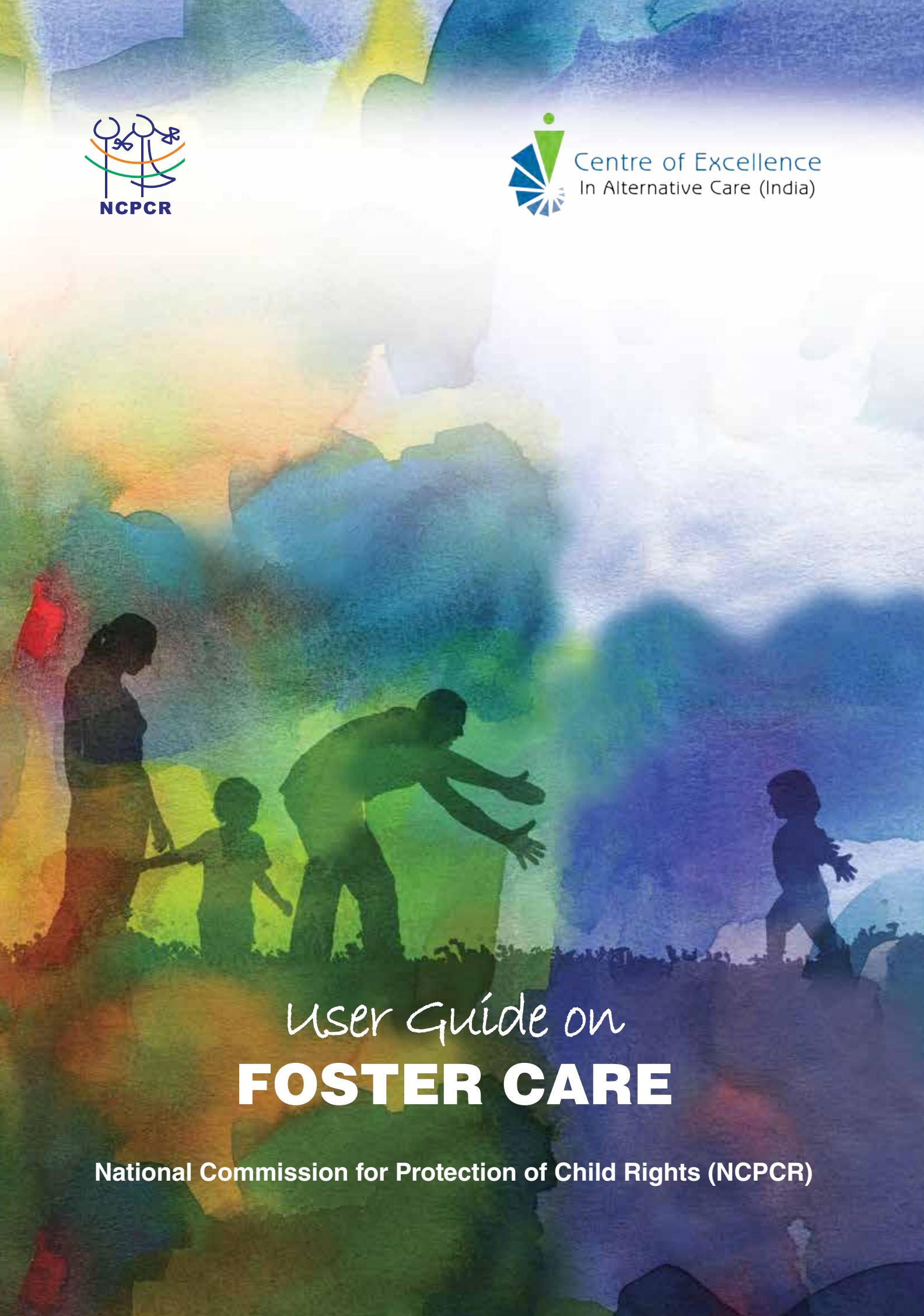

User Guide on
FOSTER CARE

National Commission for Protection of Child Rights (NCPCR)

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Year of Publication: 2018

NCPCR

Centre of Excellence
In Alternative Care (India)

User Guide on
FOSTER CARE

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FOREWORD

The time has come for us to think beyond adoption as the only method of alternate care for children. Several other options are available including that of foster care. This (and other forms of alternate care) are gradually gaining momentum in our society and need to be encouraged.

There are certain misconceptions about foster care but these are due to the absence of a clear understanding of what it entails for the foster family and how it can benefit children. In this background, the Centre of Excellence in Alternative Care of Children (India) and the National Commission for Protection of Child Rights have done a great service to children and society in general through the publication of the User Guide on Foster Care. The purpose of the User Guide is to develop good quality foster care service that is useful for individuals, organisations as well as foster families. In this, the publication achieves its goal. The recent history of foster care, the challenges and developments that have been taken place over the decades have been meticulously dealt with and the journey has been carefully detailed not only from the point of view of the foster family but also from the point of view of the child's need.

The User Guide is perhaps the only one of its kind and I am sure that it will encourage alternate care for children rather than abandon them to the mercy of Child Care Institutions, some of which leave a lot to be desired. The publication is timely and deserves wide dissemination.

My best wishes to the Centre of Excellence in Alternative Care of Children (India) and the National Commission for Protection of Child Rights and I hope they continue the good work that they have been encouraging for quite some time.

Madan Lokur

July 31, 2018

(Madan B. Lokur)

स्तुति कक्कड़
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Message

The family is considered to be the best place for a child's developmental needs. The family system in India is very strong and its traditional joint family system provided support to children, in case they are unable to live with their birth parents. In today's world, due to migration to cities for better a future or due to natural disaster or deprivation of resources, children are getting separated from their families, which may at times threaten their safety and well-being.

Foster Care means providing a family environment to a child who is unable to live with his/her birth parents. Lord Krishna, Rani Lakshmi Bai, Raja Uday Bhan Singh, Steve Jobs, Nelson Mandela are persons who have been raised in a foster family and have enriched the world with their contributions.

Formal foster care is new to the Indian ethos. NCPCR realizes that clarity, comprehensive knowledge on formal foster care is imperative for its effective implementation. This User Guide would be helpful for the development of good quality foster care system among the stakeholder(s) and community.

Centre of Excellence in Alternative Care have extensive knowledge on this subject and have been training and supporting stakeholders for promoting quality foster care in India. They were partnered by NCPCR to write a user guide, which would not only help bring clarity on formal foster care but would act as an easy guide for all stakeholders for better implementation.

We are thankful to Ms. Vasundhra for her extensive research on the foster care practices prevalent in various countries and to prepare this very lucid User Guide which shall be helpful to all those who are responsible for implementing foster care in the country and/or who wish to work in foster care in future.

Child Protection is not the responsibility of any single agency or professional group, but rather is a shared community concern on this note, NCPCR would urge all stakeholders to help each other in effective implementation of foster care in our nation, so as to properly nurture children who are in need of care and protection.

(Stuti Kacker)

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ACKNOWLEDGEMENT

The National Commission for Protection of Child Rights (NCPCR) is mandated to monitor the implementation of provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015. Section 44 of the said Act provides that the children in need of care and protection may be placed in foster care for their care and protection through Child Welfare Committee for a short or extended period of time.

2. The Ministry of Women and Child Development, Government of India, in pursuance of Section 44 of the Juvenile Justice (Care and Protection of Children) Act, 2015 read with Rule 23 of the Model Juvenile Justice Rules 2016, has notified **Model Guidelines for Foster Care, 2016**.

3. In order to make an easy understanding of Model Guidelines for Foster Care, 2016 for the stakeholders, NCPCR organized a consultation on Foster Care on 20th September 2018. In pursuance of decisions taken therein and in consultation with Centre of Excellence in Alternative Care, an NGO based in Delhi, NCPCR developed a "**User Handbook on Foster Care**". We thank Ms Vasundhra, Managing Director, Centre of Excellence in Alternative Care, for providing professional support in development of this User Handbook.

4. This User Handbook would not have been possible without the continuous support and guidance of Ms Stuti Kackar, Chairperson, NCPCR, who recognised the need for practice guidance for stakeholders and organisations charged with the important task of developing family-based care for children. We express our gratitude to her for bringing together a multidisciplinary team of experts whose initial consultation guided the format and content of the book. We are grateful to Mr. Yashwant Jain, Member, Mr. Raman Gaur, Sr. Consultant, Dr. Dhani Ram, Sr. Consultant (JJ & POSCO) and Ms. Nidhi Sharma, Consultant (Legal) NCPCR for their valuable contribution.

5. We also acknowledge other individuals and organizations who have supported us with professional support, legal and practical advice. Special thanks to school children of Kunskapsskolan, Gurgaon for making this book colourful and attractive by their beautiful artwork.

New Delhi
August 2018

Geeta Narayan
Member Secretary

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IN GRATITUDE

This User Guide on Foster Care is an initiative of National Commission for Protection of Child Rights in collaboration with Centre of Excellence in Alternative Care, India.

We are honoured to have the opportunity to contribute to this publication which I hope will support all states in India to further their development of foster care, in accordance with the right of a child to family life.

We express our gratitude to Ms. Stuti Kackar, Chairperson, NCPCR for her vision to support the development of a quality foster care system in India, and in development of this User Guide.

I am indebted to Mr. Jim Cockburn, Founder of Martin James Foundation and Key Assets for his continued support to CEAC and his commitment to sharing expertise and knowledge in international foster care.

I am grateful to Ms. Gabrielle Jerome, Head of International Practice and Quality, Key Assets for working with CEAC over many months, to share key learnings in what has worked in foster care internationally and support our adaptation of practice knowledge to the Indian context.

We also thank Mr. Deepak Kumar, CEO, Central Adoption Resource Authority for his valuable inputs, Save the Children India, Udayan Care and Jamia Millia Islamia University for their initial recommendations in conceptualising the User Guide.

We would like to especially thank Ms. Pramila Singh, Member, Child Welfare Committee, South East Delhi, Ms.Tasneema Zaidi, Former CWC Member, South East Delhi and Ms. Anita Singh, DCPO, South West Delhi for their continuous support and sharing insights during consultations on early drafts.

We thank Mr Samuel Jackson-Royle, CEO of Martin James Foundation, for his technical expertise and guidance.

We also express our gratitude to foster carers and care leavers for their words of wisdom included in the User Guide, and to the school children of Kunskapsskolan, Gurgaon for their beautiful artwork.

Vasundhra
Managing Director

25 August, 2018.

keyassets

Martin James Foundation

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LIST OF ABBREVIATIONS

BOSCO	Bangalore Oniyavara Seva Coota
CARA	Central Adoption Resource Authority
CARINGS	Child Adoption Resource Information and Guidance System
CEAC	Centre of Excellence in Alternative Care
CEO	Chief Executive Officer
CCI	Child Care Institution
CWC	Child Welfare Committee
CSWB	Central Social Welfare Board
DCPO	District Child Protection Officer
DCPU	District Child Protection Unit
DD	Daily Diary
DM	District Magistrate
DWCD	Department of Women and Child Development
FCAC	Foster Care Approval Committee
FIR	First Information Report
HIV	Human Immunodeficiency Virus
ICPS	Integrated Child Protection Scheme
IEC	Information Education and Communication
IFCO	International Foster Care Organisation
JJ Act	Juvenile Justice (Care and Protection of Children) Act 2015
MWCD	Ministry of Women and Child Development
NPAC	National Plan of Action for Children
NCPCR	National Commission for Protection of Child Rights
NFPA	National Foster Parent Association
NGO	Non-Governmental Organisation
NIPCCD	National Institute of Public Cooperation and Child Development
PFC	Potential Foster Carer
PO-IC	Protection Officer Institutional Care
PO-NIC	Protection Officer Non-Institutional Care
SAA	Specialized Adoption Agency
SARA	State Adoption Resource Authority

SCPS	State Child Protection Society
SFCAC	Sponsorship and Foster Care Approval Committee
SHO	Station House Officer
SWOT	Strengths Weaknesses Opportunities Threat
SMART	Specific, Measurable, Achievable, Relevant and Time Bound
TB	Tuberculosis
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNGACC	United Nations Guidelines on Alternative Care for Children
UNICEF	United Nations International Children's Emergency Fund
USA	United States of America
UK	United Kingdom

DEFINITIONS

1. "Adoption" means the process through which the adopted child is permanently separated from his biological parents and becomes the lawful child of his adoptive parents with all the rights, privileges and responsibilities that are attached to a biological child.[1]
2. "Aftercare" means making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but, have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society.[2]
3. "Best interest of child" means the basis for any decision taken regarding the child, to ensure fulfilment of his basic rights and needs, identity, social well-being and physical, emotional and intellectual development.[3]
4. "Board" means a Juvenile Justice Board constituted under section 4 of JJ Act 2015.
5. "Child" means a person who has not completed eighteen years of age.[4]
6. "Child Care Institution" means Children's Home, Open Shelter, Observation Home, Special Home, Specialised Adoption Agency and a Fit facility recognised under the Juvenile Justice (Care and Protection of Children) Act, 2015 for providing care and protection of children, who are in need of such service;[5]
7. "Deinstitutionalisation" is the policy-driven process of reforming child care systems, which primarily aims at decreasing reliance on institutional and residential care with a complementary increase in family and community based care and services.(Opening Doors, Euro Child)[6]
8. "District Child Protection Unit" means a Child Protection Unit for a District, established by the State Government under section 106 of the JJ Act 2015, which is the focal point to ensure the implementation of this Act and other child protection measures in the district.[7]
9. "Family preservation" means efforts to keep families together and prevent unnecessary out-of-home placement of children.(Child Welfare Information Gateway)[8].
10. "Foster care" means placement of a child, by the Committee for the purpose of alternate care in the domestic environment of a family, other than the child's biological family, that has been selected, qualified, approved and supervised for providing such care.[9]
11. "Foster family" means a family found suitable by the District Child Protection Unit to keep children in foster care under section 44 of the JJ Act.[10]
12. "Group Foster Care" means a family like care in a fit facility for children in need of care and protection who are without parental care aiming on providing personalised care and fostering a sense of belonging and identity, through family like and community based solutions.[11]
13. "Kinship care" refers to the care of children by members of joint or extended family members.[12]
14. "Resilience" means the ability to recover from or adjust easily to misfortune or change." (Merriam Webster Dictionary)[13]

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1 Section 2(2), The Juvenile Justice (Care and Protection of children) Act 2015,
2 Section 2(9) , ibid
3 Section 2(12), ibid
4 Section 2(12), ibid
5 Section 2(21), ibid
6 Opening Doors for Europe's Children, available at http://www.openingdoors.eu/wp-content/uploads/2014/11/DI_Lessons_Learned_web_use.pdf
7 Section 2(26) JJ Act 2015
8 MirahRiben, Family Preservation, https://www.huffingtonpost.com/mirah-riben/family-preservation_b_9614136.html
9 Section 2(29), The Juvenile Justice (Care & Protection of Children) Act 2015
10 Section 2(30), ibid
11 Section 2(32), ibid
12 3(i) Model Guidelines for Foster Care, 2016
13 https://www.merriam-webster.com/dictionary/resilience

Chapter

1 Introduction and Background

Informal care of children is part of India's rich cultural tradition through the joint family system that still exists in many communities across the country. Bound with close family ties this system enables the majority of children whose parents are unable to care for them, to be brought up by their extended family members. At the same time, the gradual erosion of the joint-family tradition and the emergence of nuclear families have left many children without the support of familial care. For these children the most common option is to be placed in a Child Care Institution (CCI), as other forms of family-based care are yet to be developed.

