Children and Orphans Fund
<b>DSWCD</b>	Department of Social Welfare and Community Development
<b>DSWO</b>	District Social Welfare Officer
<b>DSW</b>	Department of Social Welfare
<b>MoGCSP</b>	Ministry of Gender, Children and Social Protection
<b>NGO</b>	Non-governmental Organisation
<b>RHC</b>	Residential Home for Children
<b>SWO</b>	Social Welfare Officer
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNICEF</b>	United Nations Children’s Fund
<b>USAID</b>	United States Agency for International Development

# DEFINITIONS AND TERMINOLOGY

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## Alternative care:

Care for children who are not under the custody of their biological parents. Alternative care can be formal and informal. It includes family-based care (kinship care or foster care), residential care and adoption.

## Alternative care:

Care for children who are not under the custody of their biological parents. Alternative care can be formal and informal. It includes family-based care (kinship care, foster care and adoption) and residential care.

## Family-based care:

Family-based care is the alternative care of children in a family environment. Family-based care includes:

1. Kinship care (living with relatives); and
2. Short term or long term foster care (living in a home with a foster parent, who provides round-the-clock care – in the same capacity as a biological parent – but is not paid a salary).

## Formal care:

All alternative care in which placement has been ordered by a competent administrative body or competent court of jurisdiction. Residential care is always considered formal care even if the necessary orders have not been obtained. Placements in residential care without the necessary authority are illegal.

## Informal care:

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

## Foster care:

Foster care is a way of providing a family life for children who cannot live with their biological parents. Foster care is often used to provide temporary care while parents get help sorting out problems, or to help children or young people through a difficult period in their lives. Often children will return home once the problems that caused them to come into foster care have been resolved and it is clear that their parents are able to look after them safely. Others may stay in long-term foster care, some may be adopted, and others will move on to live independently. **In this manual, foster care refers to formal foster care which is a statutory placement requiring the involvement of the Department of Welfare.**

### **Kinship care:**

Family-based care within the child's extended family or with close friends of the family known to the child. Kinship care arrangements are also sometimes referred to as informal foster care.

### **Permanency:**

Permanence is the word used to describe safe and nurturing relationships that can be expected to last for a lifetime. For children in foster care, permanence also means developing and sustaining connections to important people in their lives. The process of achieving permanence begins with long-term planning for the child. There is a plan that is developed, called a permanency plan, which states goal to achieve, with timelines. The permanency plan also includes services and supports to put into place that the child's team will be using to achieve the permanence goals. This plan is given to the court and is reviewed every six months while the child is in foster care.

### **Residential Care:**

Residential Care is care provided for children in any non-family-based group setting, such as shelters for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.<sup>1</sup> Residential care may be considered as a temporary alternative care solution for some children in emergency situations and with no other means of support but only as a last resort if no immediate placement in the community is found. The goal of residential care must be to provide temporary, short-term care and to reunify children with their parents or find a longer-term family-based care alternative within the shortest time possible.

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<sup>1</sup> UN Guidelines for the Alternative Care of Children, 2009

# THE FOSTER PARENT TRAINING MANUAL

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## Purpose of the Manual

This Manual provides the materials needed for the Department of Social Welfare and Foster Care Agency (where applicable) to conduct the following foster care related activities:

- Foster parent recruitment drives;
- Foster parent orientation sessions; and
- Foster parent training.

### A. Foster Parent Recruitment

- Foster parent recruitment aims to identify and motivate people in the community to apply to be a foster parent.
- The goal of foster parent recruitment is to ensure that a sufficient number of licensed foster parents are available and ready at any time for temporary placement of children.

### B. Foster Parent Orientation

- The Foster Care Regulations require all eligible foster parents to participate in a **standardised orientation session** to ensure they understand exactly what they are committing to before they undergo the Home Study and other screening requirements for a final decision to be made on licensing them.
- The purpose of the orientation session is to help eligible foster parents decide whether they are still interested in becoming foster parents and to undergo the process of determining their suitability and licensing. The orientation session also provides an opportunity for the Department to begin to assess the suitability of the eligible foster parent and decide whether or not to continue with the application process.

### C. Foster Parent Training

1. The Foster Care Regulations, 2018, stipulate that foster parents approved by the Regional Foster Care Placement Committee must complete orientation and training before they can be licensed by the Foster Care Services Unit. A child can only be placed in the care of a licensed foster parent, which means that all foster parents must undergo training before they receive a child into their care.
2. The Foster Parent Training serves as the tool for the orientation and training required by foster parents before licensing. It is designed to equip foster parents with basic knowledge and skills to fulfill their roles and responsibilities as foster parents.

# NOTE TO FACILITATORS AND CO-FACILITATORS

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## Facilitator and Co-facilitator preparation

- Familiarise yourself thoroughly with the content of all the sessions, including those you will be facilitating directly.
- Familiarise yourself with the Children's Act, 1998 (Act 560) and Children's (Amendment) Act, 2016 provisions on foster care and the Foster Care Regulations, 2018 and take a copy of these documents with you to the orientation/training for easy reference.
- Ensure that all the materials needed for each session are purchased/collated at least one day before the training.
- Prepare the flip-charts (or PowerPoint slides if there is access to a projector) before the training session.

Co-facilitation involves more than one trainer. It allows facilitators to complement each other and to provide required guidance to participants. Co-facilitation can make training more interesting, less stressful, and more effective for both the trainer and the participants. Co-facilitation is particularly helpful when sessions require 'expert' knowledge.

If more than one person is conducting the training, both facilitators should prepare and clarify the following together prior to the training in addition to the steps above:

- Who is responsible for the overall training coordination and logistical issues?
- Who is responsible for each of the sections?

The following "Do's" should ALWAYS be kept in mind by the facilitator/s during any training session:

- 1. Prepare.** In order to ensure the quality of the Foster Parent Training and to build a strong and efficient training team, the facilitators should be familiar with the content of this training manual before delivering the training. All required materials should be accessed and prepared before the training starts and be readily available when needed.
- 2. Start punctually.**
- 3. Stick to *time management*,** however be prepared to be flexible. Times for sessions outlined in the agenda and throughout the manual are suggestions. The facilitator will need to exercise flexibility and sound judgment to ensure that participants have sufficient time for discussions, and to account for delays in explaining instructions for games, forming small groups, etc. The facilitator is responsible for keeping track of time and ensuring that all modules are sufficiently covered during the 2 days.
- 4. Check regularly** if participants understand the content. If necessary provide translations for participants who may struggle with English. If all participants speak the same local language, the entire training could also be conducted in this language.

5. **Ensure 100% attendance and participation** from all participants. Participants must sign the attendance register at the start and end of each day.
6. **Anticipate** unexpected and sometimes difficult questions. If you do not know the answer, turn to others for suggestions.
7. **Recap** each session before moving to the next one.
8. Throughout the training make use of ice-breakers and body breaks to keep the group energized and engaged. You want to try and create a warm, fun and supportive environment for participants. This is one way you can show participants that you are appreciative of their contribution to caring for the children of Ghana.
9. 9. At the end of the orientation session/training every day, gauge the participants' feelings about the progress made, and **request feedback** (either in plenary or privately) to learn if adjustments should be made the following day.



# FOSTER PARENT RECRUITMENT

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## 1. Purpose of Foster Parent Recruitment

Foster parent recruitment aims to identify and motivate people in the community to apply to be a foster parent. The goal of foster parent recruitment is to ensure that a sufficient number of licensed foster parents are available and ready at any time for temporary placement of children.

## 2. Key Content for Foster Parent Recruitment Drives

Foster parent recruitment drives should convey positive messages on foster care as well as providing information on eligibility requirements, and the application process.

### 2.1 Messages on Foster Care

The general public often has a negative perception of foster parenting, which is a significant barrier to recruiting foster parents. Overcoming any negative preconceived notions that might be held about foster parenting is necessary in order for individuals to take the first step towards becoming a licensed foster parent.

Key messages to communicate during foster parent recruitment drives include the following:

- A stable, safe and loving family has been shown time and again to be the best place for a child to grow. In Ghana, most parents care for their own children, often with support from other family members. When parents are unwilling or unable to care for their child then alternative family based care is the next best option. Family-based care includes kinship care (care by relatives), informal fostering by close family friends, Queen mothers or other community members and formal foster care which has to be arranged by the Department of Social Welfare.
- Formal foster care is care of a child by a person who is usually not related to the child but willing to take up care and maintenance of the child. Formal foster care is a statutory arrangement, which involves the selection, approval, training, licensing and supervision of the foster parent by the Department of Social Welfare.
- Foster care, not RHC, should be the first choice for children whose parents or relatives can't care for them. Children should only ever be placed in residential care (orphanages) as a last resort and for the shortest possible time. Residential care can never replace a family, not even facilities that are well resourced with dedicated staff.
- Foster care is meant to be a short-term solution until a more permanent option is found e.g. child is reunified to birth family or adoption (as a last resort). This requires tracing and actively working with the child's biological family from the moment the child is placed in care. This does not always happen and children can remain in foster care for many years, even until s/he turns 18 years.
- Foster parents play an important role in the child protection system and are critical partners of the Department.

## 2.2 Information on Foster Care

- Information on the minimum eligibility requirements for foster parents must be provided.

The economic, educational, marital or disability status of a parent does not affect the eligibility of foster parents. What is important is that the person is willing and able to provide a stable, secure and loving temporary family home for a child. In addition to this, the Children’s Amendment Act and Foster Care Regulations specify some minimum requirements for determining whether a person is **eligible** and **suitable** to be licensed as a foster parent:

Eligibility Requirements
<p><b>Age</b></p> <ul style="list-style-type: none"> <li>At least 21 years old               <ul style="list-style-type: none"> <li>» Relative who is at least 18 years old may be a foster parent to the child</li> </ul> </li> <li>High moral character and proven integrity</li> </ul>
<p><b>Marital status</b></p> <ul style="list-style-type: none"> <li>Applicants can be married or single</li> <li>Unmarried male applicants cannot foster a female child except where the Foster Care Placement Committee is of the view that it is in the best interest of the child to do so</li> <li>An applicant who is married can apply jointly with his/her spouse or with the consent of the spouse.</li> </ul>
<p><b>Criminal record</b></p> <ul style="list-style-type: none"> <li>No criminal record – especially a crime involving child abuse and neglect. For other types of crimes, consideration can be given to an applicant on a case-by-case basis.</li> </ul>
<p><b>Regular income source</b></p> <ul style="list-style-type: none"> <li>At least one of the family members has a steady and permanent source of income to adequately meet the needs of the family.</li> <li>Income sources can include for example: formal employment, small business, and agriculture.</li> </ul>
<p><b>Suitable home environment</b></p> <ul style="list-style-type: none"> <li>The family should provide a safe space and living conditions necessary to promote the health and wellbeing of the child. Strict space requirements should not be a deterrent to placement if relationship in the family is satisfactory.</li> </ul>
<p><b>Health</b></p> <ol style="list-style-type: none"> <li>All household members should be in good health, physically and emotionally, and be free from infections/communicable diseases</li> <li>Applicants are required to take a medical examination to establish that they are physically capable of caring for a child, and are emotionally and psychologically stable.</li> </ol>
<p><b>Children in the family</b></p> <ul style="list-style-type: none"> <li>A foster parent is allowed to care for not more than seven children in his/her home – this includes biological children, foster children and other children.</li> </ul>

- Copies of **Foster Parent Application Forms** should be available to give to people who come forward expressing an interest to apply to be foster parents. This application form is attached to the Foster Care Regulations (**Form 3: Application to Foster a Child**).
- The Department will review the application and decide if the applicant meets the basic criteria. If this is the case, the applicant will be invited to participate in a **foster parent orientation session**, which will provide an opportunity for the applicant to decide whether or not to continue with the process.

3. After this orientation session, the Department will conduct an **in-depth Home Study assessment** to determine the suitability of the applicant. It is only after this Home Study assessment that a final decision is made on the licensing of the applicant as a foster parent.
4. The entire process, from application to licensing, should not take more than 3 months.

### **3. Key Resources for Conducting Foster Parent Recruitment Drives**

#### **3.1 Child Protection Toolkit**

The **Child Protection Toolkit** can be used in foster parent recruitment drives to raise awareness of children in need of care and protection and the importance of family-based alternative care for children whose parents are unable or unwilling to care for them.

The **Additional Module on Alternative Care** for Children in particular has four **Flash Cards** that directly address the importance of family-based care including foster care. These four Flash Cards could be used to introduce the concept of foster care and encourage people to attend the foster parent orientation training.

#### **3.2 Social Drive Materials**

The Child Protection Social Drive has family-based care materials (including posters, stories, flash cards website). These resources can also be used during foster parent recruitment drives.

#### **3.3 Foster Parents**

A key resource for foster parent recruitment drive is licensed and experienced **foster parents** who can share their stories and experiences of foster parenting.



# FOSTER PARENT ORIENTATION

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## Purpose of Foster Parent Orientation

- The Foster Care Regulations require all eligible foster parents to participate in a **standardised orientation session** to ensure they understand exactly what they are committing to before they undergo the Home Study and other screening requirements for a final decision to be made on licensing them.
- The purpose of the orientation session is to help eligible foster parents decide whether they are still interested in becoming foster parents and to undergo the process of determining their suitability and licensing (eligibility). The orientation session also provides an opportunity for the Department to begin to assess the suitability of the eligible foster parent and decide whether or not to continue with the application process.
- The Department and Foster Care Agency (where applicable) must use the standardised orientation programme provided in this Section. Additional materials may be included, as long as all the content of the standardised orientation programme is covered. These additional materials could include videos on foster care (e.g. YouTube) and inputs from existing foster parents on their experiences.

## Duration

3 to 5 hours

## Training Materials

- |                                      |  |
|--------------------------------------|--|
| » Projector                          | » Note books and pens for participants |
| » Flip chart paper, pens and markers | » Refreshments for participants        |
| » Attendance register                | » Pen drives and handouts              |
| » Name tags                          | » Child Protection Toolkit             |

## Facilitator Preparation

- Familiarise yourself thoroughly with the content of the orientation session.
- Prepare a flip chart (or PowerPoint) with the key stages in becoming a foster parent:

Step 1: Application from interested person  
Step 2: Department reviews the application(s)  
Step 3: Foster Care Orientation Session(s)  
Step 4: Home Study and Home Study Report by Department/Agency  
Step 5: Department Foster Care Placement Committee reviews the recommendation  
Step 6: Training for suitable applicants  
Step 7: Licensing of foster parent by Department

- If there is sufficient space in the venue and the group is of an appropriate size, prepare the room by arranging the chairs in a circle or horseshoe shape. The intention is to create an informal, relaxed environment for participants.

## Facilitator Action

### Introduction and Purpose (15 minutes)

#### Introductions

- Welcome all the participants to the foster parent orientation session.
- Check with the group how they would like to start the session e.g., song, moment of silence, etc. Ask for a volunteer to pray or lead the group in a song if this is the preferred way.
- Ask everyone to complete the attendance register (circulate round the room).
- Introduce yourself, and any co-facilitators, to the group.
- Invite participants to briefly introduce themselves and share one thing they hope to learn from the session. Write up these:

#### Purpose

- Remind participants that they are at this orientation session because they have been identified as being eligible to become foster parents. In other words, they meet the basic criteria for being a foster parent.
- Remind participants that the Children's Act, 1998 (Act 560), as amended by the Children's (Amendment) Act 2016, (Act 937) and Foster Care Regulations, 2018 regulate who can be a foster parent, which children can be placed in foster care and how children in foster care should be cared for. One of the requirements in the Foster Care Regulations is for all 'eligible' foster parents to attend an orientation session to help them decide whether they are still interested in becoming foster parents and to undergo the next steps in assessing their suitability and licensing. The orientation session also provides an opportunity for the Department to begin to assess the suitability of the eligible foster parent and decide whether or not to continue with the application process.
- Explain that the orientation session should not take longer than three (3) hours. If participants have more questions after the session they are welcome to approach the Department/Foster Care Agency afterwards.

## What is foster care? (15 min)

- Ask participants: *You have heard something about foster care, and have shown an interest in becoming a foster parent. What is your understanding of the purpose of foster care?* Allow a few participants to offer their ideas.
- Validate and/or clarify all inputs. Read out the following definition of foster care:

Foster care is a way of providing a family life for children who for a variety of reasons cannot live with their biological parents.

Foster care is used to provide temporary care while parents get help sorting out problems, or to help children or young people through a difficult period in their lives.

**Often children will return home once the problems that caused them to come into foster care have been resolved** and it is clear that their parents are able to look after them safely.

Others may stay in long-term foster care, some may be adopted, and others will move on to live independently.

- Allow time for any questions on this definition. Re-emphasise the point on **children returning home to their parents.**
- Ask participants if they can explain the difference between **Foster care and Adoption.** Allow a few participants to offer their ideas. Validate and/or clarify their responses, inputs, making reference to the following explanation:

**Adoption** is a permanent solution for a child who cannot be with his/ her biological parents and all legal ties with his/her biological family are cut. It should only be used as a last resort for children.

**Foster care** is meant to be a temporary alternative care solution, not permanent

- Conclude the session by **emphasizing** that the **goal of foster care is to return the child to his/ her biological family as soon as possible and foster parents play a key role in supporting DSW and the biological family to achieve this goal.**

## Why do children come into foster care? (15 min)

- Open the session by asking: *Why do you think children come into foster care?* Allow participants to offer their ideas.
- Explain that children are placed in foster care for various reasons. Some examples include: a child who has been neglected, a child who has been abused, a child who has been abandoned, and a child whose parent is incarcerated or hospitalized and has no one to care for them during their parents' absence, or a child who has significant medical or mental health needs. A child who is orphaned and has no biological family to care for them.
- Explain that the requirements for children coming into alternative care, including foster care are laid out in Ghana's Children's Act 1998 (Act 560) and Foster Care Regulations, 2017. It is a **legal process** that requires the involvement of the Department of Social Welfare.

## Additional Input

YouTube clip on a child in need of care and protection and placement in foster care e.g. Removed  
<https://www.youtube.com/watch?v=IOeQUwdAjE0>

## Why do I want to be a foster parent? (60 min)

### Exploring motivations (30 minutes)

- Divide participants into small groups (4- 5 per group) and ask them to discuss the following questions. Allow 15 minutes for discussion:
  - » How did you hear about foster care?
  - » Why do you want to be a foster parent?
  - » What impact do you think being a foster parent will have on your family and friends?
- Ask one person per group to give feedback to plenary on responses to these questions. Write feedback on separate flip-chart papers.
- Reflect that all prospective foster parents/families have a motivation for caregiving. There are as many reasons for caregiving as there are people/families who want to become foster parents/families. Two common motivations are Need and a Calling from God – refer to inputs from participants that may reflect these motivations. Read out the statements in the Box below and allow time for discussion and questions.

### Exploring expectations (30 minutes)

- Explain that all families enter the foster care process with expectations. Having expectations is a very natural and normal thing, but some of these expectations may be unrealistic and this can lead to a breakdown in the foster care placement, which can create even more hardship for the child.

### Activity: Where do I stand?

- In the middle of the room demarcate a line down the room (imaginary or use tape). Explain that one end of the line is called ***“agree completely”***, the other end is called ***“disagree completely”***. The middle of the line is called ***“neither agree nor disagree”***.
- Read out each of the statements in the Box below (only the statement, not the question) and, for each one, ask participants to position themselves along the line i.e. agree completely/neither agree or disagree/completely disagree – or wherever they feel comfortable on the line.
- Once participants have positioned themselves, ask someone from the agree/disagree/neither to explain the reason for their choice.
- After a few parents have explained their positions, ask the additional question/s for each statement and allow time for discussion. Clarify with the answers provided.

Position statement	Follow-up Question	Responses for Clarification
<ul style="list-style-type: none"> <li>Foster parents do not need to change their parenting styles.</li> </ul>	<p><i>Why is it important for parents to be flexible in their parenting?</i></p>	<p>Each child is different and parenting styles may need to be adjusted to meet the needs of the child. This is called responsive parenting. There are also some prohibited discipline practices that may not be used e.g. caning and foster parents will have to be willing to learn new methods for disciplining children i.e. positive discipline methods.</p>
<ul style="list-style-type: none"> <li>The child will be grateful for having been placed in foster care.</li> </ul>	<p><i>Why might a child not be grateful?</i></p>	<p>No child asks to be placed in foster care. No-one is doing the child a favour by providing this care. Through building a trusting relationship with the child, the foster parent will be able to meet the child's needs and the child will feel supported and cared for.</p>
<ul style="list-style-type: none"> <li>The child in foster care will always be happy with his/her new life and family</li> </ul>	<p><i>Why would a child grieve? What losses do they have? What about the grief of the foster parent? What are their losses?</i></p>	<p>A child who is placed in foster care may have experienced many losses and traumas, some of which may have been caused by his/her biological parents. But even in these cases, children in care still love their parents and birth families and long to return to them.</p>
<ul style="list-style-type: none"> <li>The foster family will always be happy with the child.</li> </ul>	<p><i>Are you always happy with your own children? Other family members?</i></p>	<p>Children in foster care are the same as any other child, with ups and downs, strengths and weaknesses. Just as we don't always like the behaviour of our own children, we will not always like the behaviour of a foster child.</p>
<ul style="list-style-type: none"> <li>Some foster parents believe that the child will fit in immediately or that there will be a short adjustment period.</li> </ul>	<p><i>What happens if there is a long or intermittent adjustment period? What if the way that a child is able to fit in to a family is different from how the family wants them to fit in?</i></p>	<p>When a child is placed in foster care there is always a period of adjustment. Sometimes this period of adjustment can take a long time and difficult for everyone. This is where it is important to call on the social worker for support. Most of these adjustment issues can be addressed.</p>
<ul style="list-style-type: none"> <li>Because foster child is not the same as biological children s/he is treated differently.</li> </ul>	<p><i>Which attributes or needs may be different between a birth-child and a foster child? Which may be the same? How should a foster child be treated in a family? What is the family's role in identifying this?</i></p>	<p>Children in foster care have the same rights and daily needs that are exactly like other children their age, including education, health care, hair and skin care, religion, recreation, life skills, and safety. The responsibility of foster parents is to care for the child as they would their own child. Some children in foster care may have physical, emotional or behavioural difficulties due to abuse, neglect or trauma. They may require special assistance to help them overcome these difficulties but this does not mean they should be treated any differently from a biological child.</p>

### What are the responsibilities of foster parents? (45 minutes)

- Distribute copies of the **Foster Care Agreement** (Foster Care Regulations – Form 7). This document outlines the roles and responsibilities of foster parents and the Department.
- Divide participants into small buzz groups (2-3 people per group) and ask them to read through the responsibilities of the foster parent. Where possible, allocate one Departmental/Foster Care Agency official to each group to allow for hands-on explanation of the responsibilities and to answer questions in the small groups. Allow 30 minutes for this activity.
- After the small group discussions, ask participants if there were any burning questions that remained unanswered and address these in the plenary session.
- Conclude the discussion by explaining that **the main responsibility of foster parents is to care for the child placed in their care as they would their own child** and, in addition to this, foster parents are **required to be actively involved in the foster child's case management** with the Department and/or the Foster Care Agency. This means participating in the child's Care Plan and, where indicated, ensuring that they maintain contact with their biological family and supporting the Department to reintegrate the child with their family in line with the Care Plan.

### What support is provided by the Department/Foster Care Agency? (25 minutes)

- Explain that foster parents are not expected to take on the care of the child all on its own. The Department of Social Welfare and/or Foster Care Agency is there to provide assistance and guidance. The child's biological parents also have a role to play under the guidance of the Department/Foster Care Agency.
- Ask participants to return to their small buzz groups and read the second section of the **Foster Care Agreement** (Foster Care Regulations – Form 7), which covers the role of the Department of Social Welfare. Allow 15 minutes for this discussion.
- After the small group discussions, ask participants if there are any burning questions they may have about the role of the Department and clarify in plenary.
- It is likely that some participants will ask about materials and/or financial support. Currently the Department's position is that no financial support will be provided but in certain cases, the Department/Foster Care Agency will try to secure material support for health care costs (especially in the case of children with disabilities) and educational costs (schools fees, uniform).
- Explain that the Foster Care Regulations require the Department/Foster Care Agency social worker to visit the foster family once a month for the first three months after placement, and thereafter every three months. Once a year, there should be a review of the placement, involving the foster parent, child and biological family where applicable. Mention that these monitoring visits are **meant to be supportive of the foster parent**, providing an opportunity for the foster parent, his/her family and the child in foster care to talk openly about the placement.

## What are the next steps in becoming a licensed foster parent? (15 minutes)

- Remind participants that becoming a licensed foster parent is a **legal process** regulated by the Children's Act 1998 (Act 560) and the Foster Care Regulations. The Department needs to be sure that people who provide foster care are suitable and can be relied on to provide the necessary care to children placed with them.
- Put up the flip chart with Steps in becoming a licensed foster parent and show participants where they are in the process i.e. orientation session. Briefly explain the next steps in the process. Refer to the content in the Box below (Steps in Becoming a Licensed Foster Parent) to answer any questions that may arise. Explain that the Department aims to complete all the steps within **3 - 4 months** of receiving the application.

### **Step 1: Application from foster parent**

- Written application & supporting documents (refer to Foster Care Regulations, 2018)

### **Step 2: Department reviews the application**

- Is person eligible to become a foster parent?
- Yes - invited to attend foster care orientation session.

### **Step 3: Foster Care Orientation Session**

- Foster parent decides whether to continue with the application.

### **Step 4: Home Study and Home Study Report by Department**

- Home visit and interviews
- Medical screening
- Recommendation to Regional Foster Care Placement Committee

### **Step 5: Foster Care Placement Committee reviews the recommendation**

- Is the applicant suitable to be a foster parent?
- Sends recommendation to the National Foster Care Services Unit.

### **Step 6: Training for suitable applicants**

- Condition for licensing as a foster parent by Department
- Applicant and Department can make final decision on whether to proceed.

### **Step 7: Licensing of foster parent**

- License issued by the Foster Care Services Unit. **Valid for 3 years.**
- Foster parent signs Foster Care Agreement with Department.
- The license of a foster parent may be revoked at any time if circumstances of the foster parent have changed to the extent that the placement of a child with the foster parent will not be in the best interest of the child.

- Allow time for questions.

## Closure (15 minutes)

- Briefly refer back to the expectations participants had at the start of the orientation session and check if their questions/issues were addressed.
- Tell participants that they are welcome to contact the Department/Foster Care Agency for additional information or if they have any remaining questions. Write the relevant contact details on a Flip-Chart paper.
- Ask participants how they feel about what they have learned today in the orientation session and ask for a show of hands from those participants who are still interested in becoming licensed foster parents.
- Thank everyone for their participation and end with a prayer/song.



# PART C: TRAINING FOR APPROVED FOSTER PARENTS

## TRAINING SCHEDULE (SUGGESTED STRUCTURE FOR A TWO DAY TRAINING)

TIME	MODULE	SESSION
<b>DAY ONE</b>		
08:30 - 08:45	Module 1: Getting Started	Session 1: Welcome and introductions (15 min)
08:45 - 09:05	Module 1: Getting Started	Session 2: Training objectives and structure (20 min)
09:05 - 09:10	Module 2: Foster Care Regulatory Framework	Session 1: Recap - What is foster care?
09:10 - 09:20	Module 2: Foster Care Regulatory Framework	Session 2: Recap - Steps in Becoming a Licensed Foster Parent
09:20 - 10:00	Module 2: Foster Care Regulatory Framework	Session 3: Why children come into foster care
10:00 - 10:30	<b>TEA BREAK</b>	
10:30 - 10:45	Module 2: Foster Care Regulatory Framework	Session 4: How children come into foster care
10:45 - 11:30	Module 2: Foster Care Regulatory Framework	Session 5: Rights and responsibilities of children in foster care
11:30 - 12:10	Module 2: Foster Care Regulatory Framework	Session 6: Rights and responsibilities of foster parents and biological parents
12:10 - 12:50	Module 2: Foster Care Regulatory Framework	Session 7: Role of the Department of Welfare
12:50 - 13:30	<b>LUNCH BREAK</b>	
13:30 - 15:00	Module 3: Caring for children in foster care	Session 1: Developmental stages and needs of children in foster care
15:00 - 16:30	Module 3: Caring for children in foster care	Session 2: Special needs of children in foster care - Attachment
16:30 - 16:45	Wrap-up of days activities	
<b>DAY TWO</b>		
08:00 - 08:15	Recap of previous day's activities	
08:15 - 09:15	Module 3: Caring for children in foster care	Session 3: Special needs of children in foster care - Grief and loss
09:15 - 10:15	Module 3: Caring for children in foster care	Session 4: Special needs of children in foster care - Trauma
10:15 - 10:30	<b>TEA BREAK</b>	
10:30 - 12:00	Module 3: Caring for children in foster care	Session 5: Positive discipline - what it is and how to do it
12:00 - 13:00	Module 4: Key phases and transitions in foster care	Session 1: Key phases of foster care: responding to children's needs
13:00 - 13:30	<b>LUNCH BREAK</b>	
13:30 - 14:15	Module 4: Key phases and transitions in foster care	Session 2: Transitions in foster care: responding to children's needs
14:15 - 15:30	Module 5: Creating circles of support for foster care	Session 1: Building and maintaining relationships with biological parents
15:30 - 16:15	Module 5: Creating circles of support for foster care	Session 2: Creating circles of support for foster parents
16:15 - 16:45	Evaluation and closure of training	

# PURPOSE OF THE FOSTER PARENT TRAINING MANUAL

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This Foster Parent Training Manual provides the training curriculum for the training that approved foster parents are required to complete before licensing. It is designed to equip foster parents with basic knowledge and skills to fulfill their roles and responsibilities as foster parents.

The Foster Care Regulations, 2018, stipulate that foster parents approved by the Regional Foster Care Placement Committee must complete orientation and training before they can be licensed by the Foster Care Services Unit. A child can only be placed in the care of a licensed foster parent, which means that all foster parents must undergo training before they receive a child into their care.

Following this training, individual modules or sessions in the training curriculum could be selected for on-going in-service training of foster parents.

## APPROACH TO THE FOSTER PARENT TRAINING

The Foster Parent Training curriculum is structured as a 2-day training. It is interactive in nature and builds on pre-existing knowledge and experiences of participants.

The training is intended to be non-residential and is developed for training in resource constrained settings, without dependence on the use of projectors and related high technology methods. If the Department/Foster Care Agency has access to a projector and/or Internet, then additional materials could be included in the training such as videos/YouTube clips (see Additional Resources for Trainers at the end of this Manual). PowerPoint slides could also be used.

Depending on the setting, and availability of foster parents, the training schedule could be structured differently as required e.g. two consecutive Saturdays or four consecutive afternoons.

Completion of the Foster Parent Training is one of the requirements for being licensed as a foster parent so 100% attendance and participation in all the sessions must be strictly enforced. If for unavoidable circumstances a participant misses part of the training then arrangements must be made for completing these sessions e.g. one-to-one training with the trainer or attendance of another scheduled training.

On completion of the training, foster parents should be given a certificate confirming their full attendance.

A Participant Manual has been prepared which should be handed out to participants at the start of the training. The Manual includes space for participants to make their own notes.

## STRUCTURE OF THE FOSTER PARENT TRAINING MANUAL

The Foster Parent Training manual has five Modules. Each Module has a brief introduction to explain the content included and **consists of 2 to 4 sessions with the following information:**

1. **Learning Outcomes:** Specific skills that the participants should gain from the session. These should be shared with the participants at the beginning of each module to stimulate interest and curiosity, present the subject's usefulness and its importance, and link the chapter to the preceding ones and to the training context.
2. **Duration:** The estimated timing given for each session.
3. **Materials:** Materials needed for the session.
4. **Facilitator Preparation:** Preparation that should happen by the facilitator before the session.
5. **Facilitator Action:** Step-by-step instructions to the facilitator in order for him or her to carry out the session. The instructions are a basic guide and facilitators are expected to exhibit creativity, taking into consideration the participants' level of experience and comprehension. Additional information for the facilitator is also included in this section.

The Training Manual includes a final section with suggestions on how to wrap-up training activities on day one, open the training on day two and evaluate and close the training.

# MODULE ONE: GETTING STARTED (35 MINUTES)

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This module introduces facilitators and participants to each other and the programme.

## Session 1: Welcome and Introductions

### Learning Outcome:

Participants will know who is facilitating the training and who the other participants are.

**Duration:** 15 minutes

Training Materials

- Projector
- Flip chart paper, pens and markers
- Attendance register
- Name tags
- Note books and pens for participants
- Refreshments for participants
- Pen drives and handouts
- Child Protection Toolkit

### Facilitator Preparation:

- Familiarise yourself with the content of this session.
- If there is sufficient space in the venue and the group is of an appropriate size, prepare the room by arranging the chairs in a circle or horseshoe shape. The intention is to create an informal, relaxed environment for participants.

### Facilitator Action:

#### Opening

- Ask for a volunteer to pray or lead the group in song to start the training.
- Welcome all the participants to the training.
- Ask everyone to complete the attendance register (circulate round the room).
- Introduce yourself, and any co-facilitators, to the group.

*Icebreaker: Getting to know one another (a suggestion, other ice-breakers can be used)*

1. Ask each participant to introduce himself or herself by answering the following:
  - What is your full name?
  - What adjective that starts with the first letter of your name best describes you? E.g. Evelyn might say "Energetic" Evelyn, Paul might say "Patient" Paul. Participants will be called that for the duration of the training.

- » Start the introductions with yourself so that you set an example of what is required and begin to integrate yourself as a group member. Try to restrict each of the introductions to a maximum of one minute.
- » Make sure everyone writes his/her name on the nametag. If participants are willing, ask them to write their names with their corresponding adjective e.g. “Energetic Evelyn”. Make sure that names are written legibly and in large letters (if participants can read each other’s names, this helps them get to know each other and promotes belonging to the group).

## Session 2: Training objectives and structure

### Learning Outcome:

Participants will know the purpose of the training, the structure of the training and the group contract.

**Duration:** 20 minutes

### Materials:

- Flip chart paper and pens

### Facilitator Preparation:

- Familiarise yourself with the content of this session.
- Prepare flip chart paper with training programme structure over Day 1 and Day 2. Alternatively prepare a typed programme and give each participant a copy.
- Write the following quote in large letters on a flip-chart paper: *“To know that even one life has breathed easier because you have lived. This is to have succeeded.” - Ralph Waldo Emerson* (Note: you can also use another more culturally/contextually relevant quote).

### Facilitator Action:

#### Training overview

- Open the session by making the following opening remarks:
  - » You are all at this foster parent training because the Department has approved you as a prospective foster parent and this training is the final step before you can be licensed as a foster parent.
  - » Being a foster parent is a rewarding—and challenging—job. When a child is placed in your home, a journey begins that can last anywhere from overnight to several months or years.
  - » This training is designed to equip you with essential knowledge and skills to fulfill your roles and responsibilities as foster parents in caring for the children placed in your care, including supporting the Department of Social Welfare (DSW) to reunify children in foster care with their biological families where possible.
  - » The training also provides a final opportunity for you to decide whether foster care is for you and your family; and at the same time it also provides DSW with an opportunity to make a final decision on whether to recommend you for licensing by the Foster Care Services Unit.
  - » The training will draw on your knowledge and experiences. You have all been identified as approved foster parents and the understanding is that you have many strengths when it comes to parenting. This training is building on and strengthening your ability to provide responsive and nurturing care to *especially vulnerable children* who have been found to be in need of care and protection.

## Training objectives and structure

- Explain that the Foster Care Regulations, 2018, stipulate that foster parents approved by the Regional Foster Care Placement Committee must complete pre-service training before they can be licensed by the Foster Care Services Unit. A child can only be placed in the care of a licensed foster parent, which means that all foster parents must undergo the pre-service training before they receive a child into their care.
- **The objective of the pre-service foster parent training is to equip foster parents with basic knowledge and skills to fulfill their roles and responsibilities as foster parents of children placed in their care.**
- Share the flip-chart (or copies of the typed programme) showing how the 2 days will be structured.
- Explain that the Handouts are in English, but the training can be facilitated in whatever language participants feel most comfortable with. It is important to reassure participants that they can express themselves in the language they feel most comfortable with, as long as there is someone in the group who can help to translate. If everyone in the group is comfortable with a language other than English, you can agree to conduct the training in this language.
- Explain that because this pre-service training is a requirement for foster parents to be licensed by the Department of Social Welfare, **100% attendance and participation is expected.** Participants must sign the register at the start of every day. Participants are also expected to come to the training on time and stay for the duration of the training.
- Note: If someone asks what happens if they miss some of the training explain that a plan will have to be made to make it up, but don't mention this unless asked as you do not want to encourage this practice.

## Group contract

- Explain to participants that in order to ensure that the group functions well during the session, it is important to have a group contract, which will guide how the group, including the facilitators, behaves. The purpose of the group contract is to create an open and respectful environment in which participants can contribute freely, feel safe and share their views without fear. If during the course of the training, problems or conflicts arise, you should be able to stop the group and refer back to the contract set out: e.g. "we all agreed that we will allow members to share their ideas without fear..."
- Brainstorm some possible ideas for the group contract. Include **punctuality**, keeping cell phones and laptops off, confidentiality (any personal information shared in the group should not be repeated outside of the training), giving every member a chance to talk, coming prepared to the session, listening to others, giving quieter members an opportunity to talk, language policy asking for help, etc.
- Write these on flip chart paper and display it at all times until the end of the training.

## Housekeeping issues

- Deal with housekeeping issues, such as location of toilets, water sources, breaks.

## Reflection

- End the session by reflecting on how the structured training programme, the group contract and clarifying housekeeping issues is way of establishing the “routine” and “boundaries” for the training. These routines and boundaries let participants know what is going to happen, when it is going to happen, why it is going to happen and how it is going to happen which helps to create a safe environment for learning, change and growth. Children also need routines and boundaries to create a sense of predictability and stability in their lives. This is especially important for children entering an unfamiliar environment (like a foster family) and who may have come from unstructured and chaotic home lives. Foster parents have a key role to play in providing a safe, predictable, caring environment for foster children. This is a central theme of the 2 -day training.
- Put up and read the quote from Ralph Waldo Emerson: *“To know that even one life has breathed easier because you have lived. This is to have succeeded.”* - Ralph Waldo Emerson (or another quote if you have one). Explain that foster care, while often difficult, can be immensely rewarding for foster parents because it provides an opportunity to give this chance to a child.



# MODULE TWO: FOSTER CARE REGULATORY FRAMEWORK (3HRS 30 MIN)

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In this Module, the purpose of foster care and steps in becoming a foster parent are briefly recapped. The rights and responsibilities of children in foster care, foster parents, the child's biological parents and the Department, as stipulated in the Foster Care Regulations, are explored in some depth.

## Session 1: Recap - What is foster care?

### Learning Outcome:

Participants will refresh their understanding of foster care.

**Duration:** 10 minutes

### Materials:

- None

### Facilitator Preparation:

- Familiarise yourself with the content of this session.

### Facilitator Action:

- Ask participants: *You have all shown an interest in becoming a foster parent and have participated in a foster parent orientation session. Let us briefly recap what is your understanding of the purpose of foster care?* Allow a few participants to offer their ideas.
- Validate and/or clarify all inputs. Read out the following definition of foster care:

Foster care is a way of providing a family life for children who cannot live with their own parents. This could be because their parents are unwilling or unable to look after them.

Foster care is used to provide temporary care while parents get help sorting out problems, or to help children or young people through a difficult period in their lives.

**Often children will return home once the problems that caused them to come into foster care have been resolved** and it is clear that their parents are able to look after them safely.

Others may stay in long-term foster care, some may be adopted, and others will move on to live independently.

- Remind participants that there is a difference between Foster care and Adoption. Ask one or two participants to explain what they think the difference is. Validate and/or clarify their responses inputs, making reference to the following explanation:

**Adoption** is a permanent solution for a child who cannot be with his/ her biological parents and all legal ties with his/her biological family are cut. It should only be used as a last resort for children.

**Foster care** is meant to be a temporary alternative care solution, not permanent.

- Conclude the session by **emphasizing** that the **goal of foster care is to return the child to his/her biological family as soon as possible and foster parents play a key role in supporting DSW and the biological family to achieve this goal.**

## Session 2: Recap – Steps in Becoming a Licensed Foster Parent

### Learning Outcome:

Participants will refresh their understanding of the process in becoming a licensed foster parent.