There has been a range of pilot projects and small-scale foster-care projects in India with some support from the State Governments. However, due to the lack of adequate financial support, community awareness and fundamental gaps in the development of workable systems, many of these projects could not take off or make and meaningful impact.

The recent focus of the Government on rules and guidelines relating to foster care has therefore raised the hopes of concerned stakeholders in developing an alternative to institutional care for children, in partnership with non-government organisations (NGOs).

Courtesy : Kunskapsskolan, Gurgaon.

Developing foster care for some of the country's most vulnerable and disadvantaged children is a complex process. In order to succeed, there needs to skill in promoting awareness of foster care, attracting the right families and equipping them with the tools to providing quality care for children, and at the same time safeguarding the principles and rights which protect children. The aim is to find empathetic homes and nurturing families which will help these children overcome the trauma of their life experiences and develop a sense of belongingness to achieve their full potential.

Chapter

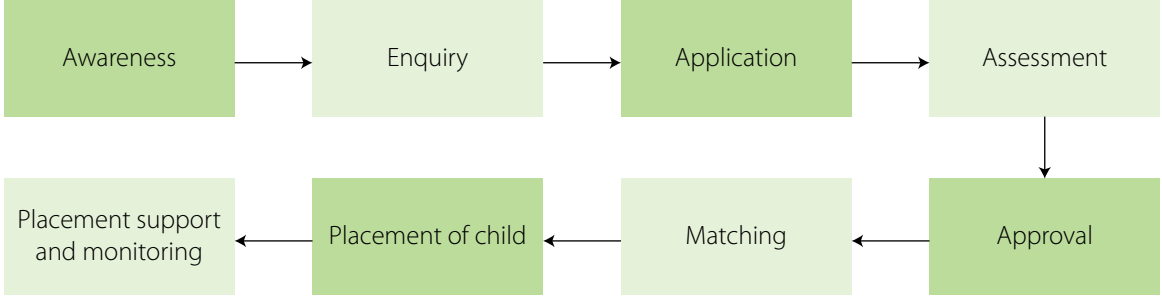
2 Purpose of User Guide

This User Guide aims to provide a comprehensive approach to the development of a good quality foster care service, which will be useful for a range of practitioners including the Child Welfare Committee (CWC) responsible for approval and monitoring of foster families, District Child Protection Unit (DCPU) responsible for developing the foster care service, NGOs who may support foster care,and any individual or organisation who has a role to play.

The formal foster care system as outlined in this User Guide is not intended to replace kinship care, a good system that exists in our society but is for those children who don't have the opportunity to be with their parents and relatives. It will be relevant for policy makers and managers and workers responsible for raising awareness about foster care taking enquiries from potential carers, assessing the families, placing children, working with the children, monitoring the child's placement and supporting the foster carers.

The User Guide should ideally be read first as a whole text, then used as a reference guide to work through different processes. Detailed guidance on significant steps and stages in the journey to foster care, are included.[14]

The Journey to Foster



The guide also includes some general chapters which will be particularly helpful to social workers responsible for the child's placement, for example, chapters on attachment theory, impact of trauma on the child, supporting contact with biological families, meeting the child's education and health needs and preparing the child for independence.

The three important national instruments – The Juvenile Justice (Care and Protection of Children) Act 2015, The Juvenile Justice (Care and Protection of Children) Model Rules 2016 and The Model Guidelines for Foster Care 2016 are the base for developing this User Guide and current rules and regulations are included in each chapter. The User Guide provides additional guidance on implementation of the regulations, and also proposes new areas of practice which have not yet been addressed in the legal framework.

The Juvenile Justice (Care and Protection of Children) Act 2015 and ensuing Rules and Guidelines also make reference to the placement of children in 'Group foster care'. This type of facility is not the same as foster care within a family,

14 The Journey to foster care is discussed in detail in chapter 7,8 and 9.

and is required to be licensed as a 'fit facility' similar to the CCIs and as such is not included in detail in this User Guide.

However, many of the general chapters will also be relevant for staff working in or supporting group foster care facilities.

We have, throughout this publication, ensured that the rights of the child as outlined in the United Nations Convention on the Rights of the Child (UNCRC 1989) are respected and where appropriate include comments from children who have experienced foster care, along with foster carers themselves. The anonymity of children and carers is preserved.

The publication is also informed by a wide range of international research, but, its focus is very much practice-based, providing detailed guidance and discussion of the issues involved in many stages of foster care development and the challenges faced by foster carers and children they look after.

Foster care providers using this User Guide will be at different stages of development, some will already have experience of delivering foster care, others will be embarking on this journey for the first time.

It is important to acknowledge that this User Guide is not prescriptive and is intended as a 'good practice guide' from which DCPU, NGO and others can develop their own policy and practice.

Examples are included of foster care practice which have been used successfully in many countries and we acknowledge that many of these practices will need further adaptation for India as a whole and with reference to the wide variety of locations and communities within the country. Some recommended practices will be relevant now, others may be a resource to be drawn on in the future.

It is hoped that the User Guide will be a useful resource for states and partners in their own journey to develop foster care and also enable them to be creative in developing services appropriate to their own resources and communities.

The User Guide will be made available on the NCPCR website and CEAC website for ease of access and word versions of all Annexures will be available on the CEAC website for download, to enable local adaptations to be made.

www.ncpcr.gov.in
www.alternativecareindia.org

Courtesy : Kunskapsskolan, Gurgaon.

Chapter

3 Why Foster Care is Important

3.1 Introduction

This chapter provides a short overview of reasons why children may come into the care system, and the shift taking place in many countries from a traditional model of institutional care to family based care for children.

On the basis of various research findings, many countries are now recognising that children often fail to thrive in institutional care and are seeking family-based alternatives including family reintegration, kinship care, adoption, and foster care. The progress towards family-based care is influenced by a wide range of factors including economics, politics, social norms, culture and ideology.

How foster care develops also varies, in some countries it is seen as a voluntary activity where a family takes in a child with a minimal assessment and very little support, whereas in other countries the foster carer is seen as a professional worker, with requisite skills and qualifications and receives a fee, training and ongoing supervision and support.

However, it is important to acknowledge that fostering is not the same as looking after a biological child. The legal responsibility for the child remains with the parent and/or the state, thus the foster parent is accountable and expected to care for the child within certain regulations and guidelines. The detailed history of the child may not be known and the child is more likely to have experienced separation and loss, abuse and neglect and other forms of trauma which can make the job of parenting the child more complex. The foster family therefore needs support to develop skills in caring for children with complex needs.

3.2 Reasons for Children Entering Child Care Institutions (CCIs)

Children enter the formal care system in most countries for similar reasons like poverty, child abuse and neglect, displacement due to conflict or natural disasters and the incapacity of parents to meet their needs through ill health, mental health issues, addictions, learning disability and lack of parenting skills.

Children in marginalized communities are often disadvantaged and children with disabilities are at greater risk of abandonment in some countries. Parents sometimes choose to place their child in an institution so that they can be fed and educated. Children who are impacted by poverty are more prone to malnutrition, health risks, migration, child labour, trafficking, etc., which in turn threatens their right to survival, development, protection, and meaningful participation in society. (*National Plan of Action 2016)*[15]

Realizing the detrimental effects of institutionalization and the importance of family in the life of a child, many countries are now increasing their efforts to work with families to improve their capacity to care for their children.

[15] http://wcd.nic.in/sites/default/files/National%20Plan%20of%20Action%202016.pdf

3.3 Foster Care as an Investment in Children

Foster care in the West is often cited as a 'less expensive' option than institutional care. However, foster care is a complex task requiring a high level of support and skill. In most instances for it to work effectively, considerable investment is required in terms of time, money and expertise. Investing in foster care in the long run is likely to improve health and well-being, education and life chances for the child and break the cycle of deprivation.

Children in foster care have a greater opportunity to reach their potential and lead positive and fulfilling lives, which is likely to lead to significantly better outcomes, reducing long-term costs to society in terms of support regarding health services, the penal system and on-going support services.

3.4 Impact of Institutionalisation on Children

Multiple studies done by international social scientists, highlighting the adverse effects on children when living in institutionalised care have strongly influenced UNCRC. As a result, programmes have been created in Europe, Australasia, North America and other continents, to 'deinstitutionalise' children and develop family-based alternatives.

Normal child development requires regular and one to one interactions with available and sensitive parent figures, which are seen as the most important early social relationships,*(Howe 1995)*[16] often lacking in institutional settings due to staff availability and daily changes of caregivers.

The early years and especially 0-3 years are a particularly vulnerable time when the brain undergoes significant development and patterns of interaction, stress regulation and relationship-building are formed. At this time the attachment relationship between the child and his carers is shaped, providing the foundation for mental well-being throughout life. The involvement of multiple care givers in a staffed home has a significant negative impact and for this reason *Browne (2005)*[17] vehemently states that no child under five should be placed in an institution and those currently living in residential care should be moved to family-based care as soon as is possible.

Numerous studies internationally have evidenced a vast range of developmental problems impacting children in institutional care such as growth deficiencies, delayed cognitive and language development, increased hyperactivity, impulsivity, aggression and anti-social behaviour. *(Knorth et al., (2008)*[18]*; Wiik et al.' (2011)*[19]. A vast range of developmental problems have been identified such as growth deficiencies, speech and language delays and social and behavioural abnormalities *(Gunnar and Kertes, (2005)*[20]*; Van Ijzendoorn, (2007)*[21].

In a study by O'Connor and Rutter (2000) comparing Romanian and English children adopted in UK, it was found that the duration of deprivation within institutional care was directly related to severity of attachment disorder behaviours.

It may be the case that not every child is suitable to be placed in a foster family and consideration needs to be given to a small number of children whose behaviour places themselves or others at risk of harm, or for children who on account of prior experiences are unable or unwilling to be placed in a family. For such children small group homes may be appropriate.

In Europe and elsewhere, Governments are on a reformative journey to close down institutions and move children into family based or family-like care in group homes, and European Union structural funds have been targeted in Eastern European countries towards this process.

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16 Howe D, (1995), Attachment theory for social work practice, London Macmillan

17 Browne,K. (2005), Adoption and Fostering, 29. 23-33

18 Knorth, E.J, Harder, A.T., and Kendrick, A.J, Children and Youth Service Review 30, 123-140

19 Wiik, K.L., Loman, M.M., Van Rysin, M.J., Armstrong, J.M., Essex, M.J., Pollack, S.D. et al. (2011" The Journal of Child Psychology and Psychiatry", 52(2). 56-632

20 Gunnar M.R., and Kertes, D.A., (2005) In Brodsinsky, D.M., and Palacios, J. ed Psychological Issues in Adoption 47-65, London Praeger

21 Van Ijzendoorn, M.H., Bard, K.A., Bakerman-Kranenburg, M.J., and Juffer, F., (2007), "Journal of Developmental and BehaviouralPaediatrics". 28(4) 334-343

3.5 Case Example – Deinstitutionalisation

In Bulgaria, one of the poorest countries in Europe, (*CIA 2017*) the number of children in foster care increased from 200 in 2009 to 2,323 in 2016. Bulgaria had tradition for over 50 years to house children in large institutions. Children generally entered the institutions as babies, often for reasons of poverty, lack of support to families or disabilities and proceeded through a series of age-banded institutions until they reached adulthood.

Through a commitment to developing alternative care services including family reunification, small group homes, kinship care and foster care the number of children in institutional care was reduced by 80% from 7587 in 2009 to 1495 in 2016. *(Bulgaria fact sheet 2017)*

India faces a greater challenge in deinstitutionalisation because of its size, geography, economy and the fact that foster care is a fairly recent development. It is therefore important to develop a model of foster care that works for India. Borrowing models and polices from other countries should always be done cautiously because of the different demographic, social, cultural and legal systems that exist. (Tilbury and Thoburn2008)[22]

Courtesy : Kunskapsskolan, Gurgaon

Courtesy : Kunskapsskolan, Gurgaon

[22] Tilbury, C. and Thoburn, J.(2008) "Children in out of home care in Australia - International comparisons Children Australia". 33, 3, 5-12

Chapter

4 Development of Foster Care in The World

4.1 Introduction

Almost all countries historically have an informal tradition of taking care of children , commonly known as 'kinship care', where a family member takes in a relative child in the absence of, or at the request of a parent.

'Foster care' is the term used to describe the placement by the national or local Government, of a child without parental care with a non-related family. This is usually done when the biological parent is unable or unwilling to provide appropriate care for the child.

Most Asian countries do not yet have legal frameworks or systems in place for formal foster care. In countries, like the US and UK, formal foster care has been operating and developing over a long period of time.

Case examples – how foster care started

USA

In 1853 Charles Loring Brace, Minister and Director of the New York Children's Aid Society, began the free foster home movement. He was concerned about the large number of immigrant children sleeping on the streets of New York. He advertised for families to provide free homes for these children, whether for charitable reasons or to support with work, and from his early initiatives the foster care movement was founded. Following on from this, sectarian social agencies and state governments became involved in foster home placements, and during the early 1900s foster homes were inspected, foster carers supervised, records were kept, and foster carers over time were seen as part of a professional team enabling children to return home, or into other permanent arrangements such as adoption. *(NFPA)*[23]

England

Foster care was first introduced in 1853 when Reverend John Armistead removed children from a workhouse (large institution for the destitute) and placed them with foster families. The local council was legally responsible for the children, and paid the foster parents a sum equal to the cost of maintaining the child in the workhouse. *(Guishard-Pine 2007)*[24]

In 1908 the Children's Act introduced the registration of foster parents.

Up to the 1970s foster care was seen as the preferred placement for children under 10, whilst older children were generally placed in institutions or small group homes. After a range of studies evidenced poor outcomes for these children, combined with growing concerns about abuse within the institutions, policies were directed towards promoting family-based care, and foster care was prioritised for children of all ages.

Today there are 70,440 children in the care of the local authorities in England, of whom 74% are in foster care.*(Dept of Education 2017)*[25] Two-thirds of foster placements are provided by local authorities and one-third by independent fostering agencies.

23 National Foster Parent Association, https://nfpaonline.org/page-1105741

24 Guishard-Pine, J., McCall, S., Hamilton L., *"Understanding Looked After Children: An Introduction to Psychology for Foster Care"*. p.16; Jessica Kingsley Publishers. (Google eBook)

25 Department of Education (2017) Statistical review Children looked after in England (including adoption) year ending 31 March 2016. Statistical first release SFR 41/2016 September 2016 Dept of Education (England)

4.2 The Story of Foster Care in India Prior to 2015

In India the development of foster care is very recent. Historically there are well-known examples of people who were fostered, like Rani Lakshmi Bai, Akbar, Raja Udhay Bhan Singh. Due to a strong joint family system, with a commitment to taking care of the children, the necessity to formalize the foster-care system was never felt. Isolated efforts in foster care have been successful in India during times of natural disaster such as the earthquake in Maharashtra in 1993; the earthquake in Gujarat in 2001; the cyclone in Marissa in 2000; and the tsunami in 2004.

Successive Governments have worked to include foster care into the legal framework and planning as well as small scale projects to develop formalized foster care. There are examples of the same as follows:

1960 The Children Act 1960 very specifically stated that every children's home to which a neglected child is sent under this Act, shall not only provide accommodation, maintenance and facilities for education, but, also provide him with facilities for the development of his character and abilities and give him necessary training for his reformation. It shall also perform such other functions as may be prescribed to ensure all round growth and development of his personality.
1964 The Central Social Welfare Board introduced foster care in the Third Five-Year Plan as part of its "Child and Family Welfare Plans," with a vision to place children near to their home and three NGOs in Mumbai and Chennai initially piloted this project. However, lack of space in family homes, economic barriers and socio-cultural differences made implementation difficult.[26]
1972 The first non-institutional scheme for children was introduced in Maharashtra. The Family Service Centre NGO initiated a foster-care scheme, which was later taken over by the State Government, now known as the Bal Sangopan Yojana. It works to support many families in Mumbai who are HIV affected.[27]
1974 A 'Scheme for Children in Need of Care and Protection' was launched by the Ministry of Social Welfare which included a foster-care scheme, aimed at very young children who became destitute. The ministry worked with UNICEF to review and revise the existing foster-care scheme and some NGOs were provided with administrative support for three years. However, the lack of grant aid funds to NGOs impacted on the success of this scheme.
1994-2000 States like Gujarat, New Delhi, Maharashtra, Karnataka and Mumbai initiated implementation of the Ministry of Social Welfare Scheme of Foster Care in different forms. Alternative models were also developed including 'group foster care', commonly involving 10-15 children living with a 'live-in' house mother with additional staff support.
1995 The Central Adoption Resource Agency (CARA) framed guidelines in 1995 relating to licensing of agencies engaged in adoption placements, with eligibility applicable only to those who had institutional facilities. However, when agencies providing pre-adoption foster family care tabled their views before Government, they approved Foster Family Care as an alternative to Institutional Care for Children Awaiting Adoption (1998), aimed at children under 6 years of age.
2000 The Juvenile Justice (Care and Protection) Act introduced a chapter on rehabilitation and social integration for the child through adoption, foster care and sponsorship and provided for temporary foster care for children awaiting adoption, and for short and long-term placement in foster care.
2009 The Integrated Child Protection Scheme (ICPS) launched by the Central Government introduced expectations in relation to State developments with regard to family based care, supported by allocation of budgetary support for child care and protection in every district. The ICPS Scheme was revised in 2014 with enhanced financial norms and provisions of flexibility to secure effective implementation of programmes and services for protection of children. Some states were proactive in developing rules, for example, Palanhar Yogna of the Rajasthan state government is a scheme for orphan, destitute and neglected children to support care, protection and education. Parvarish– the foster care scheme of the Bihar Government has taken off very well in the state for orphans and children of widows, and handicapped children of selected categories of economically weaker sections of society. Vatsalya a family-based non-institutional child care programme of Goa Government.

[26] National Research and Documentation Centre, (2013), *Foster Family Renewed Hope and a New Life,* at p.7 also available at https://bettercarenetwork.org/library/the-continuum-of-care/foster-care/foster-family-a-study-on-the-practice-of-foster-care-for-children-in-india

[27] Ibid

2015 The Juvenile Justice (Care and Protection of Children) Act 2015 included formal foster care under Section 44.
2016 The Nation Plan of Action for children, reinforced as a priority the need to ensure rights of all children temporarily/ permanently deprived of parental care are secured by ensuring family and community-based arrangements, including adoption, sponsorship and foster care.(NPA 2016 3.5)[28]
2016 The Juvenile Justice (Care and Protection of Children) Model Rules for implementation and administration of the provisions of the JJ Act in its true spirit and substance.
2016 Model Guidelines for Foster Care provide additional guidance for foster care by Ministry of Women and Child Development.

Historically the majority of initiatives in developing foster care have been through the NGOs, which has resulted in wide variation in standards of practice and a lack of consistency in approach. A survey by Rane et al (1986)[29] found about 40 organisations to be providing some form of foster care and efforts were made by the Government and UNICEF to review and revise the schemes, through administrative support to some NGOs. However, due to the lack of legal instruments and inadequate monitoring of services, little has been done to ensure quality foster care or address the outcomes for the children.

Courtesy : Kunskapsskolan, Gurgaon.

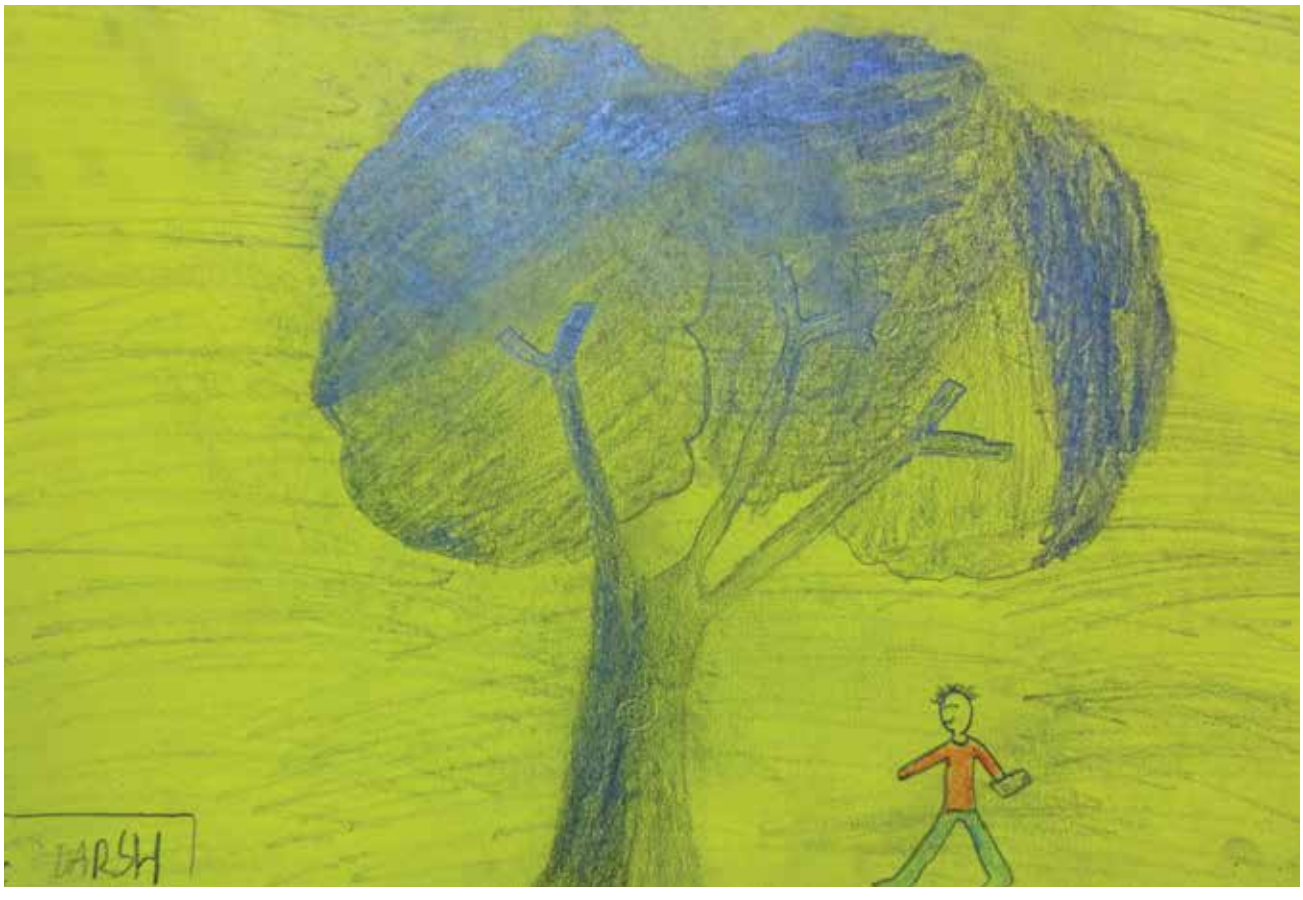
[28] *National Plan of Action for Children 2016*. Ministry of Women and Child Development, Government of India.

[29] Rane, Naidu and Kappadia (1986) Children in difficult situations in India. A review. UNICEF

Research conducted by BOSCO in nine states found that states which had government-enabled foster care schemes such as Maharashtra, Rajasthan and Karnataka tended to be more systematic in developing care system. It also showed that 95 per cent of these states provided some form of remuneration to foster families and were more successful than the 5 per cent who did not.

With the enactment of JJ Act, 2015, the registration of CCIs under the Act and its linkage with SAA has been made mandatory. The number of CCIs registered now has increased to approximately 8000, with thousands of children being brought in the centralised database through linkages of CCIs with the SAAs. Most of these children in need of care and protection are over six years of age, who are more difficult to place with adoptive carers even when declared legally free for adoption. Further in case these children get placed in adoption, the rate of disruption/dissolution is very high. Hence, for deinstitutionalisation of older children in CCIs, a robust foster-care programme in India is an essential requirement. In fact, in countries like UK and USA, the adoption through foster care programme is happening in large numbers. This has been provisioned in Rule 44 of the JJ Model Rules, 2016.

In recent years, the Government has renewed its commitment to developing foster care in a more consistent manner. The Juvenile Justice (Care & Protection of Children) Act 2015, Juvenile Justice (Care and Protection of Children) Model Rules, 2016 and Model Guidelines for Foster Care 2016 are notified for implementation across the country. The new regulatory framework with an expectation that DCPUs in each state will help to develop foster care with the support of NGOs as appropriate, is welcomed and it is hoped that it will provide a much needed impetus for change. The responsibilities of the Child Welfare Committees (CWC) to approve foster families, monitor children's progress and inspect foster placements will also strengthen the service.



Courtesy : Kunskapsskolan, Gurgaon.

Chapter

5 International and National Policy Framework on Foster Care

5.1 Introduction

Every child has the right to survival, protection and education. The importance of family is recognized at an international level through the United Nations Convention on the Rights of the Child (UNCRC) 1989 and the UN Guidelines on Alternative Care for Children.

The UNCRC in its preamble states that:

"for the full and harmonious development of his or her personality the child should grow up in a family environment, in an atmosphere of happiness, love and understanding".

5.2 The United Nation Convention on Rights of the Child 1989 (UNCRC)

UNCRC is the most ratified treaty in the world. Adopted by the General Assembly of UN in 1989, India ratified it in 1992. Every nation that has ratified the convention is expected to evolve a mechanism in the country that would be a watchdog for children rights and monitor the situation of its children. The Convention sets out 54 Articles outlining the rights of all children.

UNCRC Article 20

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.
2. States Parties shall in accordance with their national laws ensure alternative care for such a child.
3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

The Convention also includes the right of the families to be supported in caring for their children and for the child to be protected from abuse and exploitation, participate in decisions concerning them, be supported with good health and education, play and cultural activities, and remain in contact with their parents if separated, unless this is harmful to them.