**Duration:** 10 minutes

### Materials:

- Flip chart (or PowerPoint) with the key stages in becoming a foster parent:

### Facilitator Preparation:

- Familiarise yourself thoroughly with the content of the orientation session.
- Prepare a flip chart (or PowerPoint) with the key steps in becoming a foster parent:

Step 1: Application from interested person  
 Step 2: Department reviews the application  
 Step 3: Foster Care Orientation Session  
 Step 4: Home Study and Home Study Report by Department  
 Step 5: Foster Care Placement Committee reviews the recommendation  
 Step 6: Training for suitable applicants  
 Step 7: Licensing of foster parent by Department

### Facilitator Action:

- Remind participants that becoming a licensed foster parent is a legal process regulated by the Children’s Act, 1998 (**Act 560**) and the Foster Care Regulations, 2018. Participants have already completed most of the steps in the process.
- Put up the flip chart (or PowerPoint) with the 7 Steps in Becoming a Foster Parent and briefly go through the steps that have been completed (Steps 1 – 5) and the remaining steps (Steps 6 – 7).
- Allow time for any questions from participants.

## Session 3: Why children come into foster care

### Learning Outcome:

Participants will have an understanding of why children need foster care and who is involved in the process.

**Duration:** 40 minutes

### Materials:

- Flip-chart paper and pens.
- Child Protection Toolkit Flash Cards – note: **only select those child protection issues that may result in a child needing to be placed in alternative care including foster care.**

### **Facilitator Preparation:**

- Familiarise yourself with the content of this session.

### **Facilitator Action:**

*Activity: Child Protection Flash Cards*

- Place the Flash Cards on a table in front of the room.
- Invite participants to come to the front of the room and choose a Flash Card from the pack.
- Ask participants to explain what they see in the picture to the rest of the group whether they think this is a positive or negative practice for children. Ask participants to reflect on the loss or trauma a child might have experienced when being treated in this negative way. Ask participants whether the practice is common in their community.
- When everyone has had an opportunity to share their cards, pick up the pack of negative practices and go through each one, explaining how a child who experiences such a practice is at risk of being placed in alternative care, including foster care.
- Wrap-up the session by explaining that children are placed in foster care for various reasons, many of which have been covered in the exercise. Some examples include: a child who has been neglected, a child who has been abused, a child who has been abandoned, a child whose parent is incarcerated or hospitalized and has no one to care for them during their parents' absence, or a child who has significant medical or mental health needs, a child who is orphaned and has no biological family to care for them. The Children's Act, 1998 described these children as being in need of care and protection.
- Allow time for final questions from participants.

## **Session 4: How children come into foster care**

### **Learning Outcome:**

Participants will have an understanding of the process of placing a child in foster care.

### **Duration: 15 minutes**

### **Materials:**

- Flip-chart paper and pens.
- Prepare flip-chart with the following steps in identifying and placing a child in foster care.

### **Facilitator Preparation:**

- Familiarise yourself with the content of this session.
- Prepare flip-chart with the following steps in identifying and placing a child in foster care:

Step One: Identification and referral to the Department  
Step Two: Investigation  
Step Three: Decision to remove a child in need of care and protection  
Step Four: Placement of the child in foster care  
Step Five: Post-Placement monitoring  
Step Six: Supervision  
Step Seven: Reunification or adoption of child

**Facilitator Action:**

- Explain that the requirements for children coming into alternative care, including foster care are laid out in Ghana's Children's Act, **1998 (Act 560), Children's (Amendment) Act (Act 937)** and Foster Care Regulations, 2018. Only Departmental officials may remove children and place them in foster care.
- Put up the flip-chart with the steps in identifying and placing a child in foster care and refer to the information in the following Box to explain the process.



## Steps in placing a child in foster care

### ■ **Step One: Identification and referral to DSW**

Any suspected case of abuse or neglect or abandonment must be reported to and investigated by a District Social Welfare Officer (SWO). Where a child needs to be removed immediately in emergency cases the child could be placed directly with a licensed foster parent as an emergency placement or in a residential home for children (orphanage). The Department wants to have a pool of licensed foster parents who are willing to take emergency cases, some of which may only be for a few days or a few weeks.

### ■ **Step Two: Investigation**

The SWO prepares a Social Enquiry Report and decides on a response (1) resolve issue with family so child does not have to be removed; or (2) remove child and place with a member of the extended family, foster parent or in a residential home for children/orphanage. Explain that the Department is trying as much as possible to reduce the number of children in Residential Homes for Children (Orphanages) because family-based care has been found time and time again to be a much better alternative care option for children. It must be clear that children should only be placed in foster care when separation from families is necessary and in the child's best interest, and when foster care is deemed to be the most appropriate /suitable form of alternative care for the child. Decisions about placing children in foster care should be made carefully, in full consultation with children, families, social workers and other stakeholders.

### ■ **Step Three: Decision to remove a child in need of alternative care**

If the decision is made to remove the child, then the SWO needs to obtain a Care Order from the court, which provides the legal authority to remove the child and place in the care of a fit person/foster parent or orphanage (RHC). The Care Order includes a Care Plan that is developed for the child by the SWO. This Care Plan describes how the child's immediate care needs will be addressed, and also provides a permanency plan for the eventual reunification of the child with his or her family.

### ■ **Step Four: Placement of the child in foster care**

The Regional and District Department of Social Welfare are involved in matching a child with a licensed foster parent and formalizing and supporting this placement. A series of pre-placement meetings are held between the foster parent, Department/Foster Care Agency and the child to ensure that there is suitable matching. When the final decision is made to place the child with the foster parent, the foster parent signs a Foster Care Placement agreement for the individual child.

### ■ **Step Five: Post-Placement monitoring**

The Department or accredited Foster Care Agency does on-going monitoring of the child in foster care. The monitoring of the child in foster care should be guided by the child's Care Plan which should be reviewed at least every six months with the child, the foster parent, Department/Foster Care Agency and/or the child's biological family. The foster care placement should be reviewed annually.

### ■ **Step Six: Supervision**

Social Welfare Officers should identify community leaders with high moral standards who will support the Department in the supervision of the progress of the Foster child and the foster family. Supervision is an activity undertaken to ensure that we protect a child from neglect, abuse, violence, more harm and to guarantee a wholesome development of the child.

### ■ **Step Seven: Reunification, long-term foster care arrangement or adoption of child**

Foster care is not meant to be a permanent care solution for the child, but a temporary measure while a more permanent care arrangement can be found; ideally reunification with parents or extended family, and adoption as a last resort. A foster care placement can be as brief as an overnight stay to a few months, and in some cases a few years when reunification with family is not possible.

- Allow time for questions.

## Session 5: Rights and responsibilities of children in foster care

### Learning Outcome:

Participants will know the rights and responsibilities of children, foster parents and biological families in foster care.

**Duration:** 45 minutes

### Training Materials:

- Child Protection Toolkit – Maize Plant Exercise Cards
- Foster Parent Handbooks – Children’s Rights and Responsibilities

### Facilitator Preparation:

- Familiarise yourself with the content of this session.

### Facilitator Action:

#### Maize plant exercise

- Show the pictures of the maize plant with a baby in it as the maize fruit and pictures of a mother, father, brother, sister, extended family to the family members and ask them to describe what they see in the pictures.
- With the picture of the child in the maize plant placed in the middle, ask the members:

#### What does a maize plant need to grow?

- Continue the discussion by drawing the attention of the participants to the fact that the child is the maize plant with the family members. Inform them that **“now we are going to look at what a child needs to grow into a strong adult”** and as they mention the needs let them look through the rest of the picture cards and identify which picture corresponds to the need mentioned/identified. Ask them to think about their own child, or a child in their family while they are doing this exercise.
- A house representing -Physical/survival needs (including food, water, shelter)
- A school representing - Intellectual needs (education)
- A heart that is smiling representing - Emotional needs (love and care)
- Smiling people embracing the child representing - Social (sense of belonging to a family or community)
- Church/Mosque with Pastor/Imam representing - Spiritual needs (belief in a higher being)
- A parent crossing street with the child representing - need for protection (sense of security in the environment)
- A child being listened to in a family discussion representing - the need for child participation (being allowed to contribute to decisions that concern them).
- Show them the pictures of the family/people and the picture of money (to be used to group the needs of children into either needing money or people). In determining the cost of meeting the needs of children identified, ask the members present to indicate which of these needs can be met with or without money by letting them group the pictures representing the needs under money or people.

- Count the number of needs that can be met by people, and those that can be met by money. Usually, this exercise will show that PEOPLE are more important than MONEY in meeting the needs of children. Point out that some needs of children require both people and money, but the most important needs (like love, play, trust, protection and a sense of belonging) can be given by families and communities without needing any additional resources.
- Then ask participants: “do you think a child in foster care has the same needs as the maize plan child?” Explore whether they think they have any additional needs.
- § Wrap-up the exercise by explaining that all children, including children in foster care, are like maize plants, they need to be cared for and if you take good care of your maize, you will have strong plants and a good harvest. It is the same with children in foster care, **if you look after them**, they will grow strong. Our harvest as foster parents is the next generation of children who will grow up to respond to any challenge as well as help the community.

*Foster Care Regulations/ Children’s Act, 1998 (Act 560), Children’s (Amendment) Act (Act 937) – Children’s Rights and Responsibilities*

- Explain that in the laws of Ghana, children in foster care, foster parents and biological parents have rights and responsibilities. Children’s rights and responsibilities are closely tied to their rights in the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC).

Divide participants into small groups. Ask participants to read the *Rights and Responsibilities of Children in Foster Care* in their handbooks (**see Box below**) and then discuss the following questions.

- » Is there anything surprising about these rights and responsibilities?
- » How will you ensure that the child’s rights are respected and upheld?
- » How will you support the child to fulfill his/her responsibilities?
- Allow 20 minutes for discussion in the small groups, then ask for feedback to plenary and address any questions that may arise. To save time, ask one group to give feedback on one right and one responsibility. Other groups can give input if they have a different view.
- **A key point to make regarding the child’s responsibilities** is that the fulfillment of children’s rights is not dependent on them meeting their responsibilities. For example, a child’s right to health can’t be denied because he was disrespectful; the right to education can’t be denied because the child didn’t do his homework. Rather, it is the role of the foster parent to understand why the child is not fulfilling his responsibilities and assist the child to do so.

CHILD IN FOSTER CARE	
RIGHTS	RESPONSIBILITIES
Children in foster care have the same human rights as any other child in Ghana.	Children in foster care have the same responsibilities as any other child in Ghana, including respecting the rights of others.
<b>SURVIVAL</b>	
<ul style="list-style-type: none"> <li>▪ Right to life.</li> <li>▪ Right to be provided with the necessities of life that are most basic to existence, these include an adequate living standard, shelter, nutrition, clean water and access to medical services</li> </ul>	
<b>DEVELOPMENT</b>	
<ul style="list-style-type: none"> <li>▪ Right to education</li> <li>▪ Right to play and leisure</li> <li>▪ Right to privacy</li> <li>▪ Right to cultural activities</li> <li>▪ Right to access to information</li> <li>▪ Right to freedom of thought, conscience and religion.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Responsibility to comply with support and education requirements</li> <li>▪ Responsibility to participate in household activities and chores</li> </ul>
<b>PROTECTION</b>	
<ul style="list-style-type: none"> <li>▪ Right to protection from all forms of child violence, abuse, neglect, exploitation and cruelty.</li> <li>▪ Right to being treated with personal dignity and respect.</li> <li>▪ Right to not be discriminated against.</li> <li>▪ Right to a family of his/her own.</li> <li>▪ Right to be considered a family member of the foster family.</li> <li>▪ Right to maintain contact with the parents, guardians or relatives unless otherwise ordered by the court.</li> </ul>	
<b>PARTICIPATION</b>	
<ul style="list-style-type: none"> <li>▪ Right to express opinions and be heard on matters affecting their social, economic, religious, cultural and political life, and the freedom of association. Progressively engaging in these rights as they mature, prepares children for playing an active role in society.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Responsibility to participate in the development of the Care Plan and decisions made about his/her placement and comply with the agreements reached.</li> </ul>

**Additional facilitator content:**

The preamble of the UNCRC clearly states ...*“every child has a right to a family of her/his own”*. This is the basis of the UNCRC. Children without a family are at risk of neglect and abuse. As much as we strive to create “family-like” care with orphanages and large group homes, nothing can constitute a family except a family itself. Family allows children the optimal opportunity to learn and to grow. When a child does not have a strong attachment, the child is left unprotected and vulnerable. Foster care provides a family-based setting for children whose biological family is unable or unwilling to care for them.

## Session 6: Rights and responsibilities of foster parents and biological parents

### Learning Outcome:

Participants will know the rights and responsibilities of foster parents and biological families in foster care.

**Duration:** 40 minutes

### Materials:

- Participant Handbooks – Rights and Responsibilities of Foster Parents and Biological Parents

### Facilitator Preparation:

- Familiarise yourself with the content of this session.

### Facilitator Action:

#### Rights and responsibilities of foster parents (30 minutes)

- Start the session by explaining that the purpose of the previous maize plant exercise was to help participants state and describe what all children need, including those in foster care, for their proper development (psychological and emotional), and to understand that these needs are the responsibility of the foster parent family to help provide a safe and protective environment for the children. These needs are also directly linked to the rights of all children, including children in foster care.
- Explain that in Ghana law, foster parents and biological parents, like children in foster care, also have rights and responsibilities.
- Ask participants to form small groups and read the *Rights and Responsibilities of Foster Parents* in their Handbooks and discuss the following questions:
- Is there anything surprising about these rights and responsibilities?
- Is there anything that you don't understand and need more explanation on?
- Allow 20 minutes for discussion in the small groups, then ask for feedback to plenary and address any questions that may arise.
- Explain that underpinning all the foster parents' responsibilities is an expectation of ethical behaviour towards the child and his/her parents, guardians or family. One of the key ethical issues is **maintaining confidentiality**. Maintaining confidentiality is an important part of treating a child in foster care with personal dignity and respect.

### Unpacking Confidentiality

- Ask participants: *think for a moment of a secret that you would only share with certain people. Now imagine that this secret is suddenly shared with multiple people that you have not chosen to tell. You would probably feel betrayed, scared, and angry. This is exactly how children and birth parents in foster care feel when their confidentiality is violated.*
- Explain that foster parents must respect the confidentiality of foster children and their families, which means sharing details about a child or their family with only those who need to know the information and who have been authorized to receive it. Read out the following examples given by former foster children about how their confidentiality was violated.
- "My foster mom told me one day, 'your biological mother sent you a letter, so I opened it and this is what she had to say.'"
- "My foster mom told me, 'I read your diary. I didn't know you hate this place; you shouldn't leave it in the open for me to read.'"
- "I was at the store with my foster dad. A friend of my foster dad came up and asked who I was, and my foster dad said, 'This is my foster kid, Johnny.' The friend said, 'Ohhhh you're Johnny, I've heard all about you.'"
- Ask participants, "How do you think these children felt when their confidentiality was violated?" and "How could your relationship with the child and their family benefit by respecting their confidentiality?" Record their ideas on the flip chart.

### FOSTER PARENT

RIGHTS:	RESPONSIBILITIES:
<ul style="list-style-type: none"> <li>■ Be treated with personal dignity and respect</li> <li>■ Be considered first as a family with all attendant parental rights towards the child and second as a service provider</li> <li>■ Become affiliated with or form a foster parent association</li> </ul>	<ul style="list-style-type: none"> <li>■ Nurture, care clothe, educate, continually supervise and assist the foster child to obtain life skills and experiences suited to the child's developmental needs.</li> <li>■ Ensure the child is provided with meals that are nutritionally balanced and that special dietary provisions in the Care Plan are met.</li> <li>■ Make sure the child is registered with the National Health Insurance Scheme and receives medical attention when sick, including providing initial basic care at home</li> <li>■ Use constructive alternative methods of discipline (positive discipline methods) while avoiding the use of corporal punishment, deprivation of meals or monetary allowances, threat or removal or any type of degrading or humiliating forms of punishment.</li> <li>■ Provide reproductive health education to the child</li> <li>■ Support the spiritual development of the child in accordance with the wishes of the child</li> <li>■ Work towards the reunification of the child with the parent, guardian or relative</li> <li>■ Encourage the return of the child to the family as indicated in the Care Plan</li> <li>■ Inform the parent, guardian or relative about significant events or developments in the life of the child.</li> <li>■ Reporting to the Department as required. This includes immediately informing the Department of significant changes in the emotional, personality, health, behaviour or physical development of the child or the ascendance, injury or death of a child in foster care.</li> <li>■ Respect and keep confidential information given by the Department/Agency about the child and his/her parents, guardian or relatives.</li> </ul>

## Rights and responsibilities of biological parents (20 minutes)

- Ask the group what they think are the rights and responsibilities are biological parents of children in foster care.
- In plenary read out the *Rights and Responsibilities of Biological Parents* (see Box below). Summarise by stating that biological parents have responsibilities to enhance their parenting capacities in order to demonstrate to the Court that they can care for their child in a safe and acceptable manner. Biological parents must also work together with DSW, the Foster Care Agency and foster parents, if applicable. The goal of foster care is to reunify the child with his or her biological parents or family.
- Remind participants that as foster parents they are acting as a **temporary parent**, not replacing the child’s parents. They must be prepared to share this responsibility. This means working together with the child’s parents to help achieve the goals for the child and the family. Think of shared parenting as a bridge that gets built as you work together with the child’s family.
- **Allow time for questions.**

BIOLOGICAL PARENT, GUARDIAN OR RELATIVE OF FOSTER CHILD	
RIGHTS:	RESPONSIBILITIES:
<ul style="list-style-type: none"> <li>▪ Right to maintain contact with the child based on agreed schedules (unless otherwise ordered by the court)</li> <li>▪ Right to maintain a particular identity, ethno-cultural heritage, language, tradition and a religious or spiritual belief.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide financial and material support for the maintenance of the child in foster care as per the court agreement</li> <li>▪ Maintain contact and scheduled visits with the child (unless otherwise ordered by the court)</li> <li>▪ Work to actively resolve a family conflict</li> <li>▪ Work towards reunifying the child with the parent, guardian or relative.</li> <li>▪ Comply with any agreements in the Care Plan</li> </ul>

Highlight the following key points:

- » Children in foster care have the same rights and daily needs that are **exactly like other children their age**, including education, health care, hair and skin care, religion, recreation, life skills, and safety. The responsibility of foster parents is to care for the child as they would their own child.
- » In addition to parenting, foster parents are required to be actively involved in the foster child’s case management team with the Department and/or the Foster Care Agency. The foster parent should follow up with the Department to ensure that the child has a Care Plan, that is reviewed periodically and the reintegration back to family is ongoing. The foster parent must also make sure that the child participates in the Care Plan and all decision regarding him/her, and that these decisions are in his/her best interest
- » Foster parents are not expected to take on the care of the child all on its own. The Department of Social Welfare and/or foster care agency is there to provide assistance and guidance. The child’s biological parents also have a role to play under the guidance of DSW/foster care agency.
- Emphasize that the goal of foster care is to return the child to his/her biological family as soon as possible and foster parents play a key role in supporting the Department and the biological family to achieve this goal.

## Session 7: Role of the Department of Social Welfare

### Learning Outcome:

Participants will understand the role of the Department/Foster Care Agency in supporting children in foster care, foster parents and biological parents

**Duration:** 40 minutes

### Materials:

- **Participant Handbook** – Foster Care Agreement (Form 7) and Placement Agreement (Form 9).

### Facilitator Preparation:

- Familiarise yourself with the content of this session including the content of the Foster Care Agreement (Form 7) and Placement Agreement (Form 9).

### Facilitator Action:

- Refer to the previous session, which described the steps in identifying and placing children in foster care. Remind participants that the Department is responsible for and is involved in all these steps and is the main institution responsible for ensuring the well-being of the child while she or he is in foster care.
- Emphasize that foster parents are not expected to take on the responsibility for care on their own. Foster care is a team effort involving the foster parent, the Department and Foster Care Agency (where applicable) and the biological parent/family. In addition to their responsibilities in relation to children, the Department is responsible for the recruitment, assessment, training, matching, placement, support and retention of foster parents.
- Ask participants to return to their small buzz groups and read the second section of the **Foster Care Agreement** (Foster Care Regulations – Form 7) and the second section of the **Placement Form** (Foster Care Regulations – Form 9), which covers the role of the Department of Social Welfare. Allow 30 minutes for this discussion. Where possible assign one Departmental official/Foster Care Agency worker to each small group to clarify issues and answer any questions directly in the small group.
- After the small group discussions, ask participants if there are any burning questions they may have about the role of the Department and clarify in plenary.
- It is likely that some participants will ask about materials and/or financial support. Currently the Department's position is that no financial support will be provided but in certain cases, the Department/Foster Care Agency will try to secure material support for health care costs (especially in the case of children with disabilities) and educational costs (schools fees, uniform).