5.3 UN Guidelines for the Alternative Care of Children 2010

The UN Guidelines are written with the intention to enhance the implementation of UNCRC relating to care, protection and well-being of children who are in need of alternative care. States are obliged to provide effective regulation and monitoring, ensuring that all institutions are properly regulated regardless of whether they are run by Government or NGO.

Alternative care includes:

1. Formal and informal kinship care
2. Foster care
3. Residential care

The Guidelines recommend:

- Support to families to care for their children
- Mechanism to reunite the children with parents or close family members
- Efforts to keep the child close to their habitual place of residence
- No placement in residential care due to poverty
- Residential care should be the last option
- No child under the age of 3 years should be placed in residential care[30]
- Siblings to be kept together wherever possible
- Financial or material poverty should never be the only justification to place a child in foster care
- Basic rights of children must be respected at all times
- View of child must be taken into account while taking any decision.

5.4 The Legal Framework in India

The table below summarises the key requirements relating to children's rights in general in the Constitution of India 1950, National Policy for Children 2013, and National Plan of Action 2016.

It also includes the legal framework specifically relating to foster care which is contained in the Juvenile Justice (Care and Protection of Children) Act 2015, the Juvenile Justice (Care and Protection of Children) Model Rules 2016, and the Model Guidelines for Foster Care 2016, and clarifies the roles of various stakeholders in relation to the provision of foster care.

A short summary of relevant foster care regulations, rules and guidelines will also be found at the start of each chapter in the User Guide for ease of reference.

5.5 The Constitution of India

The Constitution of India guarantees the following rights specially for children:

1. Article 21(a): Right to free and compulsory education for all children between the age group 6-14 years.
2. Article 24: Right to be protected from any hazardous employment till the age of 14 years.
3. Article 39(e): Right to be protected from being abused and forced by economic necessity to enter occupations unsuited to their age or strength.
4. Article 39 (f): Right to equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of childhood and youth against exploitation and against moral and material abandonment.
5. Article 45: State shall endeavour to provide early childhood care and education for all children until they complete the age of 6 years.

Apart from the above, children also have rights equal to citizens of India just like any other adult

1. Article 14 Right to Equality
2. Article 15 Right against discrimination

[30] Rule 44 of The Juvenile Justice (Care and Protection of Children) Model Rule 2016 states that Children in the age group of 0 to 6 years shall be provided a permanent family through adoption as per Adoption Regulations 2017.

3. Article 21 Right to life and personal liberty
4. Article 23 Right to be protected from being trafficked and forced into bonded labour
5. Article 46 Promotion of educational and economic interests of weaker sections.

5.6 The National Policy for Children 2013

The policy recognises every person below the age of 18 years as a child and covers all children within the territory and jurisdiction of the country. The four key priority areas identified are:

1. Survival
2. Health and nutrition
3. Education and development
4. Protection and participation

It recognises the fact that multi-sectoral and multi-dimensional approach is necessary to secure the rights of children and collective action is required for purposeful convergence and coordination across different sectors and levels of governance.

5.7 Revised Integrated Child Protection Scheme 2014 (ICPS)

The ICPS scheme was initially launched in 2009 to prevent child rights violation and improve the child protection services across the country by providing financial and technical support from the Centre. This scheme is implemented through State Governments, which receive financial and technical support from the Centre. Being of particular relevance to children without adequate parental care, **ICPS specifically articulates the need to move away from over-reliance on institutional care to responses that support family-based care.** This includes interventions and policies that would strengthen 'the family capabilities to care for and protect the child' and provision of a range of family-based alternatives 'including sponsorship, kinship care, foster care and adoption'.

5.8 The National Plan of Action for Children 2016

The National Plan of Action is based on the principles of National Policy for Children 2013 and provides a road map that links the policy objectives to actionable programmes. It is an initiative to further strengthen and activate the implementation and monitoring of national, constitutional and policy commitments and the UNCRC. The Plan takes into account the Sustainable Development Goals and gives the road map towards achieving them through coordination and convergence with different stakeholders.

5.9 The Juvenile Justice (Care and Protection of Children) Act, 2015

The Juvenile Justice (Care and Protection of Children) Act 2015 (JJ act) is the law relating to children alleged and found to be in conflict with law and children in need of care and protection. It states the provisions for their basic needs through proper care, protection, development, treatment, social re-integration, rehabilitation, adoption and restoration. It adopts a child-friendly approach in the adjudication and disposal of matters in the best interest of children and for their rehabilitation through processes provided in institutions and bodies.

5.10 Juvenile Justice (Care and Protection of Children) Model Rules, 2016

The Juvenile Justice Model Rules 2016 derive their authority from the JJ Act 2015. The rules are standard methods and procedure for implementation of the Act. The Rules are to be implemented by State Governments /Union Territories by either adapting or adopting to suit their socio- economic and geographic needs.

Chapter VI deals with Rehabilitation and Social Re-integration and has detailed rules on registration of Child Care Institutions, open shelter, foster care, sponsorship and after care.

Rule 23 states that District Child Protection Unit will be the nodal authority for implementing the foster care programme in the district. As per the Rules the decision related to placement of a child in foster care shall be taken by CWC. DCPU shall also consider children for placement in foster care who are living in community. The placement could be short term or long term depending upon the needs of the child.

Rule 44 mentions the categories of children who may be considered for foster care when adoptable children are not being adopted for certain period of time. (1) Children between the age of 6 to 8 years and not adopted for 2 years, (2) children between the age of 8 to 18 years and not adopted for one year and (3) Special Need children, irrespective of age are not adopted for one year, either in country or inter-country. Rule 44(v) further mentions that if a child has remained with a foster family for 5 years other than pre-adoption foster care, the foster family may apply for adoption and will be given preference to adopt the same child after registering with CARINGS and as per procedures laid down in Adoption Regulations.

For placement of any child the CWC will take into consideration the individual care plan and the opinion of the child. Recommendation of DCPU shall be based on assessment of the prospective foster family. DCPU outlines specific criteria of eligibility for foster carers (see Chapter 6).

Foster family is required to undergo training before placement of a child and full support shall be provided to the family and the child to ensure that placement is successful. The DCPU and CWC shall support the contact between the child and his biological family**.**

DCPU and CWC are jointly responsible for monitoring and maintaining the child records.

A range of forms are provided in the Rules for various processes involved.

5.11 Model Guidelines for Foster Care 2016

The Model Guidelines for Foster Care, 2016 were notified by the Ministry of Women and Child Development in November 2016. The Guidelines derive strength from section 44 of the Juvenile Justice (Care & Protection of Children) Act 2015, Rule 23 and 44 of the JJ Rules [the Rules], 2016 and UNCRC (1989).

The States/UTs are at liberty to adapt or adopt these guidelines to suit their socio-economic and geographic needs.

They outline categories of children who are eligible for foster care (See Chapter 6) and have added the concept of Group Foster Care. They also added provisions for foster parents to adopt the child who they have fostered for 5 years. Such foster parents have to register on a separate page created by the Child Adoption Resource Information and Guidance System (CARINGS) under the Adoption Regulations, 2016. The Guidelines provide more detail on the criteria, roles and responsibilities of foster carers. They also include matters such as assessments of the foster family, matching the child, counselling, and monitoring and review of the child's placement.

5.12 Roles and Responsibilities of Different Stakeholders in Foster Care

Stakeholder	Role and Responsibilities
Child Welfare Committee	1. Request DCPU to do the child study and home study either by themselves or through the support of counsellors listed with them. 2. Analyse the home study report of prospective foster family. 3. Assess the individual care plan of the child and consent of biological parents. 4. Take the consent of the child if able to understand. 5. Will consider matching the child with the foster parents as per the report of DCPU. 6. Pass an order to place a child in foster care. 7. Will do inspection every month for the first 3 months and then after every 6 months 8. Will pass order of extension or termination of placement as per the recommendations of DCPU.
District Child Protection Officer	1. DCPO is the Nodal Officer for Foster Care Programme. 2. Will assess the cases dealt by DCPU 3. Will receive regular reports from the PO-NIC 4. Will guide and support the biological parents or foster parents as stipulated under Foster Care Programme 5. Will submit uartely Report to SFCAC and Annual Report to SCPS.
District Child Protection Unit	1. Have a panel of NGOs or social workers who are interested or are working on foster care. 2. Will give training and build the capacity of stakeholders in the district. 3. Will be the contact point for all CCIs and SAAs. 4. Will create a separate roster of foster carers and group foster care facilities. 5. Will create and maintain a detailed database of all placements until the child turns 18 years of age. 6. Will ensure that joint bank account is transferred in the name of the child at age 18 7. Will resolve the issues concerning foster care through investigations and interventions. 8. Will recommend to extend or terminate the placement in foster care. 9. Overall monitoring and evaluation of the foster care programme. 10. Will facilitate the foster parents to enrol or in updations of Aadhar for themselves and for the child.
Protection Officer Non-Institutional Care (PO-NIC)	1. Take up cases for individual and group foster care. 2. Will conduct the home study of the families and prepare the report. 3. Will match the foster families with the child as per the needs of the child. 4. Will take the consent of the parents for placing the child in foster family if the child's parents are in jail. 5. Will facilitate approval for children of terminally ill parents for foster care. 6. Will prepare a joint list of children who are in CCIs and in community, who can be placed in foster care. 7. Will put up sponsorship application before SFCAC every month.

Stakeholder	Role and Responsibilities
	8. Will ensure all support including counselling to the child and foster family, before, during and after the placement. 9. Will supervise and monitor the placement and care arrangement till the age of 18 years. 10. Will ensure the contact between the child and his/her biological parents 11. Will regularly monitor the foster care programme through frequent and regular visits
Protection Officer-Institutional Care (PO-IC)	1. Will Identify the children from institutions requiring foster care. 2. Will work with the PO-NIC in the best interest of the child. 3. Will put together the child protection data about the number of children who are in CCIs and in need of foster care. 4. Will manage the child tracking system of all institutional care programme on the portal set up by the State Government.
NGOs	1. NGOs interested to work in foster care may be empanelled with DM in the district and help DCPU in: a. Shortlisting eligible children who can be placed in foster care. b. In preparation of individual care plan, child study report and home study report. c. In providing counselling to the child, foster family and biological families. d. Training to foster carers before the placement of child with foster families. e. Preparation of IEC material on foster care. f. Create awareness in the community on the Foster Care Programme and Advocacy. g. Conducting inspections of placement of children at regular intervals.
Foster Parents	1. Shall provide food, clothing, shelter, education, care and treatment for the child's physical, emotional and mental health, and vocational training. 2. Shall provide proper medical attention at the nearest hospital in case child needs medical treatment and a report and fitness certificate needs to be submitted to CWC. 3. Shall ensure protection from exploitation, maltreatment, harm, neglect andabuse. 4. Shall ensure that age appropriate recreation activities are provide to the child. 5. Shall respect the privacy of the child and his biological family or guardian. The confidential information shall not be disclosed to anyone without prior consent of the parents. 6. Shall ensure the contact between the child and biological parents, after consulting CWC and if it is in the best interest of the child. 7. Shall share the progress of the child with CWC and biological parents. 8. Shall produce the child before CWC, as and when required by CWC. 9. Shall ensure that the child's whereabouts are known to CWC and biological parents at all times, like change of address, going on vacation or running away of child.

Chapter

6 Who Can Foster and Who Can be Fostered?

6.1 Introduction

This chapter outlines:

1. Eligibility conditions to become foster carers
2. Children who can be fostered

6.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care & Protection of Children) Act 2015.

The Act states that a child can be placed in foster care through the orders of CWC, in a family which is unrelated to the child and recognized as suitable and capable to take care of the child for a short or extended period of time (Section 44) The term 'foster family' is defined as 'a family found suitable by DCPU to keep children in foster care under section 44'

Section 44 (2) of the Act states that the selection of the foster family shall be based on family's ability, intent, capacity and prior experience of taking care of children.

44 (9) No child regarded as adoptable shall be given for 'long-term' foster care

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

Rule 23 has laid down the eligibility criteria for people to become foster parents and for children who can be fostered.

Rule 23 (4) mandates DCPU to consider children living in the community for foster care, based on a Child Study Report (Form 31)

Rule 23 (10) Children with special needs shall also be considered for foster care or group foster care.

Rule 44 stipulates the eligibility of children for foster care who are not being adopted after being declared legally free for adoption.

Model Guidelines for Foster Care 2016

The Guidelines also reiterate the eligibility criteria as mentioned in JJ Rules 2016.

Children living in CCIs shall be identified for placement in foster care.

6.3 Eligibility for Foster Carers

The JJ Rules 2016 in Rule 23(12) outlines specific criteria to be considered by DCPU while selecting foster families.

1. Both the spouses are Indian citizens
2. Both the spouses must be willing to foster the same child
3. Both the spouses must be above the age of 35 years
4. Must be in good physical emotional and mental health
5. The family should have sufficient income with which to meet the needs of the child
6. Medical reports of all the family members residing in the premises required, including reports for Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and Hepatitis B or any other communicable disease and cancer to determine their health status
7. Should have adequate space and basic facilities

The Model Guidelines also add:

8. Should be willing to follow rules laid down including regular visits to doctors, maintenance of child health and their records
9. Should be willing to attend foster care orientation programmes organised by DCPU
10. Must be without criminal conviction or indictment
11. Should have supportive community ties with friends and neighbours

Note: The Act and Rules do not define a maximum age for fostering.

The eligibility criteria for foster carers varies from that required in adoption, which allows single carers and carers over 25 to adopt. Foster Parents should have no record of child abuse. A background check in this regard is a must. (The Adoption Regulations 2017)[31]

6.4 Eligibility for Children to be Placed in Foster Care

1. Between 6 - 8 years who are not adopted within 2 years of being declared legally free
2. Between 8 - 18 years who are not adopted within 1 year of being declared legally free
3. With special needs of any age who are not adopted within 1 year
4. Living in a community where DCPU considers that the child needs to be in foster care
5. Between 6 -18 years, staying in child care institutions and not been declared legally free
6. Whose parents are terminally ill and unable to take care of their children
7. Whose parents are mentally ill and are unable to take care of their child;
8. Whose one or both parents are in jail;
9. Victims of physical, emotional or sexual abuse, natural /man-made disasters, agrarian distress and domestic violence

The Rules are clear in advocating plans to restore every child in institutional care to family-based care and CCIs are expected to identify children suitable for foster care and inform DCPU.

Children of any age can be placed in foster care from the community or from the child care institutions.

The JJ Act 2015 is clear that children regarded as free for adoption shall not be placed in 'long-term' foster care. The Act however, does not prohibit the placement of children in short-term foster care whilst an adoptive family is found.

Given the right of a child to family life and the concerning impact of institutional care on children, particularly in their early years, it is recommended that a short-term foster placement is a more appropriate option for most children whilst an adoptive family is being found.

[31] http://cara.nic.in/PDF/Regulation_english.pdf

The Rules recognise that children who are declared legally free for adoption can be successfully placed in foster care after the lapse of certain time periods. This requires CCIs, Adoption Agencies and the DCPU to maintain clear records and planning processes which ensure that the time scales prescribed are followed and that children are not left 'drifting' in the care system in inappropriate placements.

For children who are not legally free for adoption, and who are unable to be reunited with their family, relatives or guardians, foster care should be considered in most cases as a placement of choice.

6.5 Group Foster Care

As per Section 2 (32) of the JJ Act "group foster care" means a family-like care facility for children in need of care and protection who are without parental care, aiming on providing personalized care and fostering a sense of belonging and identity, through family-like and community-based solutions.

Placement of children in group foster care should be considered based upon the needs of the individual child and the capacity of the group foster care home to meet the child's needs.

Courtesy : Kunskapsskolan, Gurgaon.

Chapter

7 Preparation at District Level to Start a Foster Care Service

7.1 Introduction

The Act, Rules and Model Guidelines clearly expect DCPU to develop the foster care service, and provides some useful guidance, forms and templates for various aspects of the process.

However, planning for a new service development requires investment of time, energy, financial and human resources, and strategic planning on the part of DCPO.

To make foster care functional this chapter provides a checklist which may be helpful for DCPO to consider during the planning stage.

7.2 Current rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care & Protection of children) Act 2015.

Section 44(2) states that the selection of foster family shall be based on families ability, intent, capacity and prior experience of taking care of children. Section 44(8) states that the foster family shall be inspected by the CWC regularly

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

Rule (23(2)) outlines responsibility on DCPU for implementing the foster care programme

The Rules require DCPU to make foster care workable by creating awareness, identifying families at risk, vulnerable children from community and eligible from CCIs, also to keep database of PFCs, SAAs, CCI's, network and coordinate with civil society, NGOs etc. Rules (85(vii-x)).

Model Guidelines for Foster Care 2016

Chapter 3 recommends a monitoring tool for foster care placements to be completed monthly and reported to CWC and SPCS (State Child Protection Society) (see Annexure D1 in Model Guidelines)

(Headings from the monitoring tool have been included in the planning checklist.)

7.3 Organisational Planning Checklist

The checklist below helps to identify some of the key tasks, resources, staffing and systems which need to be in place. This list can be customized, added to and adapted according to local needs.

Where there are gaps, plans should be made to address these with responsible persons allocated, and dates for tasks to be completed.

Ideally an electronic database should be created for accurate recording and reporting of data and file records.

Items 1-22 should be given priority, with remaining items built up as foster care starts.

Monitoring Tool

The Model Guidelines provide a monitoring tool (Annexure D1) which is recommended to be submitted monthly to CWC with a copy to SCPCS. The headings from this monitoring tool have been included in this checklist.

Organisational Planning Checklist to assist with planning for the development of a foster care service		Yes/ no
Preparation stage – what needs to be in place		
1	Allocation of staff with key responsibility for developing the service. Refer Rule No.23(2) JJ Rules 2016	
2	Responsible staff are trained/informed regarding their role. (NIPCCD at New Delhi or its Regional Centres in Indore, Guwahati, Bangalore and Lucknow are responsible for providing training in the overall domain of women and child.)	
3	Allocation of budget to develop the service. (Budget for foster care is available under ICPS Scheme).	
4	Policy and procedures on foster care including initial enquiry, initial home visit, home study, approval, induction, monitoring, support and supervision of carers, record keeping and review of carers.	
5	Policy and procedures relating to children in placement including identification of children, matching, placement process, child protection, complaints, support and supervision of child in placement, placement monitoring, emergency incident reporting, record keeping.	
6	Pre-service training for potential foster families.	
7	System in place for authorizing/recognizing NGOs for foster care services	
8	Strategy to promote awareness and develop foster care	
9	List of NGOs identified and authorized to be available by DCPU and CWC	
10	District-specific databases to monitor trends and patterns of children in difficult circumstances is available and up to date. Include details such as age, gender, disability, religion and mother tongue.	
11	Linking of processes with CCIs and adoption agencies regarding children eligible for foster care	
12	Brochure for potential foster carers is available	
13	Plan for open sessions in the community for potential foster carers to attend	
14	System for responding to, logging and tracking initial enquiries	
15	System for allocating and completing initial visits	
16	System for completing and logging potential foster carers checks and references	
17	System in place for allocating and undertaking home studies	
18	System in place for presenting for approval by CWC	
19	System for foster carers to apply for available financial sponsorship/ allowances	
20	System for children's records	
21	System for foster carer records	

Contd.

	Organisational Planning Checklist to assist with planning for the development of a foster care service	Yes/ no
22	System for orientation/induction of carers including written information	
23	System for professional counselling of child, foster carers and biological familes.	
Ongoing development of the service, and issues to be monitored		
24	List of advocacy activities on foster care program	
25	Annual foster carer training calendar with list of attendees	
26	Annual staff training calendar with list of attendees	
27	List of capacity building programmes with dates	
28	List of all advertisements and promotional activities carried out	
29	List of completed initial enquiries from potential foster carers with dates and source, for example, advert, office visit, website	
30	List of initial visits completed with dates	
31	List of home studies started and completed	
32	Record of number of foster carers linked with child/children and approved by CWC	
33	Record of number of children and carers registered for an Aadhar number	
34	Record of number of foster care placements terminated with reasons	
35	Record of number of cases recommended for extension of foster care placement with reasons	
36	Record of number of children placed with foster carers in total, including age, gender, disability, place of birth, caste, religion and mother tongue	
37	Resource directory of all child related services is present and up to date	
38	Record of open sessions completed during the year in the district	

Courtesy : Kunskapsskolan, Gurgaon.

Courtesy : Kunskapsskolan, Gurgaon.

Courtesy : Kunskapsskolan, Gurgaon.

Chapter

8 Awareness and Popularisation of Foster Care

8.1 Introduction

Promoting awareness of foster care in India is a new concept and it is likely that the majority of Indian citizens do not know the meaning of foster care and how it works. It is also known that many people confuse foster care with adoption because of a few similarities. If foster care is to be successful awareness needs to be created at national and local levels in many different ways.

This chapter provides guidance as how to plan a strategy for promoting awareness and attracting the right kind of carers to meet children's needs.

Experiences across the world show that the decision to foster is not immediate, rather families take many years to finally consider fostering. Potential carers may hear or learn about foster care from an advertisement, a TV or radio programme, talking with friends, reading a journal or a news item, or meeting a foster carer. Sometimes the decision to foster is put off until adult children have left home, or families are in a position to have space and time to foster.

It is important therefore to have a clear process to ensure that people know what foster care is, who is eligible to apply, what is expected of a foster carer, and what are the steps involved.

While implementation of foster care is the responsibility of the State Government, development of this new service requires an inter-agency approach, with support from Central Government departments, education and health services, NGOs and other community groups and individuals.

India's children are our future and for the most vulnerable children who are at risk of, or who have experienced parental separation, society as a whole needs to take ownership

8.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care and Protection of Children) Act, 2015

Section 44 (7) states that the State Government is to make rules for the procedure, criteria and manner in which foster care services are provided for children

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

The JJ Rules do not give specific guidance on the process or procedure for creating awareness or attracting or selecting families for assessment.

Model Guidelines for Foster Care 2016

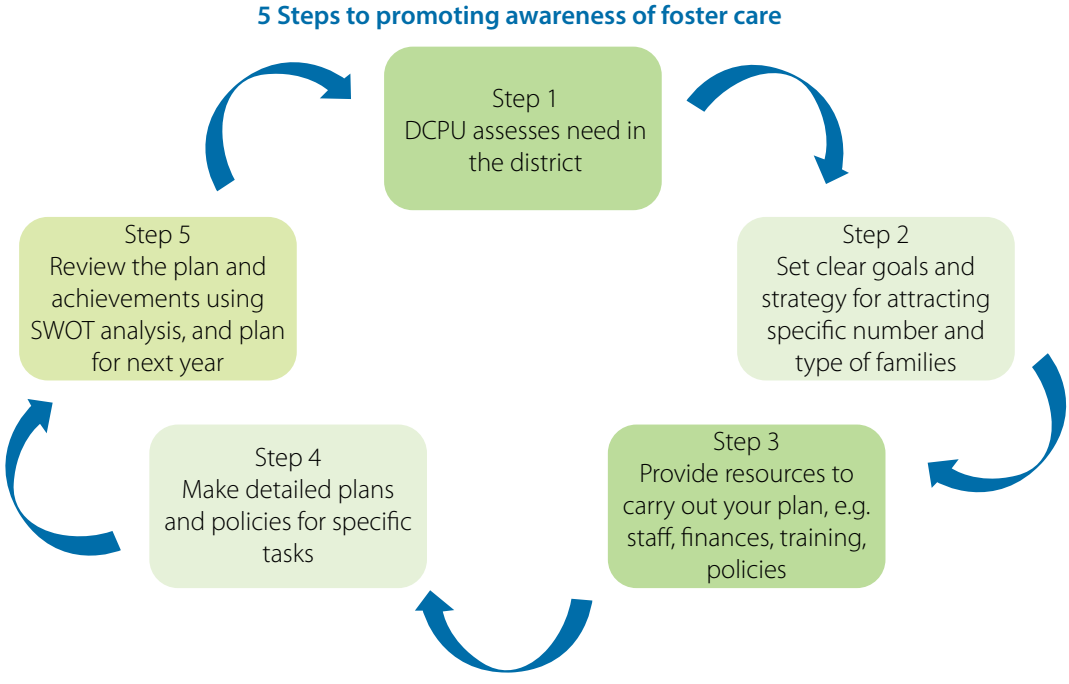
The Guidelines advise preparation of information, education and communication material (IEC) (5.1)

Annexure G in the guidelines provides suggestions regarding content. There is also an outline of the steps to becoming a foster carer, as information for applicants.

The guidelines provide some advice on identification of families by DCPU (Section 2.1.4) including placing advertisements in local newspapers calling for applications.

8.3 Five Steps to Promote Awareness and Popularise Foster Care

The five steps outlined below will help DCPU to develop plans for promoting awareness of foster care and inviting applications from potential foster parents. DCPU may include the services of approved NGOs in many aspects of awareness raising.



Step 1: Assess the need

Before launching a popularisation and awareness campaign DCPU needs to understand the local need for foster carers. In this regard the 'district–specific data base' of children in difficult circumstances will provide a useful starting point, combining information on children already in institutions who are eligible for foster care, with statistics on numbers of children on average admitted to care during the year and children at risk of coming into care.

Care plans for individual children will assist with this data collection, identifying the profiles of children needing foster care placements. This information should ideally include age, gender, cultural background, caste, religion, language, disability, siblings, location of birth family etc.

The group of foster carers appointed needs to, as far as possible, match the needs of the children. (There would be little point assessing large numbers of families who want to foster babies when the majority of children needing care are over 10 years or assessing a group of carers in a rural village when the majority of children come from a city 100 miles away.)

Step 2: Set clear goals and strategy for attracting potential foster carers

Based on the assessed need, goals for attracting foster families need to be set and these will inform your plan. Try to set SMART goals (specific, measurable, achievable, relevant and time bound).

Ensure that the outcome of the strategy is reviewed periodically, and methods built in to ensure that it remains on track. A sample strategy outline has been provided below. This strategy can be adapted to suit the local region and be a useful starting point.

Strategy to promote awareness of foster care and attract potential carers			
Name of organization		Plan produced by	
Date of plan		Start and end date	

What is the current situation in your region

Give a short overview. for example, is foster care new to your area; is anyone already doing foster care?, if so who; what kind of foster families do you need; what is needed to develop this work; what funding and support is available; skills and training, equipment, other resources; who is responsible, what are the timescales; what are the points of difference with other agencies; what benefits do you offer carers; who will fund your service; how can NGOs help.

What type of children are in need of foster care?

Give a short summary - how many children, what age, short term, long term, pre-adoptive, siblings, children from a particular cultural background, children with special needs, trafficked children, transgender children, migrant children. Where will the children come from? Has data been effectively gathered, if not what are the plans to do so? Who is responsible for doing it and when?

Meeting the Need

How many foster families do you need to attract How will the service you are offering meet the need and which aspects will you provide, for example, producing information for foster families, publicity, taking initial inquiries, open sessions in the community, where and when, completing home studies, providing training to foster families, supervising and supporting foster families, support groups, services for children Who will be your target audience and how are you going to work with them? Will you involve NGOs in providing some parts of the service?

Location

Which geographical areas or communities are you aiming to reach in your awareness campaign?

Criteria for foster families

What type of foster families are you looking for, for example, families with specialist skills, families from a particular cultural or language group, pre-adoptive carers, families with wheelchair access in the home, families with experience of looking after older children, children with special needs?