## Monitoring visits and placement review

- Explain that the Foster Care Regulations require the Department/Foster Care Agency social worker to visit the foster family once a month for the first three months after placement, and thereafter every three months. Once a year there should be a review of the placement, involving the foster parent, child and biological family where applicable. Mention that these monitoring visits are **meant to be supportive of the foster parent**, providing an opportunity for the foster parent, his/her family and the child in foster care to talk openly about the placement,
- **Supervision**

Social Welfare Officers should identify community leaders with high moral standards who will support the Department in the supervision of the progress of the Foster child and the foster family. Supervision is an activity undertaken to ensure that we protect a child from neglect, abuse, violence, more harm and to guarantee a wholesome development of the child.

- Allow time for comments and questions.



# MODULE THREE: CARING FOR CHILDREN IN FOSTER CARE (6HRS 30 MIN)

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This Module provides information on different aspects of caring for children in foster care. Some of what is covered in this module is really just about parenting, but with considerations for the unique background and experiences of children in foster care. The Module addresses the developmental needs of children in foster care and red flags to watch for in children's development. It also addresses the special needs of children in relation to establishing healthy attachments, dealing with grief and loss and trauma. Positive discipline practices are also addressed.

## Session 1: Developmental needs of children in foster care

### Learning Outcome:

Participants will have a basic understanding of the developmental needs of children in foster care and their role as foster parents in supporting the child's healthy development.

**Duration:** 90 minutes

### Materials:

- Developmental Ladder from the Child Protection Toolkit

### Facilitator Preparation:

- Familiarise yourself with the content on children's developmental stages (see Box below), to supplement the discussion on the Developmental Ladder and information in the Box on Developmental "Red Flags" in children's development.

### Facilitator Action:

#### Introducing the session

- Explain that this session will focus on the developmental stages and needs of children at each stage. Children in foster care go through the same developmental stages and have the same needs but their development can be affected by being abused or neglected and by being placed into foster care. There are a few "red flags" that foster parents should be aware of so that they can bring this to the attention of the child's social worker.

#### The Developmental Ladder

- Explain that children at certain age groups display certain behaviours as part of their development and knowing and understanding these aged linked behaviours will help parents and caregivers be able to handle the children in a way that will help them feel safe and protected in the home.
- Introduce the exercise by explaining that we will start to look at the different stages of child development and their needs. Children, whatever their age, need care and protection if they are

to reach their full potential as adults. Raising children is not an easy task and is often challenging. Many of us learn how to parent from our parents or those who raised us and have continued to use methods of parenting that we have seen practised in our communities over time. In this session, we will start to explore child development and also look at how we as parents and caregivers respond to common problems and needs.

- Put the picture of a ladder with the 8 stages of the child's development as the steps on the ladder (starting from 0-6 months, 6-12 months, -2 years, 2-3 years, 3-5 years, 5-9 years, 9-13 years and 14-18 years) on the mat on the floor in venue or hang it on the wall.
- Give the 8 cards with pictures of children in the 8 age brackets to the participants to match each of the 8 pictures with the age bracket on the ladder.
- After the discussion, give out the other 8 picture cards with the processes, some of the common physical features they depict, the common behaviours at the various stages as well as what they need to develop at each of the stages and ask them to match them with the age brackets on the ladder (you may have to read and explain each if the participants are not literate to help them do the matching appropriately). **Refer to Additional Information on Child Development in the**



Box below to supplement this discussion.

## STAGES OF CHILD DEVELOPMENT

There are many aspects to child development including

- Physical
- Emotional
- Cognitive
- Social
- Spiritual or moral development is another important area that can fit into all the other categories and can have powerful impact in a person's life. Integrate as appropriate.

All of these components work together to form the child's full development. Feelings and self-esteem are a large part of child well-being. For example, a child can be from a wealthy family but feel insecure and unloved. Likewise, poorer families can be very loving toward children and raise them to meet their potential.

Consider, for example, Nelson Mandela. Mandela was one of 12 children in his family, and lived a typical rural, poor African childhood (herding cattle, learning stick fighting, etc.). However, after Mandela's father died, a local chief took Mandela under his wing and provided support and mentorship. This ended up being critical to Mandela's success. Even though Mandela came from a humble background, he became a highly respected leader as a result of the support he received. This is just one example of how looking at all aspects of a child's situation is important.

### Infancy (0-1 year old)

The infant stage of development typically includes the first year of a child's life. During the first year of the child's life, she will go from being newborn who has little motor control to an on-the-verge-of-toddling baby. This first stage of child development includes rapid physical growth that supports her new abilities. Major milestones include rolling over at roughly 4 to 6 months, sitting up unassisted by 6 months old and crawling or even walking by 12 months. During the first three months, a newborn develops basic skills such as recognizing faces -- especially caregivers -- and using sounds such as crying to alert caregivers about her needs. By the end of the infant stage, children also have the fine motor, or hand, skills to use a pincer grasp, pick up and put down small objects and make attempts to scribble with a crayon or other writing tools. You will also notice, as the child reaches between 4 and 6 months, that she will begin to purposefully babble and laugh or squeal with emotion. By 12 months old, an infant may also have the ability to say simple words, such as "mama," and understand a limited vocabulary of basics, such as "no."

In Erik Erikson's theory, this stage is labeled "trust vs. mistrust." In this stage, the infant is focused on the primary caregiver, who is responsible for meeting basic needs. If the child is regularly fed, bathed and comforted, she learns a basic trust in the wider world. Withholding care or rejecting the child may lead to conflicts and mistrust.

## Encouraging Development in Infancy

In the infancy stage, some things you can do to help your child grow and develop include: playing with building blocks; playing peek-a-boo (or any interactive game); encouraging movement like rolling and crawling; and describing to your child what you are doing through conversation.

It is important to remember that caregivers for infants introduce the child to the world through touch, embrace, smile/facial expressions and the way they speak to the child.

**Ask participants:** *What are some things you can do to encourage development in infancy? What are some local games, songs or activities that are used with infants?*

## Toddlers (1-3 years old)

While the child technically becomes a toddler when she begins walking, or toddling around, most early childhood professionals consider from 1- to 3-years-old as the age range for this stage.

Between 1 and 3 years old, the child is making major strides toward independence. During the toddler stage, children are up on their feet walking and running. By 24 months, most children can kick a ball, walk up and down stairs with help and carry objects while moving. Toddlers can also scribble (making marks that they see as real objects), build block towers and start to feed themselves. Language and communication skills sharply increase at this stage, with the typical 2 year old understanding between 500 and 700 words and speaking well over 500 words. Toddlers are also beginning to understand the idea of friendship and playing with peers. Socially and emotionally, toddlers are immature. It is normal for them to display little self-control and an unsophisticated style when playing with peers. For example, it isn't uncommon for a toddler to hit or yell when asked to share a toy with another child.

This stage is called "Autonomy vs. Shame and Doubt" in Erikson's theory. In this phase, the child is learning to control basic functions, such as toileting, as well as learning to make simple choices such as what to eat or what to wear. This is the age of the "terrible twos," when some children seem willful and irritable. Children who are encouraged to act within safe boundaries develop a healthy sense of autonomy, while those who are over-controlled or punished for their explorations may become fearful and begin to question their own judgment.

## Encouraging Development in Toddlers

In the toddler stage, some things you can do to help your child grow and develop include playing with puzzles that have big pieces, playing with shape sorters, talking through problems while offering solutions and guidance, explaining rules and consequences clearly and frequently, encouraging walking or running, bouncing a ball with your child, and playing with chalk.

Children in the toddler stage can often be labeled as "naughty" or "disobedient" due to their testing of rules and boundaries as a way of learning. It is important at this stage to separate the behavior from the child and approach "naughty" behavior as an opportunity to recognize that the child wants to try new things, and as an opportunity to teach the child appropriate limits to their actions (for example, you cannot color on the wall, but you can color on paper).

**Ask participants:** *What are some things you can do to encourage development in toddlers? What are some local games, songs or activities that are used with toddlers?*

## Preschool (3-5 years old)

The ages between 3 and 5 are typically known as the preschool stage. By age 4, most children can move well, hopping and standing on one foot, kicking a soft ball with ease and even throwing a ball overhand. By 5 years old, children may even climb on play equipment, somersault, and skip. Additionally, the preschooler's growing fine motor and cognitive skills allow her to draw geometric shapes, patterns and human figures and write some letters of the alphabet. Emotionally, the preschooler is building greater capacity for self-regulation and has the ability to verbally express what she is feeling instead of only using gestures or physical aggression. Preschoolers develop a more sophisticated social and emotional awareness than their younger counterparts, and often exhibit self-control behaviors, the desire to play well with others, the ability to negotiate conflict, and even form the beginnings of empathy.

The Erikson stage "Autonomy vs. Shame and Doubt" continues in the preschool years, but looks different than when the child is a toddler. Kids aged 3 to 5 are often intensely curious about their surroundings, as well as highly imaginative. They begin to take charge of their own leisure time, often inventing creative games and a rich fantasy life. Children who are stifled or dismissed tend to develop feelings of helplessness, and may feel guilty or embarrassed about their growing independence.

### Encouraging Development in Preschoolers

In the preschool stage, some things you can do to help your child grow and develop include: doing more complex puzzles; drawing pictures with some detail (recognizable shapes); playing matching or sorting games; talking through problems and solutions; acting out situations and role playing; practising sports; encouraging active play like running, jumping or climbing; and offering affection regularly even if the child does not ask for it.

Imagination and play takes on an important role at this stage. When given encouragement and the freedom to explore and play, a child's sense of initiative is reinforced. Sometimes this "initiative" can come out in less than desirable ways (cutting their own hair for example). As a result, it is important for caregivers to differentiate exploring and learning from being defiant and acting out.

**Ask participants:** *What are some things you can do to encourage development in preschoolers? What are some local games, songs or activities that are used with preschoolers?*

## Middle Childhood (6- 12 years old)

The period of time from approximately age 6 through early adolescence (around 12), is typically known as middle childhood. During the early primary school years, children may still rely on caregivers to meet their emotional and social needs. As the child moves through these years toward adolescence, peers play larger and more important roles in the child's life. Physically, the primary school child has the gross motor abilities to tackle new forms of movement, such as sports or dance, as well as fine motor skills that allow for realistic drawing and writing of the alphabet. Primary school-aged children are also taking on more of an academic role and are learning educational basics that they will use throughout their life, such as mathematics, language, writing and science.

Erikson labeled this stage as "Industry vs. Inferiority." Children face new and increasingly demanding requirements in both schoolwork and social situations. This stage focuses on the child's growing need to feel efficient and competent. Kids who successfully navigate these challenges develop a strong sense of self-confidence, while those who fail may feel inferior and lose self-esteem.

## Encouraging Development in Middle Childhood

In this stage, some things you can do to help your child grow and develop include: giving them complex problems to solve (stories that need a solution, maths problems, etc.); doing crafts or teaching them to make something with supplies; encouraging them to create more complex and realistic drawings; playing complex sports games with rules and concepts; playing board games or other thinking-type games; playing with cards; letting the child play music, dance, and sing; encouraging the child to develop academic skills; and being open to helping the child solve problems that come up in their relationships.

During school and other social activities, children receive attention and praise for performing various tasks (academic, art, sports, music). However, every child will not be good at every task. Identifying and celebrating what a child is good at, while normalizing the fact that a person cannot be good at everything is very important!

**Ask participants:** *What are some things you can do to encourage development in middle childhood? What are some local games, songs or activities that children participate in during middle childhood?*

## Adolescence (12 – 18 years old)

The teen years mark a major departure in development, as the child begins to look and act more like an adult than a child. During the beginning of adolescence, children go through a set of physical changes known as puberty. This includes the onset of menstruation, developing body hair, and - in boys - a voice change. Teens typically strive to become more independent and often focus more on friendships and romantic relationships than on their immediate family. Additionally, adolescents may look toward their adult futures and investigate a potential profession through education or jobs.

For Erikson, this is the last stage of childhood and is labeled "Identity vs. Role Confusion." At this age, children are increasingly focused on developing an independent identity and a strong sense of self. They are concerned about how they appear to others and where they fit in, and may pay more attention to peer group feedback than advice from their parents. It is normal for teens to try on different personalities and ways of behaving. Kids who successfully make their way through this phase develop a strong understanding of themselves that increases self-confidence and helps them make reasoned choices as adults.

## Encouraging Development in Adolescents

During the adolescent stage, some things you can do to encourage growth and development include: helping teens answer questions about themselves, their body, their relationships, and their future; helping the teen sort through their own personal beliefs on real world topics; being open for discussion; encouraging proper hygiene; and teaching skills necessary in adulthood.

Each adolescent goes through a time of crisis as they try to figure out who they are and where they are going in life. Those who receive support, encouragement, and reinforcement through their personal exploration time (their time of crisis) will come out of adolescence with a strong sense of self (who they are) and a feeling of independence (they are able to face life's challenges).

The foster parents should ensure that the child/youth is provided with age-appropriate information on the physical changes that occur as the child/youth matures and should be taught hygienic practices related to the physiological changes. Youth should be encouraged to abstain from early sexual activity and should be provided with information about other birth control methods and sexually transmitted diseases.

If the child is pregnant, the foster parent should ensure that she discusses available options with the physician and social worker.

**Ask participants:** *What are some things you can do to encourage development in adolescents? What are some local games or activities that adolescents participate in?*

## Development in a Foster Child

- Explain that while the session has gone over in detail what is “normal” development at various stages of childhood, participants should be aware that when a foster child first enters their home, many of them will NOT be at a developmentally appropriate level for a variety of reasons.
- Explain that one of the major challenges foster parents have is helping their child reach his or her full potential based on the developmental level where the child is. Some research has found that for every month a child is in an institution (orphanage) that child needs 3 months to “catch up” in development. That means that a child who has been in an institution for 12 months will need three years to catch up in his or her development! As a foster parent, you can use activities that we described to help growth and development in the child and remember to meet the child where he or she is in their own developmental path.
- Refer back to the developmental chart and ask participants what they think would be “**red flags**” of **delayed development** in How would they respond? When would they call in the social worker? Doctor? Supplement this discussion by referring to the **Red Flags in a Child’s Development** in the Box below.
- Explain that foster parents should discuss any concerns they may have with the child’s social worker so that a thorough assessment can be done and a plan put in place to address delays.



# “RED FLAGS” IN A CHILD’S DEVELOPMENT

## For Toddlers (18 months – 3 years):

- » No two-word phrases by 24 months
- » Loss of speech or babbling or social skills
- » Not walking by 18 months
- » Not following simple directions by 24 months
- » Frequent falling and difficulty with stairs
- » Unable to communicate with short phrases
- » Not participating in “pretend play”
- » Little interest in other children
- » Extreme difficulty separating from mother

## For Pre-schoolers (3 years – 6 years):

- » Loss of speech or babbling or social skills
- » Asthma
- » Difficulty paying attention to activities that interest other children their age
- » Difficulty following simple instructions
- » Acts in impulsive, potentially dangerous ways without considering consequences
- » Seems to always be in a hurry
- » Sudden emotional outbursts that seem inappropriate
- » Persistent misbehavior after being told “no” multiple times

## For School -Age (6 years – 12 years):

- » Loss of speech or babbling or social skills
- » The following are common for most children when they are learning to read, but if the child is doing any of the following by age 7, discuss them with the child’s doctor/social worker:
- » Confusing the order of letters in words
- » Guessing words from seeing the first letter
- » Losing their place on the page
- » Struggling with each word
- » Reading very slowly and tiring easily from reading
- » Difficulties with learning and memory
- » Difficulties with interacting with other children

## For Adolescents (12 years – 18 years):

- » Loss of speech or babbling or social skills
- » Headaches or migraines
- » Sleep problems
- » Suicidal thoughts – difficult to discern unless the child talks to you about this
- » Depression – e.g. change in eating habits, disinterest in favourite activities, low mood
- » Alcohol and drug abuse – e.g. dramatic change in behaviour, loss of interest in school and other favourite activities

### **Ice-breaker: Mirror Game**

- Ask participants to each find a partner.
- One person is the “mirror. The other person makes a movement/action and the “mirror” has to copy it. Allow 2 minutes for one person to be the “mirror”, and then ask the pairs to swap.
- The facilitator and co-facilitators can decide which pair “mirrored” each other the best.
- Explain that this is a fun exercise that foster parents can also use with young children to help build healthy attachment.

## **Session 2: Special needs of children in foster care – Attachment<sup>2</sup>**

### **Learning Outcome:**

Participants will understand the concept of healthy and unhealthy attachment and their role as foster parents in supporting healthy attachments

**Duration:** 90 minutes

### **Materials:**

- Flip-Chart paper and pens

### **Facilitator Preparation:**

- Familiarise yourself with the content of the session.

### **Facilitator Action:**

#### **What is attachment?**

- Ask participants if they can share some ideas on what they think “Attachment” means in the context of childcare. Validate their inputs and complement with points from the Box below.

<sup>2</sup> Source: Judy Furnivall (2017) Attachment. Video. Future Learn. Caring for Vulnerable Children. University of Strathclyde <https://www.futurelearn.com/courses/vulnerable-children>

## What is Attachment?

Attachment is the bond that children develop with their primary caregivers in the first few years of life. This attachment is extremely influential on how the child relates to others, the nature of their relationships, and how they view themselves and, other people, and the world for the rest of their life. This is not to say that what happens in the first few years of life is totally deterministic of the child's outcome. There is the possibility that later experiences and the child's internal processes and personality can alter the effects that early attachment may have (in a positive or negative way).

Attachment theory is broadly seen as a theory of personality development arising out of John Bowlby's work on children's development.

Attachment theory is a way of understanding what happens between children, babies, particularly, and their parents. When a baby mammal is born, whether a baby cow, or a baby cat, or a baby human, they have to find a way to survive. And the only people, the only creatures that can help them to survive are the adults of that species.

A baby needs to have control over its adult carers and make them come when they need something. So whether they're tired, whether they're hungry, whether they got a dirty nappy, they need to be able to get the adults in their world to come and look after them. In the human world, something else happens in that relationship. .

Usually children will go through a protest phase when separated or not responded to: they cry, they are uncomfortable and difficult to soothe, they may reject the efforts of intimacy from their new foster parents. This is in fact a normal and healthy reaction: the child's attachment system is activated by the separation as it should in order to prevent further separation.

You can see a demonstration of this reaction in Dr. Ed Tronick's "Still Face Experiment". First, the mother is responsive and cooperative - then she is asked to make her face still. The infant immediately starts trying to get her attention, becomes desperate and finally cries. You can imagine how an infant with a mother who is not able to respond can experience states of excessive anxiety. Note: If there is access to a projector and internet show the "Still Face Experiment": <https://www.youtube.com/watch?v=apzXGEbZht0>

## Classification of attachment styles

- Explain that the quality of relationships that children and adults have with other people, particularly those with whom there is an attachment relationship, will depend on the physical and emotional availability, sensitivity, responsiveness, reliability, and predictability of the other person:
- Attachment figures who are warm and attentive, create secure attachment relationships.
- Relationships that are inconsistent, cold or confusing increase levels of anxiety, producing attachments that feel less secure.

- Each adult attachment type leaves children needing to develop an internal working model of and psychological adjustment to the relationships in which they find themselves. Children develop different attachment styles/strategies, dependent upon their care giving experience.

These can be classified as:

- » Type A - Anxious avoidant
- » Type B - Secure
- » Type C - Anxious ambivalent
- » Type D - Disorganised

## Types of attachment styles/strategies

### **Type A, Anxious avoidant**

Distress/crying from the child leads to parental anger or rejection. The infant learns to inhibit distress and this keeps the infant safe and parent available. Older children may become compulsively compliant or caretaking. Children may become self-sufficient and avoid emotional closeness.