Other foster care providers

List any other organizations working in foster care in your region and what type of services they provide. Where are the gaps

How will you carry out your awareness strategy

Activity/programmes	Start date	End date	Budget	Manager	Department
Example: weekly advert in local newspaper					
Example: monthly open day in Community Centre					
Total budget required			**Who is responsible**		

SWOT Analysis

Take an overview of your strategy and write down that what are the strengths and opportunities in your plan and what are the weaknesses and threats to realizing these

Strengths	Weaknesses

Opportunities	Threats

End of year review date		**Completed by**	
What worked well			
What didn't work so well			
Most successful forms of promotion			
Least successful forms of promotion			
How many carers approved		**How many children placed**	
What have we learnt this year			
What do we take forward or do differently next year			

Step 3: Provide Sufficient Resources

There needs to be sufficient finances, human resources and appropriate systems in place to support the strategy. for example, how many staff are needed and in what roles - administrative, social work, promotion, training.

Can existing staff take on specialist responsibilities in the early stages and what type of responsibilities are to be handed over to them? Many organisations fail in their awareness campaigns because of lack of staff to deal with enquiries. Studies have shown that a lack of follow up by foster care organisations was one of the main reasons for potential foster carers withdrawing after initial enquiries. *(Bromfeld (2005)*[32]

Consider involving departmental staff and also community in the efforts, for example, involving others in promoting the service - NGOs, local faith communities, community groups and services, ASHAs and Anganwadis, volunteers, schools, health workers, press and media.

Step 4: Make detailed plans and policies

Developing the overall strategy into more detailed plans is crucial to avoid chaos, for example, consider the following points:

- Plan for responding to initial enquiries, who will take the calls, how and where they will be documented, who will manage the service and take responsibility for ensuring the quality of work, what time scales will you expect for responding to potential carers and arranging home visits?
- What criteria to use to counsel out unsuitable individuals or invite them to continue with the process?
- How will information sessions be arranged, where and when, who will coordinate?
- Who will allocate home visits and home studies, who will do them and within what time scales?
- How will criminal record checks, medicals and references be done, who will do this and where will this be recorded?
- Who will prepare training for the potential foster carers and staff and where and how will this be delivered?
- Who will write clear policies and guidance on the process so that everyone follows them and how will they be distributed and updated over time ?
- Who will create district database and collate data to monitor trends and patterns of children in difficult circumstances and how will this be done?

[32] Bromfeld, Higgins, Osborn, Panozzo & Richardson (2005) Out of Home Care in Australia: Messages from Research. National Child Protection Clearinghouse

- Who will create the district resource directory for CWC and Boards as required, and how will this be done

Step 5: Review the plan

At the end of the year, assess and review the plan based on what worked and what didn't. Identify the strengths and weaknesses of promotional campaigns. Use the learning to inform and plan next year's strategy. Get feedback from foster carers about the process of information sharing and what they would improve upon. Always be open to new ideas.

Many countries profile foster care in the national press and media at specific times. It generally works best to ensure continuous and ongoing efforts at profiling foster care throughout the year. Experience shows that the number of foster carers available always falls short of the number required, so continuous work is needed to increase and retain foster carers to meet the needs of children.

On average in UK, out of every 15 enquiries made about fostering, only 1 family will complete the process and be approved as foster carers.

Attracting foster carers is time-consuming and often with limited results but the rewards are high when a foster carer is approved and a child is successfully placed.

8.4 General Issues in Promoting Awareness of Foster Care

Publications

A set of simple posters/publications/leaflets/brochures relating to foster care needs to be made available preferably in both hard copy and electronic versions. Display posters in community venues, schools, sports centres, health clinics, libraries, shops.

The brochure should be made attractive and easy to read, and if possible in the local language. A brochure for potential carers might include the below information:

- What is foster care and why children need to be fostered
- Different types of foster care for example, short term, long term, sibling groups, ages
- What are the criteria and qualities needed to foster
- What training opportunities are provided
- How the assessment and approval process work
- What happens after approval
- How carers are supported
- Impact of fostering on children
- Information about DCPU or NGO
- A story from a foster carer about their experience

Telephone contact

In some countries a national toll-free contact number/line has been set up for people to inquire. States may wish to consider this as a method for potential carers to make contact and seek further information about foster care. In the absence of a toll-free line the telephone number for the DCPU/CWC and NGOs must be advertised and made publicly available. If people interested in fostering contact the Child line number they could be redirected to their local DCPU.

Involve the community and 'word of mouth'

Find out what is going on in your local community, for example, community meetings, cultural events, conferences, educational and recreational events and use these to promote foster care. Join local networks such as NGOs, schools, Anganwadi workers, business organisations, child and health care professionals. Enlist their support in promoting foster care. You may wish to consider rewarding people like Anganwadi workers with a small donation for every family they refer.

Recent research in UK has shown that people who foster generally have a motivating desire to help others and tend to look for ways of getting involved and influencing their local community. They are more likely to respond to a 'personal touch' than public message (Fostering Futures 2014) Many UK local authorities are actively involving existing carers in recruitment events and activities with positive results.

Applicants who are recommended by existing carers are often more likely to be successful. They already have an understanding of fostering and may join an existing supportive social network.

There have been some suggestions that 'word of mouth' should be the only method of sharing information with potential carers, due to concerns expressed about potential for child traffickers to enter the system. There will always be risks associated with foster care generally but a comprehensive assessment of the families by skilled staff, backed up by external references should rule out unsuitable applicants.

Open Days

Hold a regular open session that potential carers can attend to learn more about fostering and get answers to their questions.

If possible include existing foster carers in these events as their shared experiences are helpful.

Be flexible about times and days of these sessions and hold them both in the office and in the community to enable more people to attend. Ensure that these sessions are well publicised.

Using the Media

Using national and local media to promote foster care allows to reach the target audiences in a cost-effective way. Here are some media platforms that can be used help promote foster care:

Social media

Facebook is currently the largest social media platform with millions of users world-wide. Advertising on Facebook is cost-effective. Facebook is the number one source of enquiries for many foster care providers. Use Facebook boosted posts, Facebook advertising and develop strong creative content that engages the target audiences, including a call to action in your Facebook content with a link to your website or enquiry form. Visit this link to learn how an NGO is using Facebook to attract foster carers - www.facebook.com/keyassetsaustralia

Public Relations (PR)

Finding great stories, including carer stories or the number of children needing care, and pitching them to local journalists and newspapers is a low-cost and effective way to raise awareness of foster care.

Website

Ensure that the website is simple and easy to use. Provide contact details accessible to potential foster carers, and basic information on your website about what foster care is and the steps to becoming a foster carer. Enquiries via the website should be followed up with a prompt phone call to the enquirer. An example of a website which is simple and accessible for carers is www.thefca.co.uk. (Foster Care Associates is the largest provider of foster care in the UK and in October 2017 informed us that 65% of enquiries from carers came via their website.)

Google Ad Words

Google Ad Words is recommended to help drive traffic through to your website. Many people who are interested in foster care or fostering will search 'Foster Care' in Google, and if resources are available, paying for key search terms on Google can help to ensure that your website appears on the first page in a Google search.

Use of Images in the Media

Using images of families and children as part of an awareness campaign can be effective but there are rules to be followed, ensuring that there is no violation of law.

The JJ Act 2016 74(1) prohibits disclosure of identity of children in the media and no images of children in need of care and protection may be used. Images of 'stock photos' or other individuals giving permission for their photo to be used, is possible.

Below are some examples of images and messages in advertistments for foster carers. Images of children should be natural and reflect the range of children you are trying to serve.

Chapter

9 Selection, Assessment and Approval of Foster Carers

9.1 Introduction

This chapter outlines a staged approach from initial application to final approval of a foster family, with guidance and templates for each stage. Selection of foster family on the basis of assessment done by DCPU/NGO social worker is very important in foster care and a diligent process will lead to successful placement. Moreover, the processes outlined in this chapter will ensure that the potential carers are fully aware of the potential impact of fostering on their family. Many tools and guidelines are included in this chapter to assist social workers with the assessment task.

Based on learnings from established international foster care providers, the Initial Enquiry and Home Visit forms are recommended as additional steps in between the Application form and Home Study. Home Study (Form 30) is also complemented with a format for the Psychosocial Assessment, as referenced in Part 2 of the Home Study. This assessment includes and extends the Explanatory Notes on Conducting Home Study (Model Guidelines 2016) and provides a framework for the social worker to collect and analyse information about the family which is relevant to fostering. Health and Safety assessment of the foster home is also recommended and relevant template is provided as Annexure.

The journey for foster carers from initial enquiry to approval should be within the timeframe prescribed in the Act. However, the process is intensive and intrusive and quite demanding on the family. It is also a time of great emotional investment by potential foster parents who need to be supported, valued and cared for as they progress through. It is recommended to obtain consents from the potential foster carers and adult family members to carry out police record checks and medicals and templates are provided for these as Annexures.

9.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care and Protection of Children) Act 2015

As per Section 44(7), the State Government has powers to make rules and procedures for developing foster care. CWC may pass orders for approval of foster parents as 'fit persons' under Section (37(2) (i)) based on family ability, intent, capacity and prior experience.

Section 44(2) of JJ Act read with Rule 23 and guideline 10, CWC is required to pass the final order within 4 months from the date of first production of child.

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

Rule 23 outlines the criteria to become foster family. Under Rule 85 DCPU is given the responsibility to identify, assess and recommend a family to CWC for approval as fit person for placing a child. Form 30 is the main form for assessment which is divided into 2 parts, a self- assessment by potential foster parents and an assessment report by the social worker as per Rule (23 (9))

The approved foster carers are required to sign an undertaking for the child as per **Form 33**.

Model Guidelines for Foster Care 2016

Chapter 1 Guideline No. 10 deals with criteria for selection of foster family. It also includes foster carers' responsibilities.

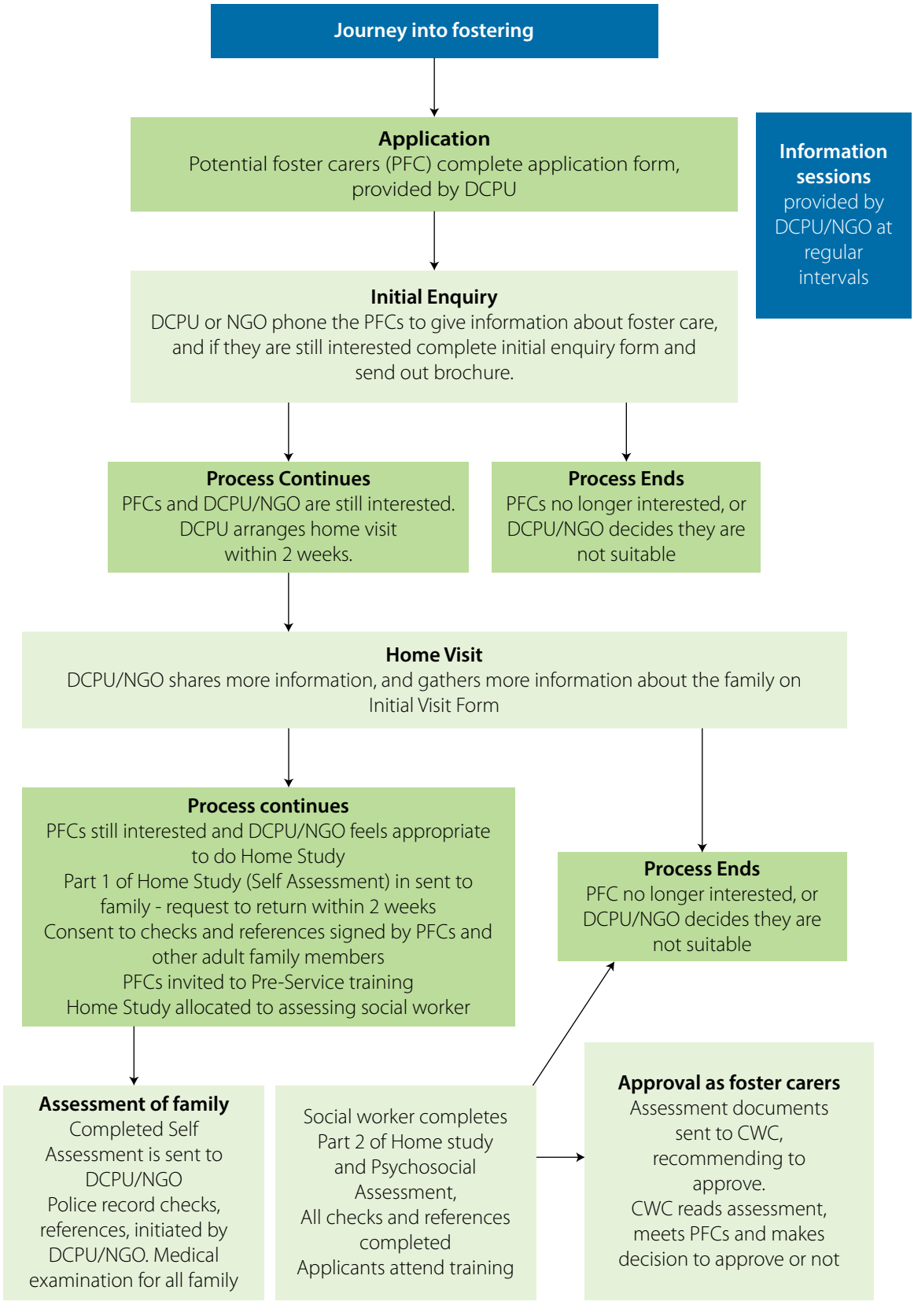
The Guidelines also propose a format Annexure A for the Foster Carer Application and Explanatory notes on conducting home study.

9.3 The Journey into Fostering

The steps for foster care approval are broadly outlined below and tools and templates are provided for each stage.

1	DCPU invites application from potential foster carers (PFCs) and provides **Application form** on request
2	PFC completes **Application** form and returns to DCPU
3	DCPU acknowledges receipt and calls the PFC to give information about fostering and take some basic information – Complete **Initial Enquiry Form (Annexure UGFC 1)**
4	DCPU in consultation with PFC, and managers if appropriate, decides whether to proceed to next step – **Initial Home Visit**
5	DCPU visits family, meets both PFCs and gathers information on **Home visit Form (Annexure UGFC 2)**
6	DCPU in consultation with family and managers if appropriate makes decision whether to end process or continue to next stage- **Home Study (Form 30) and Psychosocial Assessment.**
7	PFCs are given **Self Assessment(Part 1 of Home Study)** to complete and asked to sign **Consent to checks and references (Annexure UGFC 3)** (giving consent for police records checks and references) and to undertake a medical examination for themselves and all children of the family.
8	Other adult family members also sign **Consent to Checks and References (Annexure UGFC 4)** giving consent to Police record checks, and agreement to undertake a medical examination
9	Case allocated to social worker to assess the family
10	DCPU undertakes references and refers to CWC to order Police Records Checks and medical examinations
11	PFC returns **Self Assessment (Part 1 of Home Study)** to DCPU
12	Social worker arranges visits to family to complete **Part 2 of Home Study (Form 30)** and Psychosocial **Assessment (Annexure UGFC 5)** Also **Health and Safety Assessment of the home (Annexure UGFC 6)**
13	When completed and all police checks, medicals and references returned, DCPU make a decision to recommend family for approval (or not)
14	**Home study**, parts 1 and 2 and **Psychosocial assessment (Annexure UGFC 5)** sent to CWC to consider
15	CWC after reading reports, meets with PFC and recommends approval (or not)
16	If approved, DCPU lists as family available for placement and children will be considered

9.4 Process Map for Journey into Fostering



9.5 Application

Potential foster carers need to complete an application form as an expression of interest. A brochure or leaflet should be provided to them for better understanding. If possible, they should also attend an information session.

DCPU should acknowledge the receipt of application, preferably over the phone, informing PFC that there are two stages of information sharing and information gathering before a decision is made to proceed with their Home Study. The Application form can be found as Annexure A in Model Guidelines for Foster Care 2016.

9.6 Initial Enquiry

This can be completed over the phone or face to face.

It is best to share information and answer questions from PFC, before asking permission to take down their personal details on the Initial Enquiry Form. (Annexure UGFC 1)

There is a possibility that after the initial discussion the enquirers may not be interested enough at this stage to continue with the process. The reasons could be varied. This should be considered as normal and better that they withdraw at this stage than later in the process when SW/DCPU has invested much time.

Initial Enquiry recommendation

The initial enquiry may either result in ending the process or continue with the process:

1. End the process if the eligibility criteria laid down as per the law is not met.

If in the opinion of the social worker, Prospective Foster Carer (PFC) may not be suitable to become a foster family (for example, too specific about child they wish to foster, working hours would leave no time for a foster child, not willing to attend training, etc.)

PFC may withdraw from the process of becoming foster carers.

2. Continue with the process

a. If PFC meets necessary eligibility criteria laid down as per law

b. If PFC appears to have potential and is interested to proceed to next step

c. Arrange to call them within a week to see if they are still interested and if they wish to proceed further, arrange a home visit when both potential carers are at home. Ensure follow up.

Recommend to complete the Initial Inquiry form including your decision and reasons, sign and date.

An example of the Initial Enquiry form is inserted at the end of User Guide -Annexure UGFC 1

9.7 Home Visit

The home visit gives added opportunity to the social worker and PFC to find out more information, and interact with other family members and inspect the home and surroundings. The step by step Guidance for Home Visits below will help to plan for this visit and understand what is required from each section.

After the visit is completed the Home Visit form should be filled (Annexure UGFC 2), signed with date and placed on PFC file.

Home visit recommendation

After you have completed the home visit there would be 2 options: End the process and Continue with the process.

1. End the process

During the home visit the family may decide to withdraw from the process.

Based on the information gathered during the visit, the social worker might be of the opinion not to proceed further with this enquiry. There may be many reasons: if the home is unsafe; too small; children or family members are not supporting fostering; the demands from their own children or other commitments are too great; attitudes to children are very rigid or punitive; they may be unwilling to share information or to attend training; they may have a criminal record or major health issues etc.

A decision must be made, and recorded on the Home Visit Form (Annexure UGFC 2)

If the family is not deemed suitable, advise them verbally or in writing and give reasons. This call will need to be sensitively managed, try to draw out the positives as well as any concerns. Recording why the family is not suitable on a database will ensure information is available should they apply again.

2. Continue to Home Study

If the family has potential and are still interested, inform them that the next step will be for them to complete a 'Self Assessment' (Part 1 of the Home Study Form 30). Leave a copy of this with the family on the Home Visit if confident that they are suitable to proceed or post it later. They will also need to sign their Consent for Checks and References. (Annexure UGFC 3)

Ask PFC to return the forms to you within two weeks and offer to help them if they need it. If forms are not returned follow up with a phone call.

If there are other adult family members, they should also complete a Consent to Checks form (Annexure UGFC 4) and agree to go for a medical check.

9.7a Step by step guidance for the home visit

Introduction	*Take the initial enquiry form with you. Explain the purpose of visit – for sharing information about DCPU, expectations of foster carers, support provided, training, counselling. Learning about their skills and experience. After the visit you and the potential carers will have some time to reflect and think about whether they should proceed to the home study.*
Information for applicants	*Explain the process to become a foster carer, timescales and need to include all family members including children in the process. Advise of checks and references needed, (minimum 2 personal references, police record checks, overseas checks if they have lived abroad) need for all family members to undergo medical examination. Explain expectations to attend pre-approval training and ongoing training throughout their time as foster carers and attendance at support groups that will be informed at a later date. Explain that children's information is confidential, but they will be expected to share with the CWC/DCPU/NGO information on the child's progress and any concerning incidents. Ask if they have basic IT skills.* *Discuss expectations to keep the child safe, support contact with birth family where appropriate, not to harm the child and to support the child's education, health and development.* *Expectation that they should have at least one person in their family or friends who can act as a support person and also other support networks in the community.*
Nationality	*If applicant was not born/resident in India, they will need to provide documentary evidence in support of citizenship. If they have lived or worked abroad for significant periods of time, criminal record checks and references will need to be undertaken out of country and will need to be completed before any assessment is undertaken. PFC may be asked to support this process and potentially bear the cost.*
Address History	*Check with the family that you have accurately recorded names and addresses in Initial Enquiry. Ask for places of where they have lived and with whom. They will need to provide a detailed list of addresses for the last 10 years or longer as required by the Government. Give reasons if there are any gaps. Try to gain a brief overview of issues like partners, different countries/locations.*

Employment History - Reference	*Talk about recent and past employment history, try to gain a picture of relevant or transferable skills. They are expected to give dates and details of each job in the last 5 years if the application proceeds and account for any gaps in employment history.*
Emotional and physical health	*Explain that a medical examination will be required for all family members and ask if they have anything to add to health or mental health issues that have been disclosed at enquiry stage, for example, mobility issues, anxiety, depression or other. It may be appropriate to undertake a medical examination at a government hospital before carrying out the Home Study.*
Financial information	*Explain that applicants will be expected to disclose detailed information about incomes and expenses, including any history of any civil court judgements/recovery or maintenance. Inform PFC that they must be financially able to support the needs of a foster child but, that there is potential to apply for a small sponsorship of Rs.2000 per month if needed. These questions can seem intrusive, but, the purpose is to ensure that they are able to maintain a secure home and manage budgets effectively in the interests of foster children.*
Health and Safety	*Explain that the assessment would include a health and safety check of the home to ensure that there are no physical hazards and the home is safe for a child, inside and out.*
The home	*Ask them to take you around the whole house to understand layout, where the foster child will sleep. There must be enough space for the child to sleep comfortably and store belongings, not in the parents' room unless temporarily for a baby. A foster child may share a room if the family and DCPU agree that it is safe to do so, but if possible should have his/her own bed.*
Pets and Animals	*If they have animals or pets we need to know where they live and what parts of house or garden they have access to. Are they safe around children? How might the carer respond if a child tries to hurt the pet or is allergic? If the carer has daily routines like feeding cows, buffaloes, horses then how would they accommodate a child in this situation.*
Children in the home	*Try to gain some understanding of age and developmental stage of children and whether there are any specific concerns, behaviour, health, relationships etc. Also, if the applicant has to take them to school how will they manage if a foster child has to be taken to a different school. Explain the additional needs for supervision of a foster child. Do they have any experience of looking after children with challenging behaviour and for what kind of behaviour will they need support in managing?*
Police Records	*The applicant is required to inform us of any history of charges or convictions, reprimands or warnings. This will have been requested at initial enquiry stage but, ask if there is anything else they need to tell us, including any involvement in domestic abuse. Any police record which directly or indirectly affects the care or protection of a child needs to be discussed. Any other adult family members at the same address will also be asked to complete a police verification.*
Referees	*Ask for names of at least 2 referees in the community who know PFCs well and would be able to comment on their ability to care for children. The references should be written but can also be conducted over the phone if necessary.*
Next steps	*Ensure that the individuals in the family have the opportunity to ask any questions.* *At this stage some applicants will decide not to proceed, or they may wish to think about it. SW might like to discuss with the DCPU or CWC and get back to them within a week.* *If both the DCPU and PFC wish to proceed to next stage, the PFC should be given or sent a copy of the Self Assessment (Part 1 of Home Study) with Guidance on how to complete it.* *They will also be invited to undertake pre- approval training. Explain briefly the home study process, and CWC approval process.* *Ensure you thank them for their time and leave them with contact details for yourself or another person who they can call if they think of any other questions later.*

A prototype of a Home visit report is included as Annexure UGFC 2 at the end of the User Guide

9.8 Self Assessment

The Self Assessment Forms Part 1 of the Home Study and is largely factual questions. We suggest that PFCs are asked to complete and return the form within two weeks. Advise where to send it and offer support with completion if they have any difficulties. Self Assessment is found in the JJ Rules (Form 30).

9.9 Consents to Checks and References

Applicants

The Prospective Foster Carers are asked to sign a consent for the DCPU to commission Police record checks, with CWC support, and also references and medical examinations.

The consent form for potential foster carers is found at the end of User Guide as Annexure UGFC 3

Other adult household members

If there are other household members over 18, they should also give consent for a police record check and will be required to undergo a medical assessment.

Courtesy : Kunskap

The consent form for adult family members is found at the end of User Guide - Annexure UGFC 4

9.10 Social Work Assessment of Potential Foster Carers

The social worker is required to complete Part II of the Home Study (Form 30) entitled 'Assessment Report of the Social Worker.' The headings are in 2 parts – Factual Assessment and Psychosocial Assessment and consist of short questions and answers.

Psychosocial Assessment

In order to answer the psychosocial questions the social worker first needs to complete a detailed Psychosocial Assessment of the family, which will provide more information and analysis of the family circumstances, social background, motivation, support networks, skills and experience and ability to provide a safe and caring home for a child.

Please note that word document of this and all templates are available on CEAC website in order for templates to be expanded to contain written assessment. (Annexure UGFC 5)

This Assessment includes and extends the Model Guidelines 'Explanatory notes on conducting home study'.

Section 9.14 in this chapter provides guidance for social workers in completing the Psychosocial Assessment.

sskolan, Gurgaon.

The Psychosocial Assessment should be attached to the Home Study when presented to CWC, as it will give more detailed information on the family and inform the CWC members' decision.

Factual Assessment

The social worker should check that PFC Self Assessment has been fully completed and that all documents to be verified are witnessed and noted. References must be followed up and date of completion should be noted. Police record checks for all adults and medical examinations for all household members must be undertaken. Dates of all factual verifications are to be noted on Psychosocial Assessment form before presentation to CWC for approval.

9.11 Principles of Assessment

Assessing a foster family is an important task and requires a level of skill in communication, information gathering and analysis. The information collected in an assessment includes factual, anecdotal, experiential and evidential information, which must be presented in a format which enables CWC to learn about the family and to be able to make a decision as to their suitability to foster. An assessment may take on an average five or six visits to the family. Outlined below are some basic principles that may help.

Principles of Assessment
Good preparation and planning Plan how you intend to work with the family, covering different topics in different sessions. Agree with the family on a series of dates and time but be prepared to change if needed.
Information Ensure that potential carers have all the information they want. Be systematic in how you gather information and make records after each session. Respect the family's space, values, cultural traditions and routines. Ensure that all checks, references, medicals are undertaken in good time. Use the Psychosocial Assessment Guidance document to help with completing the document. Avoid duplicating any information or putting too much detail in. Carers love to tell stories -- develop the art of summarising.
Evidence and Analysis Look for evidence from experience and documents during the assessment of the carers' attitudes, skills and abilities. References from family, friends, schools and employers will give you objective evidence of the carers' attitudes and skills. Analyse all the information you collect and what this means in relation to their ability to foster. Consider the strengths and weaknesses in this family unit and weigh these up against the potential impact of an unknown child joining the household
Building relationship with the family Foster carers need to feel that they can trust the assessor and feel safe to discuss personal and sensitive issues. Build a relationship with the family, share a little about yourself, be honest, respectful, punctual. Be clear as to what you are doing and why, and how the process will work. Be aware of your own values and prejudices and mindful that they may differ from the prospective family. Ask them to let you know if they are uncomfortable with anything you say or do. Be honest with the family if you have any concerns and explain reasons why. Be aware of the power imbalance, carers will be aware that a lot will depend on your perception of them and will want to portray themselves at their best.
Be positive and reflective Acknowledge the strengths of the family and the contributions they share. Help them to reflect on life experiences and what they have learnt and particularly how that learning will help with fostering.
Promote learning Be creative in sharing information. Develop resources that you can share with families like booklets on foster care, journal articles, DVDs, books internet site recommendations so that carers can learn during the assessment. Ensure that the carers attend pre-service training and that there are observations made of their contribution and interaction. Encourage the family to value the benefits of life-long learning and their responsibility to develop their skills.