For infants aged 0 - 24 months, if another attachment figure is not offered after separation, or if caregivers don't respond to the child's crying, the child may give up crying and apparently become calm, indifferent and withdrawn. This is in fact a signal of danger: the activity of the attachment system may have stopped, but the child may be in a permanent state of grief and may respond less or not at all to care and efforts to offer intimacy and comfort. This can develop into a state of depression and withdrawal, where the child does not thrive or grow sufficiently. This reaction is common in children who have experienced many early changes in caregivers or attachment figures, and children who have received too little interaction in for example, orphanages or hospitals.

### **Type B, Secure**

Distress/crying from the child leads to prompt and reliable soothing. The infant is able to predict parental availability and sensitivity and they become secure and trusting - able to explore. Older children are able to express genuine feelings and learn easily. In addition, they are able to form close relationships, develop empathy and good self-esteem.

### **Type C, Anxious ambivalent**

Distress/crying from the child lead to an insensitive or unpredictable response. Infant learns to escalate arousal to ensure a response. Parent remains available but infant's distress is not soothed. The older child splits the affect - alternating between positive and negative effects in order to control the parent.

### **Type D, Disorganised**

Distress/crying from the child leads to a frightening parental response. The infant experiences unmanageable anxiety and confusion and is unable to develop a coherent strategy; they appear disorganised. This creates a dilemma for the infant in that the attachment figure who is needed to protect against danger is the source of the danger. Older children often become vulnerable and may require formal supports as a consequence of serious behavioural, emotional and cognitive difficulties

Or, if the separation has been sudden and very shocking – perhaps the infant may have been taken away by authorities and police while the parents were crying and fighting – the infant may develop a general state of stress and separation anxiety. Perhaps the infant’s attachment system has become much too sensible and “hyperactive” due to one or more early shocks. So, every time you leave the room or just turn away, the child may be extremely afraid and panic, and need constant confirmation that you will stay where you are. Children who have become hypersensitive to separation may cling to you all the time, have major problems falling asleep and need reassurance and comforting for a long time even after a short and normal separation. This is a frequent problem in the first phase for children placed in foster care.

## **Supporting secure attachments in children**

- It is encouraging to note that potentially problematic attachment experiences are often successfully overcome by children and their families and secure attachments can develop. Ask participants to reflect on the following questions and discuss in plenary“

### **What does a baby or young child do that elicits a caregiving response from an adult?**

- In a baby: crying, clinging, sucking/feeding, smiling, babbling
- In a toddler: calling, greeting, following, playing, exploring and returning

### **What is required from the care giver or environment to enable secure attachment?**

- A loving warm relationship with a caregiver who is predictable and attuned to the individual child
- Stimulating interactions and environment
- Physical contact and soothing
- Attentiveness (looking, touching, playing, etc.)
- Recognising and giving meaning to the baby’s communication and finding the right pitch, tone and moment to respond whether with words, sounds or movement
- Verbal stimulation

### **What factors might impede the development of secure attachments?**

- Within the child: being premature, chronic illness, disability, irritability, difficult birth, difficult relationship with parent
- Within the parent or family: mental health problems, physical health problems, disability, history of poor parenting, family structure, family dynamics, loss, separations, abuse, neglect, stress, difficult relationship with child
- Within the environment: poverty and deprivation, social exclusion, persecution, disaster

## Attachment-based activities

- Children who are displaying problematic behaviors such as having difficulty managing their emotions, having aggressive behaviours, or who often act whiny or needy may benefit from **attachment-based activities**. Attachment-based activities are activities that enhance the attachment between the child and parent. If you are a parent (or foster parent) and your relationship with your child has been strained for any reason, if you and your child don't seem to be getting along very well, or if you simply want to strengthen the relationship between you and your child, attachment-based activities can help to do that. This is particularly true if the child has experienced challenges during the first few years of life. Attachment-based activities can also be helpful for children who may have experienced some trauma or even less severe stressful situations. These activities are even useful for well-behaving, happy children.
- Divide participants into pairs and ask them to do as many different attachment-based activities in the box below as equipment and comfort-zones permit. Where it is not possible to do the activity, ask partners to discuss how they would feel about doing this activity with a child in their care. Following the activities, ask participants to share how they felt doing these activities and whether they can identify any other similar (culturally relevant) attachment-based activities.



## **Examples of attachment-based activities <sup>3</sup>**

### **1. Playful Copycat (or Mirroring the Child)**

This activity does not necessarily require any physical items or toys. All it takes is having the parent and child both present and ready to interact with each other. The basic idea for this activity is to have the parent playfully copy what the child is doing, such as having the child begin by clapping his hands together and having the parent clap their hands in the same volume and speed as the child. When the child changes his style of clapping (such as louder or softer), the parent should imitate the child. Eye contact, smiles, and laughs are also helpful to promote a healthy relationship and repair or enhance attachment. Mirroring can also be done with other activities, such as jumping, playing with toys, or facial expressions.

### **2. Bean Bag Game**

Have the child place a bean bag or another soft toy that is fairly easy to balance on top of his head. Have the parent sit in front of the child and place her hands in front of her. The child is then directed to tip his head forward to try to get the bean bag in the parent's hands. The child should tip his head when the parent blinks her eyes. (This will promote eye contact.) Have the parent use as much eye contact as possible. Again, it is important for the parent and child to have fun with this activity. Laughter has been found to be healing and can help to repair and enhance a relationship. (activity adapted from Walton)

### **3. Piggy-Back Rides**

Piggy-back rides can help to strengthen parent-child relationships and repair or enhance attachment because they involve fun and physical closeness. When children are babies, they need plenty of physical contact with their parents. Babies thrive not only from being fed and kept physically safe, but also from feeling the comfort and security of having their parent close to them.

### **4. Lotion Massage**

Using lotion to massage a child's hands or feet can enhance attachment and strengthen a parent-child relationship. The massage can relax a person's physical body by reducing tension and bringing the brain into a less defensive state.

### **5. Brushing Hair**

Sometimes girls can be fussy about getting their hair brushed, especially if they have experienced pain from well-meaning parents brushing their hair too hard. However, allowing a daughter to gently brush her mother's hair and having a mother gently brush her daughter's hair can be an activity that can promote connection. This can be a calming activity that includes a sense of nurturing which connects to a person's internal experience of attachment and bonding.

## Session 3: Special needs of children in foster care – Grief and Loss

### Learning Outcome:

Participants will understand why and how children in foster care experience grief and loss and how to support them.

**Duration:** 60 minutes

### Materials:

- Flip-chart with “stages” of grief and loss.

### Facilitator Preparation:

- Familiarise yourself with the content of this session.
- Prepare a flip-chart with the six main “stages” of grief and loss:
  - » Shock and Denial
  - » Depression/Sadness
  - » Anger
  - » Acceptance
  - » Bargaining

### Facilitator Action:

- Start the session by explaining that children in foster care, whether they have been orphaned, abandoned, or separated from their families, have all experienced the trauma of separation and loss to some degree. When children **enter foster care or move out of foster care**, they experience a sense of loss, and must grieve that loss each time. Foster parents will also probably experience grief and loss when children leave their home. Everyone handles grief and loss differently. A child’s developmental level will affect how they handle their grief and separations from loved ones.
- Ask participants: ***How do you recognize a child who has an intense reaction to grief and loss? What does that look like?*** Some signs include:
  - » Irritability
  - » Anxiety
  - » Anger
  - » Suicidal thoughts (foster parent would only be aware of this if the child spoke about it).
  - » Eating problems
  - » Nightmares, sleep problems, or fatigue
  - » Hyperactivity
- As they deal with grief, children in foster care experience many emotional conflicts. Many children struggle with divided loyalty, as they care for both their birth family and their foster family. Children often feel that caring about their foster family diminishes their love for their birth family. Each time a child experiences a new loss, there is potential for a reactivation of a previous loss. It is not uncommon for a new placement to trigger feelings of a loss in the past, such as the death of a grandparent or losing friends when they started at a new school.
- These reactions to transitions are to be expected and it helps if foster parents understand that a likely reason for a change in behaviour or mood is transition related, and will pass. If foster parents or foster children are struggling, as always, it is important to reach out to the social worker for support.

## Stages of Grief and Loss

- Explain that there is a well-known theory of grief and loss (Kübler-Ross grief cycle) that outlines five main “stages” that a person goes through when experiencing a loss. Ask participants if they are familiar with these “stages”. Mention that Kübler-Ross never intended for the “stages” to delineate a rigid sequence of human feeling—life is messy, and emotional journeys aren’t linear. Still, it’s helpful to know what to expect and where we stand.<sup>3</sup>
- Put up the flip-chart with the six stages and briefly explain each stage:
  - » **Shock and Denial:** This is a good thing, a protective device; it is nature’s way of helping by giving a person time to come to terms with the impact of what has happened. What has happened is too painful to think about right now. “I can’t believe it”; “This can’t be happening.”
  - » **Anger:** People think it’s unfair or unjust that this loss could happen. People look for someone to blame: God, someone else, or themselves. “What have I done to deserve this?”; “God is unjust! All I have done in my life is to help others, and now this!”
  - » **Bargaining:** Did this happen because of something I did? Will everything go back to normal if I am good? Am I being punished for the mistakes I have made?
  - » **Depression/Sadness:** This stage includes an overwhelming sadness at the realization that things will never be the same again. I wish I had one more chance to see the person again and be able to say goodbye (if there has been a death). I wish I had a chance to apologize for upsetting them. I wish I had been able to enjoy the relationships or things that are gone. Will the person be forgotten if I stop being sad? Is it disloyal or disrespectful to be happy?
  - » **Acceptance:** Acceptance shows that new coping skills have been achieved. There is a realization that life needs to go on. There is a realization that you have to manage with what you currently have. Resolution involves a coming to terms with the new circumstances.

**Grief and Loss:** It is not always clear which stage of grief a person is in. Individuals can cycle back to previous stages and can go through a stage more than once. To go through all these stages, it usually takes at least a year and sometimes much longer. Often, normal grieving will “cycle back” to an earlier stage and it may seem like all the stages are repeated on an annual basis, only with less intensity each year. As a foster parent, it is important to recognize these cycles in your foster child and to understand how they can repeat.

- Divide participants into small groups and ask them to discuss the following questions:
  - » How does this fit with your own personal experience of grief and loss?
  - » How does this fit with experiences of the children with whom you have interacted?
  - » How does this fit with your experiences in your own family or in other families?
  - » What helped you to recover from your own personal experience of grief and loss?
- It is important to note that children can repeat the grief cycle or have very intense emotions when certain “triggers” of their loss come up. These triggers can include anniversaries, sights/ sounds/ smells that remind them of the loss, seeing people who may have been associated with the loss, etc. A child experiencing intense emotions after a trigger is normal but it is important to know how to help children cope with these intense emotions.

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<sup>3</sup> Source: Elizabeth Kübler-Ross Foundation. <http://www.ekrfoundation.org/five-stages-of-grief/>. Accessed 9 October 2017.

- Ask participants: *What kind of things do you think you could do to help children cope with grief and loss?* Some suggestions to add:
  - » Reassure grieving children that their feelings are OK.
  - » Enable children to perform culturally acceptable and age appropriate rituals and customs.
  - » Assure children that care and protection will be continued by other family members, friends, or other appropriate care givers.
  - » If children believe that they were somehow responsible for the loss in their life, explain exactly what happened and help them to understand it was no fault of theirs. This is very common, as children tend to be very “me” focused at various parts of their development, so they will often turn responsibility back upon themselves.
  - » Encourage children to express their grief.
  - » Encourage intergenerational support between relatives and non-relatives and children. Attachment is what is important, not necessarily blood relationships.
  - » Don’t assume that everyone grieves the same (i.e. like you!). There is wide variation in what is normal grief. Personality, religion, culture, social supports, etc. have impacts on behaviour. Allow the person the freedom to grieve in their own way.
- Remember - a child who comes into your care is **grieving**, and is dealing with a **major life adjustment** at the same time!



## Session 4: Special needs of children in foster care – Trauma

### Learning Outcome:

Participants will understand why and how children in foster care experience trauma and how to support them

**Duration:** 60 minutes

### Materials:

- Flip-chart and pens.

### Facilitator Preparation:

- Familiarise yourself with the content of the session.
- Prepare the flip-chart with the Three Main Elements of a Traumatic Event:
  - Threat to a person's life or body, or threat to someone of importance in a person's life
  - A person feels powerless, like there is nothing they can do to change the situation or event
  - The experience results in intense physical reactions

### Facilitator Action:

- Ask participants the question: What is a Traumatic Experience?
- Explain that a "traumatic" experience typically includes three main elements:
  - » Threat to a person's life or body, or threat to someone of importance in a person's life. This could include threat to a parent, sibling, grandparent, aunt, uncle, friends, neighbors, or the person themselves. Example: Child witnessing a fight between parents or witnessing a family member being killed. The experience creates a sense of terror and helplessness.
  - » A person feels powerless, like there is nothing they can do to change the situation or event. The person lacks control in the situation. Example: A child who is abused by an adult that they are dependent upon for housing and food or a parent watching a child get hit by a car.
  - » The experience results in intense physical reactions. Body goes into panic, fight, flight, or freeze mode. Reactions may include heart pounding, rapid breathing, trembling, dizziness, loss of bladder or bowel control, etc.
  - » Explain that trauma can have a major impact on all areas of a child's life, including: physical development, emotional development, social development, spiritual development, speech and language, cognitive processing, mental health, coping, and self-esteem, suicide risk - everything!

### Types of Trauma

- Ask participants to share what they think are different types of trauma. Write their responses onto flip-chart paper. Explain that experiences of abuse and neglect may be at the heart of trauma that children have to deal with. When thinking about abuse and neglect, we generally break them up into four separate categories, physical, sexual, emotional and neglect. Refer back to the inputs from participants and ask them to help you link them into the different categories. Provide clarity and additional inputs where needed. Refer to the **Box: Categories of Abuse and Neglect**.

## Categories Of Abuse And Neglect

**Physical Abuse** is defined as intentionally harming a child, including use of excessive force and/or reckless endangerment. Indicators include unexplained bruises, welts, and scars; injuries in various stages of healing; bite marks; unexplained burns; fractures; injuries not fitting explanation; internal damage or head injury

**Sexual Abuse** is defined as engaging a child in any activity for an adult's sexual gratification. Indicators include age-inappropriate sexual knowledge; sexual acting out; child disclosure of abuse; excessive masturbation; physical injury to genital area; pregnancy or Sexually Transmitted Diseases at a young age; torn/stained/bloody underclothing; feelings of depression, distress, or extreme fear.

**Emotional Abuse** is defined as the systematic diminishment of a child. It is designed to reduce a child's self-concept to the point where the child feels unworthy of respect, unworthy of friendship, and unworthy of love and protection - the natural birth right of all children. Indicators include habit disorders (thumb sucking, biting, rocking, bed wetting); conduct disorders (withdrawal or antisocial/aggressive behaviour); behaviour extremes; overly adaptive behavior; lags in emotional or intellectual development; low self-esteem; depression or suicide attempts.

**Neglect** is defined as the failure of a person responsible for the child's welfare to provide necessary food, care, clothing, shelter, or medical attention. Can also be failure to act when such failure interferes with a child's health and safety. Physical indicators include malnourishment; missed immunizations; lack of dental care; lack of supervision; consistent dirtiness; and/or constant fatigue/listlessness. Material indicators include insufficient/improper clothing; filthy living conditions; inadequate shelter; and/or insufficient food/poor nutrition.

- Any of the above categories is considered a type of "trauma." In addition to abuse and neglect, trauma can also include losing a birth parent or significant adult (suddenly or without explanation, especially if the child is too young to verbalize); moving from a family home to orphanage care (sudden adjustment to new routine or surroundings, possibly a new language also), and witnessing violence (domestic violence between parents, or violence within the community).
- Ask participants: *What kinds of trauma would you expect your foster child to have when they come into your home?*

### Trauma and the Child

- Problems resulting from trauma such as abuse and neglect can range from mild interpersonal discomfort to profound social and emotional problems. In general, the level of impairment is related to how early in life the trauma began, as well as its severity and duration.
- The key to understanding traumatized children is to remember that they will often be in a state of low-level fear, in which they are overly aware of their surroundings or are disconnecting completely.

**Example:** Imagine you are out walking and you suddenly encounter a snake on the path – your heart rate increases from the shock, you may be; upset, scared, anxious, frightened. Your body and your brain change to adapt to the situation you are in. This allows you to cope with and react to the trauma. When we are in this kind of state we are less able to think rationally, we are more likely to shout or be aggressive, we are more likely to cry or show emotion. This is all normal, as it is our mind and body's way of coping with an unusual situation.

- Trauma impacts (temporarily or permanently) a person's ability to cope, as well as affecting their self-concept.

### **Trauma-based Behaviours**

- As a result of traumatic experiences, we can expect that children are in a state of alarm (low level fear), and they may appear to be:
  - » Withdrawn (isolate themselves from others) and may lack trust in others;
  - » Sad (emotional or upset, tears);
  - » Anxious (appear to worry a lot);
  - » Unable to concentrate (may appear distant or seem to have poor memory);
  - » Defiant, aggressive, or defensive (easily agitated);
  - » They may avoid food or try to over eat as comfort;
  - » In extreme cases they may rock, head bang, become inconsolable easily;
  - » Suicide risk, - Briefly state what are the signs of these trauma
  - » Substance abuse - Briefly state what are the signs of these trauma
- **Remember:** When an event triggers a memory of the trauma, we may see sudden onset of any of the behaviors listed above. We should remember that these behaviors are a consequence of the physical impact of the trauma on the brain and are not a conscious choice. **TRAUMA CHANGES THE WAY THE BRAIN FUNCTIONS!** This is vital to understanding a child who has experienced trauma! Children who have experienced trauma do not think like those who have not experienced trauma; their brains are literally wired differently as a result of the trauma.

### **Helping Children who have a History of Trauma**

- Ask participants to provide some suggestions on how they would help children with a trauma history.
- Supplement their inputs with the guidelines in the Box below. Ask participants what they think about each suggestion and whether they would feel confident to put this into practice. Explain that many of these guidelines are good practice anyway in caring for children whether they are traumatised or not:

## Guidelines for caring for and supporting children with a trauma history

- **Don't be afraid to talk about the traumatic event.** Children do not benefit from "not thinking about it" or "putting it out of their minds." If a child senses that his/her caretakers are upset about the event, they will not bring it up. In the long run, this only makes the child's recovery more difficult. Don't bring it up on your own, but when the child brings it up, don't avoid discussion, listen to the child, answer questions, and provide comfort and support. We often have no good verbal explanations, but listening and not avoiding or over-reacting to the subject and then comforting the child will have a critical and long-lasting positive effect.
- **Provide a consistent, predictable pattern for the day.** Make sure the child knows the pattern. When the day includes new or different activities, tell the child beforehand and explain why this day's pattern is different. Don't underestimate how important it is for children to know that their caretakers are in control. It is frightening for traumatized children (who are sensitive to control) to sense that the people caring for them are themselves, disorganized, confused and anxious. There is no expectation of perfection, however, when caretakers are overwhelmed, irritable or anxious; simply help the child understand why, and that these reactions are normal and will pass.
- **Be nurturing, comforting, and affectionate, but be sure that this is in an appropriate "context."** For children traumatized by physical or sexual abuse, intimacy is often associated with confusion, pain, fear and abandonment. Providing hugs, kisses and other physical comfort to younger children is very important. A good working principle for this is to provide this for the child when he/she seeks it. When the child walks over and touches, return in kind. The child will want to be held or rocked — go ahead. On the other hand, try not to interrupt the child's play or other free activities by grabbing them and holding them. Do not tell or command them to 'give me a kiss' or 'give me a hug.' Abused children often take commands very seriously. It reinforces a very malignant association linking intimacy/physical comfort with power (which is inherent in a caretaking adult's command to 'hug me').
- **Discuss your expectations for behavior and your "style of discipline" with the child.** Make sure that there are clear rules, and consequences for breaking the rules. Make sure that both you and the child understand beforehand the specific consequences for compliant and non-compliant behaviours. Be consistent when applying consequences. Use flexibility in consequences to illustrate reason and understanding. Utilize positive reinforcement and rewards. Avoid physical discipline.
- **Talk with the child. Give them age-appropriate information.** The more the child knows about who, what, where, why and how the adult world works, the easier it is to 'make sense' of it. Unpredictability and the unknown are two things which will make a traumatized child more anxious, fearful, and therefore, more symptomatic. Without factual information, children (and adults) 'speculate' and fill in the empty spaces to make a complete story or explanation. In most cases, the child's fears and fantasies are much more frightening and disturbing than the truth. Tell the child the truth — even when it is emotionally difficult. If you don't know the answer yourself, tell the child. Honesty and openness will help the child develop trust.

- **Watch closely for signs of re-enactment** (e.g., in play, drawing, behaviours), avoidance (e.g., being withdrawn, daydreaming, avoiding other children) and physiological hyper-reactivity (e.g., anxiety, sleep problems, behavioural impulsivity). All traumatized children exhibit some combination of these symptoms in the acute post-traumatic period. Many exhibit these symptoms for years after the traumatic event. When you see these symptoms, it is likely that the child has had some reminder of the event, either through thoughts or experiences. Try to comfort and be tolerant of the child's emotional and behavioral problems. These symptoms will wax and wane, sometimes for no apparent reason. The best thing you can do is to keep some record of the behaviours and emotions you observe (keep a diary) and try to observe patterns in the behaviour.

- **Protect the child.** Do not hesitate to cut short or stop activities which are upsetting or re-traumatizing for the child. If you observe increased symptoms in a child that occur in a certain situation or following exposure to certain activities and so forth, avoid these activities. Try to restructure or limit activities that cause escalation of symptoms in the traumatized child.

- **Give the child "choices," and some sense of control.** When a child, particularly a traumatized child, feels that they do not have control of a situation, they will predictably get more upset and start to show negative behaviours. If a child is given some choice or some element of control in an activity or in an interaction with an adult, they will feel safer, comfortable and will be able to feel, think and act in a more 'mature' fashion. When a child is having difficulty with compliance, frame the 'consequence' as a choice for them: "You have a choice: you can choose to do what I have asked or you can choose something else, which you know is . . ." Again, this simple framing of the interaction with the child gives them some sense of control and can help defuse situations where the child feels out of control and therefore, anxious.

- **Be cautious of the trauma cycle.** It is very easy for parents and workers to fall into the cycle of the child's trauma- becoming the "rescuer" and "saving" the child. Playing this role without teaching the child proper skills to cope on their own puts you in "their" trauma cycle and makes you a part of it. Instead of taking on the saving role, teach the child skills to cope through offering choices and empowering the child to move beyond their trauma response.

- **If you have questions, ask for help.** These brief guidelines can only give you a broad framework for working with a traumatized child. Knowledge is power; the more informed you are, the more you understand the child, the better you can provide them with the support, nurturance and guidance they need.

## Session 5: Positive discipline – what it is and how to do it

### Learning Objective:

To provide participants with practical alternatives to violent or inappropriate forms of punishment or discipline of children in their care.

**Duration:** 90 minutes

### Materials:

- Flip chart, paper and pens

### Facilitator Preparation:

1. Familiarise yourself with the content of this session.
2. Write the three questions on discipline and punishment on flip-chart paper:
  - » What were your experiences of being disciplined or punished as a child?
  - » Which of these discipline practices did you experience as positive discipline methods?
  - » How have these childhood experiences influenced how you discipline or punish your own children/other children in your care?

### Facilitator Action:

#### Self-reflection exercise

1. Divide participants into buzz groups. Put up the flip-chart paper with the following 2 questions and ask participants to discuss:
  - » What were your experiences of being disciplined or punished as a child?
  - » Which of these discipline practices did you experience as positive discipline methods?
  - » How have these childhood experiences influenced how you discipline or punish your own children/other children in your care?
2. Allow 20 minutes for discussion and then ask groups to give feedback to plenary – put up two flip-charts and write their responses on the respective flip-charts. On one flip-chart capture responses that reflect **positive discipline practices** and on the other capture responses that reflect **corporal punishment or other forms of prohibited disciplinary practices**. To save time, after the first group has given feedback, ask subsequent groups to only mention new inputs and not repeat what has already been mentioned.
3. Explain that the UN Convention on the Rights of the Child (CRC), Children’s Act, **1998 (Act 560)**, **Children’s (Amendment) Act (Act 937)** guarantees children’s protection from all forms of violence, including physical punishment. It also recognizes children’s rights to respect and dignity. Parents and caregivers have the primary responsibility to ensure children’s safety and protection from all forms of harm. This includes protection from physical abuse or other prohibited forms of punishment. Many children experience physical abuse in the “disguised” form of discipline. All children need guidance and support while growing up. Because of their immaturity and inexperience, parents and caregivers have the responsibility to teach and guide them in their social interactions with others.
4. **Conclude** by saying that many of us experienced corporal punishment and other inappropriate forms

of discipline in our childhood years. Some of us may have used (and still use) these forms of discipline/punishment on our own children because they feel familiar; they are part of our life experiences; and are still, in many places, socially and culturally acceptable. All of these make it difficult to change how we discipline our own children and children in our care.

### **Note to facilitator on physical punishment**

Given the widespread use of corporal punishment, many participants may believe that children are learning good things from the punishment. They may think their punishments are logical consequences. They may say, "I was punished and I turned out fine." Yes, external motivators, such as physical punishment/corporal punishment can be effective if all you are interested in is stopping the behaviour right now through punishment, or temporary compliance through rewards. However, none of these parenting strategies help children develop "internal motivation" to develop the characteristics and life skills you want for them.

Participants might also refer to the biblical verse: *Spare the rod and spoil the child*. This can be countered by other biblical verses, which support listening to children and treating them respectfully. E.g. slavery as this was shown to be harmful to people; in the same way, corporal punishment has also been shown to be harmful to a child's healthy development.

### **What does discipline mean?**

5. Ask participants to share what they think "**discipline**" means.
6. Explain that the word discipline stems from the Latin word "**discipline**" which means "**teaching**", "**learning**". Parents, including foster parents, have the responsibility to discipline, "to teach", children. Children also have the responsibility to become self-disciplined, to learn, what behaviour are expected of them. Discipline does not have to be forced. It does not have to be violent or punitive. In fact, child development specialists and educators around the world are unanimous in their conclusion that positive discipline is far more effective in teaching and in instilling self-discipline in children, making them more ready to learn and mature.

## Prohibited discipline practices

7. Explain that there are some discipline practices that are prohibited and **foster parents may not use any of these methods**. Ask participants to share what they think are some of these prohibited discipline practices. Refer to the flip-chart with the earlier inputs from participants on Prohibited Behaviour Practices and add additional content on **Prohibited Disciplinary Practices for Children (see Box below)**.

### Prohibited Disciplinary Practices for Children - You Cannot:

- Use any form of physical discipline, which includes spanking or physical force of any kind.
- Physical restraint is only used to prevent likely injury to the child concerned or to others, or likely serious damage to property. Use physical restraint as a punishment, or a means to enforce compliance with instructions or in response to challenging behaviour which does not give rise to reasonable expectation of injury to someone or serious damage to property.
- Use food as a bribe to get children to conform to accepted behaviour or to show preference or as a punishment. Using food as a reward or as a punishment can undermine healthy eating habits that children need to learn. Giving sweets, chips, or soda as a reward often leads to children overeating foods that are high in sugar, fat, and empty calories. Worse, it interferes with their natural ability to regulate their eating. It also encourages them to eat when they're not hungry to reward themselves. Offering otherwise off-limits food as a reward or special treat is also confusing. Children hear that they're supposed to enjoy foods that are good for them and avoid foods with little nutritional value. Being told that they can indulge in foods that are unhealthy for them as a reward for doing something good sends a mixed message. They may also start associating unhealthy foods with certain moods—when you feel good about yourself, for instance, it's all right to reach for a sweet. <sup>5</sup>
- Withhold necessary clothing, rest, toilet use, or entrance into home.
- Ridicule a child for any bedwetting or lapses in toilet training.
- Apply any substance, which would cause a child to be burned (e.g. peppers).
- Confine the child to an area such as a closet or a locked room.
- Place any item in the child's mouth (soap, hot sauce).
- Use verbal abuse, threats, or make negative remarks about the child or his or her family.
- Deny necessary educational, medical, counselling or social work services.
- Withhold parental or sibling visitations that have been approved by the Department.
- Allow punishment by peers or siblings or other children in the home.
- Use any form of discipline that leaves a mark.
- Threaten a child with removal from your home.
- Force a child to participate in religious practices.

## What is positive discipline?

8. Ask participants to share what they think “**positive discipline**” is. Validate and clarify their responses by explaining what positive discipline is:
  - Non-violent
  - Solution-focused
  - Respectful
  - Focused on child development principles. Positive discipline brings together what we know about children’s healthy development, findings of research on effective parenting, and child rights principles.
  - Offers an alternative to physical punishment and it is far more effective in the long run.
  - An approach to parenting. It focuses on long-term goals (what do you want your child to become?) and is about providing warmth and providing structure. Positive discipline is something we can all learn.
  - Add that, positive discipline is not:
    - » Permissive parenting. Positive discipline is not letting the child do whatever he wants.
    - » Having no rules, limits or expectations. Positive discipline is not about short-term reactions or alternative punishment to slapping and hitting.

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4 Source: Why Parents Shouldn’t Use Food as Reward or Punishment, University of Rochester Medical Center: <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=160&ContentID=32>

## How to practice positive discipline with children: Role-plays

- Ask participants to divide into groups of four and come up with a role-play between a foster parent/s and foster child. Participants can think about discipline challenges they may have experienced with their own children or other children in their care. In the role-play, they should practice a prohibited discipline practice and then a positive discipline practice. Allow the groups 15 minutes for this exercise. Then, ask groups to volunteer to perform their role-plays to plenary.
- Ask participants to share any other ideas they may have on other positive discipline practices that could have been used. Refer to additional content on positive discipline practices (**refer to Positive Disciplinary Practices for Children in Box below**) for more practical examples.

### Positive Disciplinary Practices for Children - You Can:

- **Provide warmth:** In a warm family climate, children want to please their parents. Warmth encourages short-term cooperation and teaches long-term values. Examples:
  - » Showing children they are loved even when they do something wrong
  - » Reading to them
  - » Hugging them
  - » Comforting them when they are hurt or afraid
  - » Listening to them
  - » Looking at the situation from their point of view
  - » Praising them
  - » Playing with them
  - » Laughing with them
  - » Supporting them when facing challenges
  - » Telling them you believe in them
  - » Recognising their efforts and successes
  - » Having fun with them
- **Provide structure:** Structure helps the child learn what is important. It helps him to understand his/her mistakes and do what he/she can to fix them. It gives him/her the tools he/she needs to solve problems when you are not there. It shows him/her how to work out disagreements with other people in a constructive, non-violent way. Examples:
  - » Preparing them for difficult situations by telling them what to expect and how they can cope
  - » Discussing the rules with them and hearing their point of view
  - » Helping them find ways to fix their mistakes in a way that helps them to learn
  - » Teaching them about the effects of their actions on other people

» Talking with them often

- Separate the behaviour from the child - don't label the child.
- Give praise when children obey rules/instructions or when they do things well.
- Use natural and logical consequences e.g. if you come home late this will happen.
- Respond to situations rather than reacting. This includes being proactive rather than reactive and taking the context into consideration.
- Focus on the strengths of the inappropriate behaviour. For example, an overactive child could be engaged in dancing or karate
- Use routines and house rules to provide structure and predictability to the child's daily life and help children to feel safe and know what is expected of them. Explain the reasons behind the rules in your home and give the child an opportunity to ask questions. Children are more likely to respect the rules and expectations when they understand the reasons behind them.
- Practice what you preach. For example, if children in your care are not allowed to use foul language then neither should you.
- Be realistic in what you expect from children at different ages and don't punish them for things they cannot be expected to know or do.
- Be consistent in your expectations and follow through. If you say you're going to do something, do it. If not, explain you cannot do it.
- Try and use positive words about the children in your care. Naming, bad-mouthing and humiliation lead to lower self-esteem and can become self-fulfilling prophecies.
- Give consequences that fit the behaviour, and the age and developmental level of the child. For example, keep timescales to a minimum (one minute for every year of the child's life, so a 6-year-old should not have a punishment longer than six minutes); and bring the punishment to an end and move on. Or, if a child didn't clean his room, it would be more appropriate to tell the child that he cannot go play at the park before he cleans his room than to simply prohibit the child from playing at the park. In this case, your response is connected to the child's behaviour and will make more sense to the child.
- Encourage children to solve their own problems, including using a 'restorative justice' approach which aims to involve both 'victim' and 'offender' in meeting together to devise a plan on how to repair harm caused or relationships hurt. At the same time, plans to prevent future misbehaviour can also be developed.
- Negotiate a compromise. Think: 'How important is this? Does it affect the child's safety?'

- Use guidance and counselling methods, especially with older children. If needed, call on a senior member of staff or someone the child respects and ask this person to discuss the negative effects of the child's behaviour with him/her.
- Children learn by doing, so it might help to give the child a non-abusive task to perform, preferably one related to what s/he has done wrong. A child who has to fix, clean or tidy something that he or she has broken or dirtied is less likely to repeat that behaviour in future – but the task should be age and developmentally appropriate and children should not be made to perform domestic labour.

### Wrap-up the session

- Explain that in parenting, discipline is a fact of life, and foster parenting is no different. The reality is that foster parents will have to provide some discipline to the children in your home. The main thing to remember when disciplining children is that **discipline is meant to teach, not punish.**
- Providing discipline is not a way for you to get out your anger or frustrations, it is a way for the children in your home to learn about how their actions affect themselves and others. You will be best able to manage children's behaviour and to teach them how to better manage their behaviours if you first have a relationship with them. When children have a trusting relationship with you, they will care about your reactions to their behaviours and will care about how their actions affect those around them. However, if children do not have a trusting relationship with you, your reactions to their behaviours will probably have little effect on them.

**Positive discipline offers an alternative to physical punishment and it is far more effective in the long run**

# MODULE FOUR: KEY PHASES AND TRANSITIONS IN FOSTER CARE (2HRS)

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This module focuses on three key phases in foster care – pre-placement, placement and leaving care – and key transitions in foster care

## Session 1: Key phases in foster care

### Learning Objective:

Participants will understand key phases of foster care placements and how to respond to children's needs during these phases

**Duration:** 60 minutes

### Materials:

#### Facilitator Preparation:

- Familiarise yourself with the content of this session.
- Prepare a flip-chart with the three key phases in foster care placements:
  - » Pre-placement phase – this is before the child is placed in care.
  - » Placement – immediately after child is placed in care.
  - » Leaving care – usually reunification with family, could take place within days, months or years of placement.

### Facilitator Action:

#### Pre-placement phase

Start the session by reading the following sections of the **Foster Care Story**:

Kofi was born in 2006 to a mentally challenged mother. When Kofi was 4 years old his mother was admitted to a psychiatric hospital for treatment and, with family members either unwilling or unable to take care of him, was placed in Osu Children's Home where he lived for 2 years. During this time, his mother would sometimes escape from the psychiatric hospital and go to Osu Children's Home to see her son. There were fears that she may abduct or harm him and a decision was made to place Kofi in foster care in another Region for his own safety. Kofi's birth family were worried about being harassed by Kofi's biological mother and also thought it best for him to be in foster care for his own safety, rather than having him live with them.

The District Social Welfare Officer worked closely with Bethany Foster Care Agency to find a suitable foster parent and decided on Maa Maame Esi who lived in Kumasi, Ashanti Region. Maa Maame Esi is a qualified teacher and guidance counselor in her early 50's. Widowed a few years ago with three of her own children, all in university, she felt called to help more children because *"God blessed me in my own family's time of need when my husband passed and I want to bless others"*.

Bethany explained Kofi's situation to Maa Maame Esi and she agreed to meet him and spend some time getting to know him and for him to get to know her before a final decision was made. Because Maa Maame Esi lived in another Region it was only possible to make arrangements for Kofi to visit Maa Maame Esi at her home on one occasion.

Maa Maame Esi is a kind and caring woman, her empathy with children who have experienced physical or emotional neglect comes from her own personal experience of this growing up. She was the first-born child to a teenage mother and was left in the care of her grandmother so her mother could return to school. Maa Maame Esi had a happy and exciting childhood with her grandparents but struggled with not knowing her father who left when she was born and was not in her life while she was growing up. Kofi also struggled to come to terms with being separated from his mentally ill mother at a young age and Maa Maame Esi was touched by his story and felt that she could provide the care he needed. Kofi also felt comfortable with staying with Maa Maame Esi. This is how Kofi, aged 6 years old, found himself in Kumasi in the care of Maa Maame Esi, an approved foster parent under Bethany Christian Services.

- Ask participants for any comments/reflections on how Kofi came to be in foster care with Maa Maame Esi.
- Explain that a **planned process** is always followed before a child is placed in foster care. In some emergency cases, there may be less time to prepare the child and foster parent, but there will always be a discussion between the Department and the foster parent before the child is placed in care. Sometimes it is also possible to have the child come for a pre-placement visit to see if your family and your home are a good match for the child. Pre-placement visits are not always possible, but when they do occur, they can range from a couple of hours to a full weekend. Involving a child's biological parents in these visits will assist the foster family in building positive relationships with them.
- In Kofi's case, there were discussions between the Department and the foster mother and Kofi visited her once before a decision was made to place him in her care. Where practical and necessary it may be possible to arrange more pre-placement visits before a final decision is made on the placement.
- Ask participants: *What would you want to know about a child who was going to be placed in your care?* You will probably have lots of questions about a child before they are placed in your home. It's a good idea to keep a list of questions handy for when the Department calls to ask if you'll accept a child for placement. Some examples of questions to ask might be:
  - » Why is this child being placed?
  - » What is the child's understanding of why he or she is going to move?
  - » Does the child have any special behaviour problems or unusual habits?
  - » Does the child have any special health conditions?
- Explain that children placed into foster care may not always know why they were removed from their homes, and if they ask you these questions, you must be able and willing to answer their questions honestly and appropriate to their age and understanding. Talk with the child's social worker if you struggle with how to respond to these questions.

- Explain that foster parents will have the final say on whether or not to accept a child for placement. It is perfectly okay to decline a placement! It is better to decline than to accept a child that you do not feel comfortable caring for. As always, it is important to discuss any concerns with the responsible social worker. *Ask participants what they think could be some reasons why someone might decline a placement.* Refer to the **Box below** to supplement their inputs.

### **Some reasons to decline a placement:**

- If you do not feel you could meet the child’s identified needs.
  - If your own children or other foster children would then have to share a bedroom and you are uncomfortable with certain children sharing rooms.
  - If another child in your home is having a difficult time and you do not have the time or resources to care for another child.
  - You have recently gotten placement of another child who needs time and attention while settling in to your home.
  - Your family is going through a stressful time and would be unable to provide quality care to a child.
- Some foster parents create a foster family book or information sheet to share with children who may be placed in their home. These books usually include pictures of the foster family, home, pets, neighborhood, and gives information about things the foster family likes to do together. Tell foster parents to be creative! **Just like you want to know about the child, they want to know about you, your family, your home, and the community.**

## **Placement – when a child first comes to stay at your home**

- Take participants through the following exercise:

Imagine that starting tonight, you have to go stay at someone else’s house. What would you miss the most? Offer the group the options of siblings, pets, blanket and pillow, or food. Depending on their answers, provide the following responses:

- If they pick siblings: No problem! We have kids at our house who are your brothers’ and sisters’ ages. You’ll love them!
- If they pick pets: Oh, perfect! We have a dog too, so you can play with our dog now!
- If they pick their blanket/pillow: Awesome! You’ll have your own bed at our house, and we have cool new sheets for your bed. They’re soft and don’t smell like smoke.
- If they pick food/home-cooked meals: Well, I’m a great cook, so this isn’t a problem! You’ll love the food I make for you!

Tell participants they are probably thinking that all of those things might sound nice, but they are also probably thinking, “But I want my stuff!” This is exactly how children feel when they enter a new foster home. While the things you are offering them might be newer or nicer than their things, they can’t replace what these children are missing. For many of these children, the items that they bring along with them are all of the things that they have in this world. It is understandable that you want to provide them with nice things, but you must also respect the attachment they have to their belongings, even if you don’t understand it. These children have little control over their lives when placed, but the objects they bring with them are tangible things they can control.

Children come into foster care and move to each new placement with their personal belongings, but they also bring along an **“invisible suitcase”** full of their feelings about themselves, about their caregivers, and about the world based on their unique histories. Given that many children in foster care have trauma in their histories, these suitcases are usually full of negative beliefs about themselves and about their caregivers. The invisible suitcase is full of thoughts about themselves like: I’m worthless, I’m always going to get hurt, and I have no power; and thoughts about you like: you don’t care about me, you won’t be there for me, and you will reject me.

You did not create this invisible suitcase and you are not responsible for what is in it. What you are responsible for is being able to understand that it is there and that the contents of each child’s suitcase will shape their behaviour. When a child is acting out, consider that their behaviour is a response to their past experiences and that there is a reason for it. As you build a relationship with the children in your care, they will be more willing and able to discuss their histories with you. This will help both of you to see what is in their invisible suitcase and will help to dispel their negative beliefs and expectations.

- Explain that when a child first comes to a foster home it is very important to do what you can to help them feel comfortable. *Ask the group to share some ideas of what they can do to help a child feel comfortable.* Write on the Flip-chart. Share the following additional ideas if they have not already come up:
  - » Talk to the child about their likes and dislikes.
  - » Use favorite sheets or a blanket from home when making their bed.
  - » Put up pictures of their family in their bedroom and around the house.
  - » Make a child’s favorite meal for their first dinner at your home.
  - » Talk with the child about how they would like to be introduced to your friends and neighbours.
- Read through some of the advice from experienced foster parents on how to welcome a foster child into your home (**see Box below**).

5 Source: <https://www.adoption.net/a/parenting/blogs-parenting/welcoming-a-foster-child-into-your-home/9202/>

### **Advice from foster parents on how to welcome a child into your home<sup>6</sup>:**

- Do not insist that your new foster child call you mom or dad. In fact, it is wise that you never insist upon this. The word 'mom' may refer to the person who beat him. 'Dad' may be the person who left his family. Allow your foster child to call you by your first names, if you feel comfortable with this, or by whatever name he feels comfortable in calling you. As the child may be scared, do not insist that he react to you right away. This is a time of extreme difficulty, and your foster child may be in a state of shock.
- As you help him inside with his possessions, take him by the hand if he is a little one, or place a soft hand upon his shoulder if he is a teenager. Actions like these can be reassuring that all will be okay, that he is in a safe and caring home. But at the beginning, there is a line, do not insist upon hugging, as he may be too embarrassed or hurt to do so.
- After all introductions to the entire family have been made, take him on a tour of your house—his new home. Showing him where he will sleep, and where his clothes will be kept. Ask if he is hungry, and offer him some food. If he doesn't want any food, do not insist upon it. He will eat when he is ready and hungry."
- As soon as possible, take some time to sit down and talk with your new foster child. It is important to discuss the rules of your home, as well as your expectations of the child. Listen to him, and encourage him to ask questions. This is an important time for your family, as you begin to form a relationship with your foster child.
- Finally, remember, some of the questions that lay heavily on your mind are on the child's mind too. One of the difficulties that all encounter in the foster care system, whether it be foster parent, child, or caseworker, is the lack of information alongside the many questions that a placement brings with it. How long will the child remain in the foster home? When will the child see the parents next? How often can he visit his family members? These are questions that will weigh heavily on your child's mind. Make sure you answer each question as honestly as you can. If you are unsure of an answer, let him know it, and reassure him that you will attempt to find out and let him know.

### **Initial adjustment period - the "honeymoon" phase**

- Continue to read from the **Foster Care Story**:

When Kofi first arrived at Maa Maame Esi he was on his best behaviour, did all his chores as asked, spoke politely to everyone and hardly made any noise. Maa Maame Esi's family all said what a perfect child Kofi was and even Maa Maame Esi thought that foster care was going to be a very easy experience for her. But, after a few weeks, Kofi stopped getting up early in the morning to help with getting breakfast ready, he also complained about not having enough time to play with his friends and one day he even shouted at Maa Maame Esi, saying he didn't like living with her and wanted to leave. Maa Maame Esi was very worried and thought she was doing something wrong, what happened to the "good" boy who had come to live with her? She called the social worker and asked for help. On hearing the story, the social worker laughed gently and said, Maa Maame Esi I have to tell you something, the "honeymoon" is over!

- Explain that having a child placed in your home will require a period of adjustment for everyone in the home. The child or young person may express his/her separation anxiety through different behaviour patterns.

- Some children will lose contact with their own needs and beliefs, and will be ready to do anything to adjust to the new caregivers, in order to avoid further rejections. To some, it might seem like some children love their foster parents and are adjusting perfectly from day one. It will seem that these children are able to reach out to anyone they meet in an utmost charming way. This is often referred to as the **“honeymoon period”**. However, forming true emotional connections takes time. Therefore, you should see this type of behaviour as the child’s way of avoiding further rejection. This over-adjustment behaviour is driven by a fear of separation. After a few months the child will begin to feel secure, and you will be able to witness some of the problems and conflicts that the child carries. The fact that a child shows this type of behaviour is really a sign that the child is starting to feel secure and therefore trusts you not to leave him/her even if he/she expresses some problems to you.
- Other children will react straight opposite to this. Instead of showing excessive adjustment ability, they will, out of fear of rejection, rather entirely avoid forming relationships with their new caregivers. These children have often experienced a great deal of abandonment early in life and have therefore learned that, in order not to be disappointed and rejected, it is better not to depend on an adult. At first, it may seem that the child is very independent and does not need your help. However, remember that this is just a survival mechanism and that all children need continuous care, support and love. In time, when the child feels more secure with you and learn that you will not abandon him/her, it will start to trust you and form real emotional attachments with you. It can take a long time to rebuild a child’s ability to trust other fellow human beings but every single positive experience with the child’s new caregiver is a step in the right direction.
- If the child has been exposed to early neglect, and therefore, has not been able to form deep attachments with adults, they will often, uncritically and with no regard to boundaries, attach themselves to every person they meet without forming any deep relationships. It can take years to form an attachment with this kind of child.
- Another reaction to early lack of care can be seen in children who are extremely reserved, who avoid any form of contact, and who do not show any need to form attachments (e.g. by not responding to separation and loss in situations where a reaction would be natural for a child or a young person).
- The most important thing that foster parents can do during this period is to provide a stable, consistent environment – and be patient! During this adjustment time, keep an eye on all of the children in the home to ensure that all of them are receiving attention from you and adjusting well.
- Remind participants that they should not hesitate to fall on the Department/Foster Care Agency for advice and support to help them adjust to the post-honeymoon phase.

## Leaving care

- Read the final section of the Foster Care Story:

Kofi was happily living in foster care with Maa Maame Esi and said: *"It made me happy to put smiles on the face of Maa Maame Esi whenever I did something good. I was also always with my books. We had time for learning in the evening and I am the first or second in class every other term. The only thing I didn't like was when my foster mother disciplined me when I did something wrong, like taking something that doesn't belong to me"*.

Maa Maame Esi was a responsible foster mother over the years and never complained about the challenges that come with being a foster parent. For Maa Maame Esi, the most difficult thing about being a foster parent was when Kofi's family said they wanted the boy to spend some holidays with them. She said *"I was not comfortable with the change of environment because I felt it would confuse the child and likely have a negative effect on his behaviour"*.

Kofi's mother died at the end of 2014 and it was then that his family felt it was the right time for Kofi to be reunited with them. The family identified one of Kofi's maternal uncles, Mensah, as the most suitable relative to take him in. This possibility filled Kofi with excitement but also anxiety as he had grown close to his foster mother and only met his relatives a few times over the past year. Over the next 18 months Bethany social workers met with Kofi and Maa Maame Esi to prepare them for the move. They also met with Kofi's relatives, and his uncle, Mensah, to thoroughly assess the family situation and decide whether or not this was a suitable environment for Kofi to live.

Maa Maame Esi was very sad to have said goodbye to Kofi, but she understood and respected the rules on foster care which state that the placement should be temporary and the child would be returned to his family. Maa Maame Esi promised her support to help Kofi's reunification with the family to be successful. On 17th January, 2017, Kofi was finally reunited with his birth family. Kofi will continue his schooling at the school where Maa Maame Esi teaches so they can continue to maintain their bond and Maa Maame Esi can continue to support Kofi in reuniting with his birth family. When asked about how he felt living with his birth family, Kofi said *"I feel like I belong, this is what I was hoping for. I feel very happy at family gatherings because I came to meet so many of my relatives and I feel accepted. Most difficult thing is the chores we have been given in the house but sometimes I ask my cousin to help me"*.

As for Maa Maame Esi, she is not thinking about fostering another child yet, but said, *"I am sure is a thing I will consider in future"*.

- Ask participants how they feel about the story of Maa Maame Esi. Does it raise any concerns for them?
- **Emphasise** that the goal of foster care is to reunify the child with his or her biological parents or extended family and it is likely that foster parents will at one time or another experience a foster child leaving care. Reunification of a child with family should be a planned process, involving the child, the birth family and the foster family - with support from the social worker.
- Conclude the session by reminding participants that, at any stage of the foster care process, if there is anything they are unsure about or need more information on they should not hesitate to speak to their social worker and ask for help!

## **Some thoughts on leaving foster care**

- It is a good idea to arrange a farewell party.
- Beforehand, you should collect all pictures, videos and other personal recordings. This you can give to the young person at a party.
- All members of the foster family can prepare a short speech stating what the young person has meant to him or her and describe the strengths of the young person.
- Other important persons should be invited and if possible be asked to support the young person after leaving.
- When your foster child leaves foster care, it is likely to bring up strong feelings of loss for you. Talk to your social worker about this and draw on your support networks.

## Session 2: Transitions in foster care – responding to children’s needs

### Learning Objective:

Participants will know about transitions in foster care and how best to respond

**Duration:** 60 minutes

### Materials:

- Flip-chart paper and pens

### Facilitator Preparation:

- Familiarise yourself with the content of this session.

### Facilitator Action:

#### Activity: The Outsider

- Invite one participant to leave the room.
- Ask three participants to come to the front of the room and decide amongst themselves what to draw on a Flip-Chart paper, and draw this together in silence. Tell them to completely ignore the other participants who would be asked to join them. Ask the other participants to observe what happens.
- Ask the participants outside to come in and join the three participants at the Flip-Chart and help them with their drawing.
- After a few minutes stop the exercise and ask the “outsider” to describe how s/he felt during the exercise. From the time s/he was asked to go outside and then re-enter the room and try to join the group. Ask the “observer” participants what they observed.
- Explain that when a foster child arrives in your family it is important to realize that arriving in the foster family is much more difficult for the child than it is for the foster family. Even if the child has been well prepared, being replaced is a very difficult experience for children, and they need a lot of time to accommodate before they start feeling secure in the foster family.

## Containment and patience in the transition period

- Divide foster parents into small groups and ask them to brainstorm ways that they could help a new foster child to feel welcome in their home and ease the adjustment period. Ask the groups to give feedback to plenary. Validate their inputs, and complement with points from the Box below.

### Helping the new foster child through the adjustment period

- Caregivers tend to underestimate how long it takes for a child to settle in new surroundings and start the process of creating emotional bonds with the foster parents. You should think of the first year as a transition period where the child spends most of its energy to adjust to its new situation. The older the child is, the longer it may take. The child must reorganize all its feelings and thoughts, and this is very demanding.
- If foster parents are nervous about not being good enough but want to prove that they are, they may look only at the progress of the child and put too many demands on the child for good behaviour, expecting signs of love and a quick progress in development. It is better to think of the first period as a reparation period: the child needs rest, soothing, comfort and tolerance. The child is going through a crisis.
- As foster parents you can help the child by containing his or her reactions – the child may be constantly stressed, or very angry or sad. Your reaction should be calm and kind and you should not take these reactions personally – they are natural reactions to a new and difficult situation. You should also be very patient and not put too many demands or expectations on the child. The most important thing is to help the child get used to new caregivers and new surroundings and you should not focus much on teaching the child a lot of skills in the transition period.
- It is a good idea not to separate physically from the child in the first few months – one of the foster parents should always be present, and you should think of the child as a child needing the comfort and presence of the caregivers as much as a young child would do. Many foster parents can tell about their foster child going into panic just because s/he was left alone for a minute. This will cease after some time – sometimes much longer than you imagined in the start, so be very patient.
- It is not a good idea to make a lot of activities, holiday trips and inviting friends or family in the start – this will make it more difficult for the child to adjust. Try to have many days where you are together alone much of the time and just do everyday things together before you involve others.
- In the transition period, the child needs to learn the daily routines in the family. This is a very helpful way of getting the child out of a chaotic state: Repeat the same things every day at the same time! For example, reading the same bedtime story about a hundred times can be a very good way of showing that your world offers a stable frame to live in. Think of what traditions and activities you can create in everyday life to create a predictable world for the child.

## Life Books – Maintaining Connections with the Past

- One of the difficulties with entering and leaving foster care is that children can sometimes lose connections with their past. One way to help them stay connected is through creating a Life Book or a Memory Box.
- Life Books are like scrapbooks and can include photos, other memories, funny stories, and the child's artwork. Making a Life Book with the child in your home can be a powerful experience, as you can help the child connect with their own history. Looking into their past can sometimes be a difficult thing for children to do, so they can help to decide what will go into their Life Book and what won't. Foster parents can add their own creativity and ideas, but the Life Book is for the child and should be full of the child's ideas.
- A Memory Box is similar to a Life Book, but "memories" are stored in a box not a book.

Ask participants to think about some ideas of what could be included in a Life Book or Memory Box. Write these ideas on Flip-Chart. Some suggestions to add:

- » Favourite recipes
- » School reports
- » Certificates of achievement
- Remind participants that the Life Book is not only for recording the child's past, but should also be used to record the present story. For some children, especially those who have been abandoned or grew up in an orphanage, there may be few, if any, (positive) memories of childhood and the Life Book provides an opportunity to record new, hopefully positive, memories.
- One very practical way participants can understand the value of a Life Book is to create your own and/or do one with their biological children. We should all have a Life Book!
- Remind participants they can talk with the child's social worker about what to include if they struggle with this exercise.

## Incorporating child's family traditions into the foster family

- Ask participants to form small groups and reflect on and discuss their family's traditions as they were growing up...
- How did you celebrate holidays and other special occasions? Do you still celebrate the same way?
- What are your fondest memories of vacations, holidays, birthdays, or other occasions?
- Did you have special activities you do as a family, such as a game or movie night?
- What kind of food did your family like to eat together?
- How did your family members deal with conflict? Did you talk together, spend time alone?
- Ask participants to share some of their different family traditions - what were similar? What were different?
- Explain that foster parents can also ask these questions of their foster children and biological families and think about how to incorporate their answers into the foster family home. By doing this, the foster parent creates a bridge between their family and the child's biological family,

providing a sense of continuity and stability which also helps with managing transitions.

## Transitioning to the teenage years

- In general, the teenage years of a foster child is like that of other teenagers, but due to the insecure background of earlier life, the teenage period can be very challenging and emotions can become more intense than usual. In this period, attachment is reversed into the question about how detachment and separation can happen in a positive way to reach independent adulthood and education.
- Children who have experienced severe maltreatment or deprivation when they were infants often experience an earlier onset of puberty (this is probably a survival mechanism), some already from age 8-10.
- Research indicates that placement in foster families can be an emotional challenge if the young person had a difficult start in life. This is an age where intimacy and closeness can be provoking and in many cases, conflicts can lead to an interruption of the placement. There may be heavy quarrels and conflicts; the young person may run away or isolate himself or herself, refuse to listen to the foster parents or to reason with them etc. Much depends on the strength of the bonds that have been formed before teenage life with the foster parents. If you have brought the young person from childhood to puberty and the relation becomes too difficult for him or her to stay in the family, you should consider this as something that happens frequently in foster care. Young people who are very provoked by intimacy in fact often have less problems cooperating with professional caregivers whom they are not very close with.
- In puberty, the young person also has to form a new and independent self, and will typically shift between childish dependence and trust, to attempts to achieve independence by creating distance towards the foster parents. Very often, the young person will feel a need to revisit the biological parents and relatives in order to find out what is illusion and what is reality.
- Identifying with the peer group becomes much more important than identifying with the foster parents. Issues like "When should I be home in the evening – can I go to this party – can I have my ears pierced?" etc. come up. Studies indicate that young people in foster care have severe problems in following peer groups: foster parents are often afraid (and often with good reason) of what will happen if they for example, allow the young person to go to a party. As a result they are often much more restrictive than other parents and this becomes a major problem for the young person.
- Ask participants to ***share some ideas on how they think they can help the foster child manage the transition into adolescence.*** Refer to the Box below for additional suggestions.

### **Ideas for parenting a foster child through the teenage years**

- The changes of puberty can be frightening. You can make them much less so if you prepare the child at an early age for what s/he should expect. In daily conversations, you can describe to the child what will happen with the body, its view of the other sex and its relation to you. **A)** You can tell the foster child how your own transition from child to teenager happened. What was difficult and how you managed to become an adult and mature person anyway. **B)** You should especially tell the child about how teenagers in puberty can become angry and disappointed with their foster parents and biological parents. That this is normal, and that you will not blame the teenager or take it personally when this happens. You will of course still have rules for how to behave in the family. Perhaps the child will not be interested in this at the moment but later, will remember what you talked about and this will make it easier to talk about it again when puberty actually happens.

- For the teenager, role models are necessary and interesting, but it may be difficult to find role models that match the experience of the young person in foster care. Books about children from mixed backgrounds or conflicting backgrounds usually stir interest.
- Suggest the teenager make a personal video interview including his or her reflections on identity development: doubts, dreams, problems and desires. If your teenager has a friend, you can ask them to make and present the video together. Help the teenager preserve a copy as part of the life story that the teenager can bring when leaving foster care.
- What especially is required in puberty is a caregiver behaviour that balance between containing (not being provoked, but being kind, having a matter of fact approach to problems) and being firm in keeping the limits. You should make it very clear to yourself what demands can be negotiated, and what demands or house rules that are indisputable. This is important to know when your limits are tested. Teenagers naturally test your limits, so to yourself they should be clear. A useful rule is: always talk to the adult side of the teenager – no matter how childish you think he or she behaves. The roles “we are your parents and you are the child” dissolve, so it is necessary to find other ways of cooperating. It can be a good idea to use “**agreement**”. For example:

*“You are growing up and you have become more competent. That means that you will have some duties in the house in exchange for certain rights and some pocket money. We want to make an agreement with you stating what you have to do every day, how long you can stay out with friends, and what you get from us such as areas where we will let you decide yourself without arguing about your decisions. In that contract we should also talk about what we as foster parents should do if you or we do not fulfil what we agreed on. So let’s start writing it together – do you have any suggestions for what we need to agree on – what is important for you?”*

- The importance and attitudes of the peer group (friends and classmates) will often become more important than what you think as foster parents. This should generally be accepted, so your role as a foster parent should be “one who listens and talks” about the young person’s challenges in relations with peers. You don’t always have to suggest solutions; the dialogue in itself and an accepting attitude can be of great help. One young person remembered his foster father like this: *“I could always talk to him about anything, and he just listened to me”.*

# CREATING CIRCLES OF SUPPORT FOR FOSTER CARE (2HRS 10 MIN)

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## Session 1: Building and maintaining relationships with biological parents

### Learning Objective:

Participants will understand the importance of being respectful towards the child's biological parents and supporting the child in maintaining a positive relationship with his/her biological parents.

**Duration:** 75 min minutes

**Materials:** Circle of Support picture from the Child Protection Toolkit

### Facilitator Preparation:

- Familiarise yourself with the content of this session.

### Facilitator Action:

#### The first reactions of foster parents and biological parents

- **Ask participants:** How would you feel towards the biological parents of a child placed in their care who had been exposed to violence or neglect? How would you feel towards biological parents who are unable to keep appointments for visiting and contacting their child?
- It is only natural to feel outraged and angry towards the biological parents who may have exposed the child to terrible events, or does not keep commitments. Another natural reaction is to have this attitude: "Let's forget all about your parents and just make you feel secure with us". This may be a good idea for the first time until the child has settled in the foster family and feels secure. After this period, open dialogue about having two families and how necessary it is for identity development.
- As described in other sessions, very young children tend to form deep attachments with foster parents after some time. If this happens, the child will probably start calling you "mother" or "father". You can accept this - knowing that when the child gets older it must find a way to understand its own background. Perhaps the baby or young toddler will perceive you as a parent. However, he/she must learn from an early age to understand that he/she also has biological parents. At age three to four, you can usually start to talk about "you have two sets of parents". This should happen before the child hears from other children or adults that you are not the "real parents".
- These natural feelings of foster parents towards the foster child's biological parents must be resolved - and this takes time - in order not to place the foster child in an intense conflict of split loyalty. It is important to understand that any anger or resentment towards biological parents will be perceived by the child as anger towards a part of the child's own identity.

- A foster child may willingly denounce or try to forget his or her biological parents, but the price of this will be that she will have to split herself into one part attached to her parents and another part attached to foster parents, without being able to unite these two into one clear concept about herself. Sooner or later, this will be a problem for the child, especially in teenage years when the young person tries to form an adult identity. Every time the child reaches a new state of psychological development and acquires a more mature understanding about itself, it must construct a new idea about identity and background, so this is a process that may take many years.
- Start by explaining that research has shown that children in foster care tend to do poorly in life if they lose all contact with their biological family while staying in foster care. In particular at the end of foster care, foster children often have no-one to turn to except their family of origin. If they had no contact with their parents during their stay in foster care, they may lose even this relation. The more agreement and respect you foster parents can build between their family and the biological parents, the more the child will feel secure: play, explore and learn. If foster parents are in conflict with the biological parents – or show disrespect towards them – the child will feel insecure and will suffer from not having a secure base.
- Divide participants into small groups and ask them to discuss the following questions:
  - » How do you feel about having to include the biological parent in your foster child’s life?
  - » Do you have any ideas of how to include them?
  - » Any concerns?
- Ask participants to share their ideas and concerns in plenary.
- Explain that building and maintaining relationships with the child’s biological parents is often one of the biggest challenges facing foster parents: sharing a child with others who are unable to care for their own child. Why is this so difficult? Share some of the information in the Box below on children who are placed in foster care, and what is typical of the biological parents’ situation, and then look at methods for managing contact with parents.

## Divided loyalties of children in foster care and their biological parents

### Belonging to two families: Loyalty and Identify Conflicts

A child – especially if older than age three when received in foster care – has already formed attachments to parents. From our perspective, these attachments may be dysfunctional and full of fear and ambivalence. The parents may have been unable to provide good care but nevertheless, these attachments are an important part of the child’s identity.

When placed in foster care, the child often faces a conflict of loyalty: “I am attached to my parent(s) but now my foster parents offer me attention and love. How can I receive this without feeling guilty or being a traitor to my parents?”

This conflict in the child may be even more painful if the biological parents have unresolved issues (anger, jealousy) towards the foster family, seeing them as someone who is stealing the heart of their child. It is difficult to decide that others should care for your child and even more difficult if the “new family” has more resources.

### What is typical for parents whose children are placed in foster care?

#### 1. Ordinary parents forced by circumstances to give up parenting

- Parents who could have been good caregivers can be forced by external circumstances to realize that their child is better off in foster care. The typical reasons are:
- Single mothers who have been expelled from their family because they became pregnant without being married, or because they were too young to take care of a baby.
- If parents have been traumatized in one way or another, for example by rape, violence or illness. Also, if parents have been victims of natural disasters, victims of economic depression, or have lost their jobs or a spouse, they may fall into depression. If both parents die, naturally the child needs to be placed in alternative care.
- If the child is born with a severe physical handicap and/or is born prematurely or had very low birth weight and many birth complications.
- If the mother of the family had no physical contact with her baby – for example, the baby may have been isolated at a neonatal birth department, or may have been in an incubator for a long time after birth. Physical separation after birth makes it difficult for all parents to feel attached to the baby, and often causes rejection of the child.

In general, cooperating with parents who were forced by circumstances to give up, means that these parents have parenting skills and that they need your respect and understanding of their situation. These parents will often understand why their child needs to be in foster care and they will be able to support you like you can support them.

## **2. Fragile parents**

- One or both parents may be unable to take care of their own lives, and they may also be more or less unable to care for their child in a secure and practical way (even though they may still love the child). In these families the child in your care will often have severe problems attaching to you because it was deprived of care as a young child (you can study this topic further in sessions 4 and 5).
- Families where the father is frequently replaced by many stepfathers (this may be a signal that the mother is unable to have long term relations to adults as well as to children). Families where the father is violent towards the wife and children. Families without a father who can be a responsible parent.
- Families where the mother (or father) was very much deprived and received no parenting as a child. Emotionally, such parents can be very immature and act more like children than like parents: impulsive, unable to remember appointments, unable to plan and practice what is agreed upon, lack sense of how to behave in a social situation.
- Families where the primary caregiver (from the child was born until it was three) suffered from psychiatric problems: Schizophrenia, Bipolar disorder (manic-depressive), Borderline Personality Disturbance, severe long term depression after birth (post-partum depression), or birth psychosis. In short, the mother or father was troubled by psychiatric disease and was therefore unable to care for her/his young child.
- Families where one or both parents have major alcohol or drug abuse problems, and/or are engaged in criminal activities.
- Parents who have grown up in very poor quality orphanages shortly after birth, and have received little care with many random caregivers. Some orphanages are short of staff and have problems with parenting the children in a secure way and caregivers may not have engaged in social and emotional relations with the children.

In general, cooperating with fragile parents is very challenging for foster parents. The more the above mentioned characteristics fit with the parents of the child in care, the more challenging cooperation can be for the foster parents. Fragile parents have major problems in social relations, not only in raising their children, but in any social relations they encounter, including relations with authorities, their own families, and towards the foster family.

## Showing respect for the child by respecting his/her parents

- Research shows that conflicts between parents and foster parents are harmful to the development of children – no matter what the conflicts are about. The attitudes of the foster parent are also a message to the child about whether s/he can respect and be proud of herself/himself. Negative attitudes towards the parents will produce a negative self-esteem in the child. It is one of the most difficult tasks as a foster parent to develop a truly positive view of the biological parents in order to help the child.

### Role-play

- **Scenario 1:** Ask two participants to volunteer to act out a scenario where the child (10 years old) is asking the foster parent why she is in foster care. In this case the child was removed from her mother when she was five years old because she was an alcoholic and was unable to care for her. The foster parent feels very angry towards the foster child's mother and doesn't think the child should have anything to do with her mother.
- Allow 10 minutes for the role-play. Ask other participants what they think of the response and if they have any other suggestions. Provide your own suggestions, drawing on the following response:

#### **A professional way of showing respect for the child's parents is to talk to the child like this:**

"I'm quite sure your parents have always WANTED to take good care of you. But sadly not all parents are ABLE to give their child the love they want to give regardless of how much they wish to do so. Even though they love you, you know your parents have many problems in their own lives (you may give some examples the child can recognize, such as "Your mother learned to drink when she was only a child herself, and now she simply can't stop drinking no matter how hard she tries"). This is why they did something very responsible and decided to do a very difficult thing: to ask others to take good care of you! Perhaps they did not ask directly, but by showing their problems they were really asking for help to save you – only this was too hard for them to say directly. So your parents try to do their best for you. Even when they are angry or jealous with us and want to have you back, we know this means that they love you, and it is difficult for them to let others give you care. Deep down they know this is too difficult for them, but they show you that they wish to give you care. We are not angry with them when they do this – we try to help them accept that they took the right decision asking us to care for you."

- Ask for two more volunteers to perform another scenario. In this instance, the child's parents were very young when he was born, both became very ill (HIV-related) and for this reason were unable to care for their child for some time. They are working closely with the Department to sort out their lives so their son can be returned to them. In this case, the child does not want anything to do with his parents as he feels very angry at them for allowing him to be taken into care.
- Allow 10 minutes for the role-play. Ask other participants what they think of the response and if they have any other suggestions. Provide your own suggestions, drawing on the following response:

**To help the child understand his or her situation, this explanation offers an attitude free of conflicts between foster and biological parents:**

"You know you are lucky – you have two mothers who wish to give you a good life, and you have two fathers who also wish to give you a good life. Your parents did a wonderful thing: they gave birth to you, and you were in your mother's belly for nine months. When your parents were exhausted, you came into our care. So in a way you have four parents who agreed to care for you. What one of us cannot do, the others can do. If we sometimes disagree, it is only because we all want to care for you the best we can."

**How to manage social relations with biological parents**

- In general, you should have a positive attitude towards all contact with parents and try to practice:
  - » An understanding and accepting attitude: "I understand that you decided or had to give up your child. I do not blame you at all, I think you have taken a responsible decision by placing her with us, and I am happy that you entrusted the child to our care. You can be sure that we will do our best to keep in touch and cooperate with you".
  - » Talk about feelings and motives, for example: "I understand that you sometimes get jealous and scold us. It must be difficult to see your child in the care of others when you wish you could do this yourself. All parents do that, sometimes I get jealous with my own son's school teacher – he always talks about how he adores her while he criticizes us as parents constantly!"
  - » Especially when the child in your care is present: talk positively about the parents and to the parents: "I'm so happy your mother is here to see you, what a beautiful voice she has, etc."
- With ordinary parents who had to give up their child, you can often get to know each other, maybe even become friends and you should work to form an alliance with the parents with the common goal of helping the child grow up. You should tell them from the start that you have no intention of taking the child away from them.

## **Managing visits and contacts with fragile parents**

- Some foster family placements break down or are interrupted – not only because of problems with foster children, but very often because of problems in managing contact with fragile parents. This contact is sometimes a source of emotional stress and confusion for the whole foster family. Share some principles and suggestions for managing contact situations such as visits from biological parents and situations where both families meet in general (see Box).

## **Suggestions for managing contact situations with biological parents**

### **Be “the parent of the parent”**

- If your foster child’s parents act very immature, you should be aware that they too may have experienced a stressful, hurtful and/or confusing upbringing, which have made them unable to care properly for their child. These parents might sometimes be as impulsive and irresponsible as a teenager (maybe they are teenagers) and in many ways be dysfunctional.

- One practical advice is this to divide the parents’ age by three and from this point consider their social skills. You should understand that you may need to act in a parent-like way towards these parents, structure their visits for them, be patient, do not become upset if they promised to visit their child and forgot, and be calm if they scream or shout because some little thing upsets them.
- Foster parents can/should/ must play a key role in providing support for the reintegration of the child to his biological family. They could also play a role in sharing some of the learning they have gained in the pre-service training with the biological parents (e.g. child development, grief and loss cycle, positive discipline etc.)

## **Use the Department/Foster Care Agency social worker to set boundaries for the contact**

- How frequently there should be visits or contact is decided by authorities, and this is not your responsibility.
- You can report to authorities if you think the frames do not work for you or for the child.
  - » If parents try to manipulate you or demand more contact than was agreed upon, don’t start arguing. Just say that this is not decided by you, but by the authorities and only the authorities can change the contact arrangements.
- End the session by asking participants to think about their own families for a minute, and ask: Is your family perfect or are there things you wish were different? Mention that almost everyone has something they wish they could change about their family. The birth families of the children you’re caring for probably feel the same way. All families have strengths, and part of your role as a foster parent is to help birth parents to build on their strengths. While you are not responsible for the actions of birth parents, you will have a unique opportunity to help them to recognize and build on their abilities as parents.

### **Point to emphasise:**

Foster parents are acting as **temporary parents**, not replacing the child's parents. They must be prepared to share this responsibility. This means working together with the child's parents to help achieve the goals for the child and the family. Think of shared parenting as a bridge that gets built as you work together with the child's family. You can mention that some biological parents are "jealous" to share their children, and rather prefer to have their own child in a residential care than being loved by other parents.

## **Session 2: Creating circles of support for foster parents**

### **Learning Objective:**

Participants will understand the importance of creating circles of support for foster parents and foster family self-care.

**Duration:** 45 minutes

### **Materials:**

- Flip-chart paper and pens.

### **Facilitator Preparation:**

- Familiarise yourself with the content of this session.

### **Facilitator Action:**

#### **What kind of support do foster parents need?**

- Divide participants into small groups and ask them to discuss two questions:
  - » What kind of support do you think you will need as a foster parent?
  - » Who can provide this support?
- Ask groups for feedback to plenary. To save time, ask that groups do not repeat what others have already stated. Capture inputs on flip-chart paper. Try to capture this under different categories, including:
  - » Training and access to information on foster care
  - » Material assistance e.g. child with disability needing assistive devices
  - » School assistance e.g. school fees, uniform
  - » Specialist services for children e.g. counselling
  - » Guidance and advice from the Department/Foster Care Agency
  - » Guidance and advice from other foster parents
  - » Time for self-care/taking a break to recharge and refuel
- If any of the above categories are not mentioned, ask participants to think about their needs in relation to them especially guidance and advice from other foster parents and time for self-care.

- It is important to clarify in this discussion what kind of support foster parents can expect to receive from DSW and the Foster Care Agency. **Foster care in Ghana is purely voluntary, there is no provision in the law for direct financial support to foster families (e.g. grant)**, but DSW and the Foster Care Agency can play a role in linking foster parents with available resources and services in the community e.g. educational support; assistive devices.

### **Foster family circle of support**

- Tell participants that just as children in foster care need a circle of support, so do foster families. In order for foster parents to fully take care of the children in their home, they must also take care of themselves.
- Talk participants through the following exercise:

Imagine that you've had a really stressful day and you're not feeling well. Who can you call to vent to or to talk to? Who can you call that you know will listen and will offer their support? Who are the people in your life that you know that you can count on, no matter what? A person doesn't need to be available to you 24 hours a day to be part of your support network. You might have a friend who doesn't live nearby but you can call her anytime for support. She would be a great help to you to talk things through, but it wouldn't be realistic to think that she could help you by grocery shopping or running errands for you. Think about and write down the ways that each person in your support network can help you and your family as you foster.

- Give the participants 5 minutes to individually reflect on/write-down who is included in their support network, as well as when they could reach out to those people when they need them. Ask for volunteers to share their reflections.

### **Preparing your local network**

- Ask participants to reflect individually on people in their social network who are likely to meet the child or may become important to it: this may be neighbours and their children, friends or relatives, the local school, a trader or shop keeper. Ask participants how comfortable they feel about talking to these people about their decision to be foster parents.
- Explain that it is a good idea to be very frank and open from the start that you have made this decision, and that you think this is a good thing for your family's development, that you look forward to care for the foster child. You should demonstrate that you think a child in foster care is not a subject of shame, but that care for children without biological parenting is a natural social duty.
- If the people you talk to have reservations or prejudices about foster children, don't start a conflict – just listen to them or say that you understand and that this may change when they meet the child.
- Ask participants if it is possible at this early stage in their foster parent journey to identify people from their local network list who are or could possibly be resource persons in the network? These are people who you think have positive attitudes towards your foster care situation. Think about how these resource people may help you in future.

- Explain that this list can help the participants identify the future resources in their social network and they can concentrate on making even better relations with the positive people. If there are people with negative attitudes towards foster care or with prejudices against foster children: ask participants to think about how they can minimize the influence of these people, or how they can work to give them a more positive attitude through social occasions where they meet you and the foster child.
- Ask for a few volunteers to share their reflections with the rest of the group.

### Foster parent support groups

- Explain that the foster parent support network can also include a foster parent support group. Read the following paragraph:<sup>6</sup> *Before beginning their fostering journey, most families have a support network already. This usually consists of their family, friends, and work colleagues. Those same people can be part of the foster parents support system, but they are not enough. Many friends and family members may start to question whether fostering was the right decision when they see how hard it is, some out of care and concern for you, and some out of guilt that they are not doing more to help you or to help children in need. Another reason this will happen is that the children you care for will sometimes have behaviour problems related to their history, whether it be their prenatal history or their abuse history, and others may not want to have you over to their homes anymore for meals or play-dates as a result of this. This can make fostering a lonely road to choose. As a foster parent, there is something you can do in order to ensure that you do not feel like you are on an island by yourself. You can actively seek out relationships with other foster parents. This is as important as other foster parents will not question your sanity for deciding to go down the hard road of loving children you may only have for a short time or loving children who are hurting. They will support and encourage you. They can also provide you with insight if you are in a situation that they have perhaps dealt with before.*
- Ask participants what they think about what you have just read and whether they would consider forming a support group for foster parents. Ask for ideas on how they think they could go about setting-up such a group. It could be as simple as forming a WhatsApp group with the participants in this training.
- Explain that there are many resources on the Internet about foster care and encourage those with access to the Internet to do some online reading and share what they have learned with other participants.
- Conclude the session by reminding participants that throughout this training, they have heard many times to turn to their social worker when they need help – **don't be afraid to ask for help when you need it!** It is important to ask for help when you need it. Don't wait! When you're feeling stressed or overwhelmed, talk with your social worker about how you can handle the stress in the most productive way.
- Allow time for questions before concluding the session.

<sup>6</sup> Source: Adoption Magazine : Accessed 6 October 2017.

## CLOSING THE FOSTER PARENT TRAINING (30 min)

**Duration:** 30 minutes

### **Materials:**

- Flip-chart paper and pens.

### **Facilitator Preparation:**

- Prepare a Flip-Chart Paper with the following questions:
  1. What has been the most helpful learning for me from this training?
  2. What did I learn that I am still struggling to understand?
  3. What else do I still need to learn?

### **Facilitator Action:**

- Wrap-up the training by asking participants to individually reflect on the following questions and share with the group:
  - » What has been the most helpful learning for me from this training?
  - » What did I learn that I am still struggling to understand?
  - » What else do I still need to learn?
- Remind participants that by becoming foster parents they are embarking on a journey of discovery, growth and life-long learning. The Department and/or Foster Care Agency will provide additional training opportunities where possible, but as foster parents they also need to take responsibility for finding opportunities to continue their learning. This could include forming a foster parent support group, participating in parenting seminars offered by churches and other service providers, accessing available information on YouTube and the web, joining a regional or international foster parent association etc.
- Also remind participants that following this training a final decision will be made by the Department as to whether or not to recommend approved foster parents for licensing; and it is also the time for participants to decide whether or not they still want to volunteer as foster parents. The Department will be in contact with each participant within two weeks of the training to finalise the process.
- Provide details of relevant Departmental and/or Foster Care Agency contact numbers if participants need any additional information.
- Ensure that everyone has signed the register for Day 1 and Day 2.
- Thank everyone for participating in the training.
- Close with a prayer/song/minute silence.

# ADDITIONAL TRAINER NOTES

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## Wrap-up of training on Day One

**Duration:** 15 minutes

- Wrap-up training by asking participants to reflect on the following questions and share with the group:
  - » What did I learn today that inspired me?
  - » What did I learn today that surprised me?
  - » What did I learn today that I am struggling to understand?
- Write on flip-chart paper any content that participants may have struggled to understand. Tell participants that there will be an opportunity on Day Two to clarify some content that may not have been understood.
- Thank everyone for participating in the day's sessions.
- Close with a prayer/song/minute silence.

## Opening the training on Day Two

**Duration:** 30 minutes

- Welcome everyone to the training.
- Check with the group how they would like to start the day e.g. prayer, song, moment of silence, etc. Ask for a volunteer to pray or lead the group in song if this is the preferred way.
- Briefly recap the modules and sessions that were covered on Day One and, where possible, clarify any content that participants said they didn't understand.
- Share the flip-chart showing how the 2 days will be structured and highlight what will be covered on Day Two, including the modules, sessions and learning objectives. **Refer to the Training Schedule on page 3 of this Manual for this information.**

## Additional Trainer Resources

- YouTube clip on a child in need of care and protection and placement in foster care - REMOVED - <https://www.youtube.com/watch?v=lOeQUwdAjE0> and <https://www.youtube.com/watch?v=l1fGmEa6WnY>
- Mumsnet Child Development Calendar: <https://www.mumsnet.com/devcal>
- Attachment video "The Strange Situation": <https://www.simplypsychology.org/mary-ainsworth.html>

- The importance of talking to children about why they are in foster care: <http://www.howtobefosterparent.com/remembering-their-past-to-create-a-healthy-future/>
- Free online foster care training course (Fair Start Foundation) – for foster care service providers and foster parents. Has lots of links to video clips on attachment and communicating with children: <http://fairstartfoundation.com/training-large-numbers-of-foster-families-in-high-quality-childcare/>
- Free online course: Caring for Vulnerable Children. Future Learn. <https://www.futurelearn.com/courses/vulnerable-children>
- International Foster Care Organisation: <http://www.ifco.info>









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