Be inclusive

Involve and include all household members and interact with children in a child friendly way, use drawing, games age appropriate language. See the carers together and separately, and ensure your visits are planned in order for both to be available. Ask carers to complete some pieces of work for you in between visits, so they have time to think and reflect, and present it in their own way. Include elders in the family particularly if they have a role in decision making or child care.

Develop a 'Toolbox'

Make an assessor's 'toolbox', i.e. a selection of tools that you can use for individual families, like homework for the carers, sheets on how they manage stress, daily routines, attitudes, chronologies, family tree, and simple tools for children to support them to express how they feel about foster care, what's important to them etc. Bring large sheets of paper/coloured pens/ small toys that a young child may play with. Be creative in how you work with families, different forms of expression will work for different people.

Include others if appropriate

If assessing a family from a different culture/language group to your own it may help to take a cultural consultant or interpreter with you. If you are unsure about an issue seek advice or a second opinion, for example, support from a therapist to assess whether a carer is still struggling with the impact of their own abuse as a child.

Final report

Develop the report as you go, allow time at the end for completion and checking that you have completed all the headings.

Ensure that it reads well, accurate and conveys the information correctly

Ask potential carers to read the final report to ensure that you have represented them appropriately. Make amendments if needed and ask them to sign each page of the final copy. Ensure that all records are placed securely on the carers' file, which is confidential.

9.12 Some Practical Tools for Assessment

During the assessment the assessor may use a range of methods of gathering information about the family. The potential carers are required to provide information about themselves in order to enable the assessor to save time and also give PFC the opportunity to have some of their own words reflected in the assessment. A range of tools and templates can be developed for this purpose by DCPU.

Some examples of assessment tools for potential carers

Childhood to present time

Describe who you were raised by, parents, other family members, guardian, foster or adoptive parents.
Describe the community where you grew up.
Who provided discipline in your home?
What kind of discipline was used?
Describe any siblings and relationship you had with them.
Did your parents work - if so what kind of work?
Describe their personalities
What kind of role models were they?
Did religion play a part in your childhood, if so how?
Do you practice any faith now?
Did you make any lasting friendships during childhood?
Any recollections of close friends?
Did you experience a lot of 'family time', shared experiences, outings, activities or holidays? Give examples.
What were the most important things your parents or carers taught you?
What relationship do you have now with family members?

Our support network

Please show us the important people in your life
Names, relationship to you and what kind of support they give, for example, emotional, practical friendship, help with children.

Stress Questions
Name:
What was the most difficult or traumatic experience you have had in your life?
How did you deal with it at the time
Does it still affect you now?
What makes you stressed?
How do you manage stress?
How do you support others in your home when they are stressed?
In the last 2 year have there been significant events in your life which have caused you stress?
For example: Bereavement, separation from partner, injury or illness, loss of employment, loss of income, conflict with people, difficult relationships, house move, or anything else?
Have you resolved the source of stress or do you still feel stressed?
How do you think a faster child might stress you and how will you deal with this?

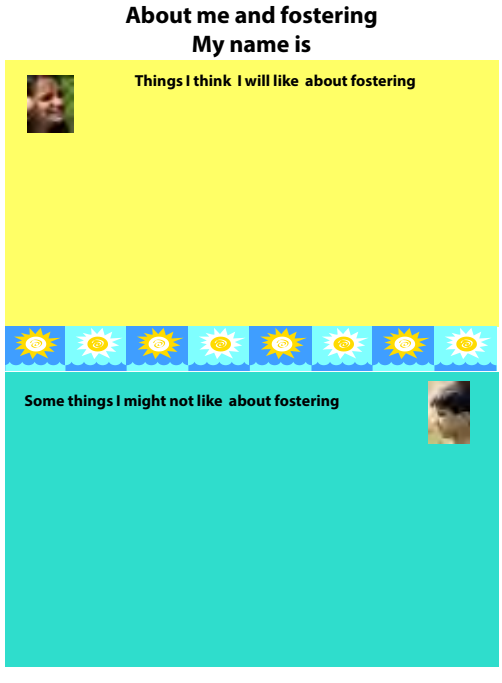
You and your Children
What do you like best about being a parent?
What do you find most difficult?
What challenges have your children presented?
How have you supported their education
How do you show affection?
How do you have fun with your children
How are they involved in decisions at home
What form of discipline do you use?

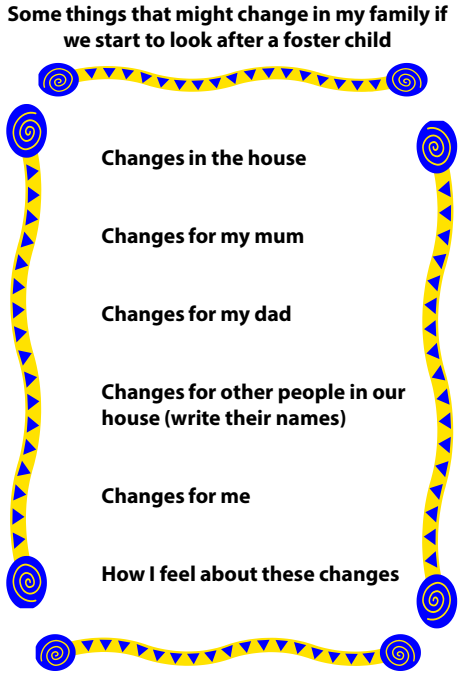
9.13 Including Biological Children

Involving biological children of the carers is an essential part of the foster carer assessment. Fostering will impact on these children in a big way and there can be positive effects but also challenges for children sharing their homes, their belongings, their parents and siblings with children entering and leaving their lives. These children generally do a very valuable job and can help fostered children to settle in the home and in most cases form very positive and lasting relationships. When children move on this can also leave them with a great sense of loss.

There can also be difficulties however, like rivalry, jealousy and challenges for children when fostered children behave in a way that is disruptive or conflicts with family norms and expectations. It is important during the assessment to spend time with biological children to know them, their likes and dislikes and how they feel about fostering. If the assessor has any concerns about the safety or wellbeing of these children, the same must be discussed with parents.

The assessment toolbox may include some child friendly worksheets that can be explored with the child, including the parents if appropriate – some examples are below:





9.14 Psychosocial Assessment with Guidance

A blank template for the assessment is included as **Annexure UGFC 5** at the end of the User Guide, (including verification of factual details, checks and references.) The guidance below will help assessing social workers to understand the information required in each section.

Psychosocial Assessment of Potential Foster Carers Guidance for Social Workers								
Names								
Address								
Family Profile								
This section is intended to give a short picture of the family, which will support with a matching a child, the persons living, ages of children, pets skills and child care, parenting, related skills, specific skills like child with disability. Lifestyle – what kind of family, interests, faith, culture, language. Description of home and standard of living, number of spare bedrooms, disabled access, location, details of facilities of education, medical, vocational training available in the neighbourhood, access to community facilities.								
Preferred Child(ren)								
Age	**0-5**		**6-10**		**11-15**		**16-18**	
Girl		**Boy**		**Short term**		**Long term**		
Number of children can be placed				**Any specifications for example: Religion, language, disability**				

Personal, Social, Family History and Parenting Experience of Potential Foster Carer ***Complete this section separately for both potential foster father and foster mother*** *This section will present the background and development of the potential carer and show what has made them into the people they are today. It will focus on stability, security and a child centred approach. Carers should be encouraged to reflect on and learn from life experiences, positive and negative, and be able to talk about family relationships and attachments. The potential carers should mention their own version of events and feelings. As the assessor you should note down the facts given to you but also the willingness of the carer to be open with you and able to share personal and sensitive topics. If the carer experienced rejection or abuse have they worked through and come to terms with their own feelings? Be mindful that traumatised children can trigger personal memories and you need to know how the carer would manage these. Carers should be able to see the world from different perspectives and value difference.*			
Individual Profile			
Name of potential foster carer		**Name known as**	
Background			
Including place and country of birth, cultural origin, family composition, lifestyle, siblings and significant family members, parent's occupation.			
Experience of being parented, own development and experience of parenting a child			
Summarise key aspects of the carer's own experience and memories of growing up that they feel have influenced who they are today – this is relevant as will give insight into how they will parent a foster child, their values, attitudes, and ability to reflect on experiences which is essential for fostering.			

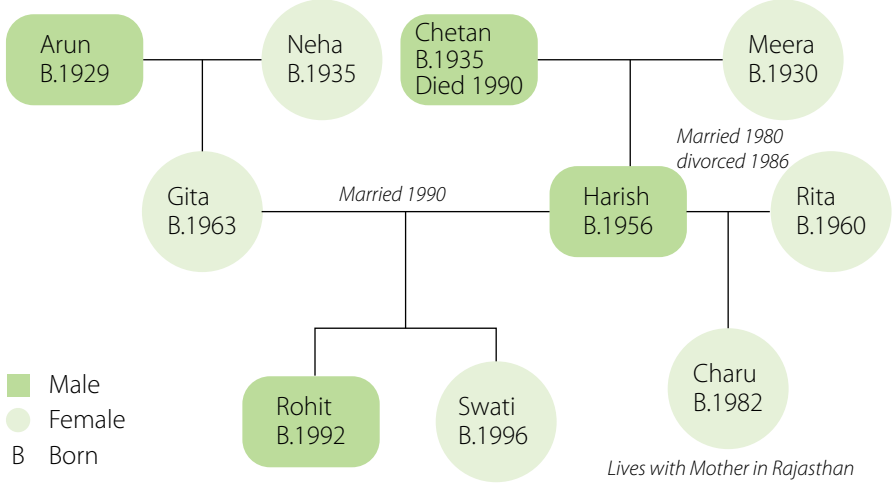
Including relationships with parents, extended family, neighbours, substitute carers. Who were they close to and why? How were feelings and emotions expressed in their home as children, joy, sorrow, anger, excitement, how was love expressed or shown, were there prescribed roles and responsibilities within the household, how were they disciplined and what were the morals and values within the home? What was relationship with parents like, what did they learn from parents, and how have they influenced the carer's parenting? Were their own needs met as a child and young people and if not, how did this affect them? Did they make friends easily? What experiences did they have as an adolescent? Did they experiment with drugs/alcohol and did their relationship with caregivers change during adolescence? What did they learn from these experiences? Are they able to reflect on how their own relationships and attachments as a child affected their development? What do they think are important aspects of parenting, and how do they put these into practice? Ask for examples of how they have supported a child with emotional or behavioural issues. Are they able to understand why a child who has experienced separation from family and abuse/neglect, may suffer from a lack of self-esteem, ability to trust, and defensive and defiant behaviours, and are they willing to support such a child?
Other significant relationships during childhood
Who else played a major role in their upbringing or influenced their development? Such as extended family members, neighbours, alternative carers, elders, community and tribal members, spiritual leaders, politicians, gangs, youth workers, teachers. There may be significant positive or negative learning experiences gained from people around the carer that will reflect the carers own journey and also enable them to consider more widely the influences on a child in foster care.
Health details – Including physical and mental health and emotional wellbeing.
The carer is required to undertake a medical examination and will have to share some information in their self assessment, and in discussion during the initial enquiry and initial visit. It is important to summarise briefly any issues arising from this and whether health issues or any disability will impact on the care of a child. If there have been any issues around psychological or mental health these should be explored in relation to potential causation, impact and treatment. Does the carer take a proactive approach for maintaining good health for themselves in terms of healthy lifestyle, stress management and if so how? If there are any significant health issues disclosed, you may need to seek additional medical opinion or clarification before proceeding with the assessment.
Identity – Including personal, class, age, gender, sexual orientation, ability, nationality, cultural and spiritual.
Children in foster care come from a wide variety of backgrounds and it is helpful if this diversity is reflected in the carers available in order to match them appropriately with the needs of the child. Explore with the carer how they see themselves in terms of the aspects listed above and how these aspects of their identity have shaped who they are and their values. What is the carer's view of looking after a child whose cultural origin, faith, sexual orientation is different from their own? The foster family must honour and respect the child's choices, for example, not forcing a child to attend temple of they do not wish to. What experience do they have of caring for a child with a disability and do they have any specific skills in this area? Are they able to recognise the need to promote the child's identity and maintain connections where appropriate with birth family and community?
Education – Including formal education and lifelong learning
Explore the carer's experience of their own formal education. Was education a positive experience for them as a child, what were the challenges and the successes? Were there any barriers to their own learning for example, dyslexia, language issues, discomfort in an educational setting? What were they drawn to and what qualifications where achieved. How have they continued to learn as adults? How did they promote their own or other children's educational development? Are they aware that children placed may be developmentally delayed and have missed out on or not been able to realise their potential in education, are they willing and able to support a child at their own pace in a positive way?
Employment – Including paid and unpaid work
The carer will have documented on their Self Assessment, employment details for the last 5 years. Ask about the reasons for particular career choices and also what skills they have developed in building CV or field of work that will help with fostering i.e. not just child care but, working as a team, work related training, managing risk etc. If any gaps have been identified in employment history what are the reasons?

If the carer is currently working what do they do, what are the hours, and can they take time off to support a child who is out of school? Will they be able to take a child to school? How would they encourage a foster child to prepare for employment? Have they evidence of doing this with own children or others? Are there any work related issues which might impact on fostering?
Personality- Describe about your personal opinion about the carers
Suggest /give the carer an exercise to complete around how they see their own personality and how others see them, for example, ask their partner or other close relative to describe the carer and then discuss if this is how they see themselves. What might be the first impressions of them by a child and how is a child likely to experience living with them day to day? Explore how we might behave differently in different situations and apply this to a child coming into their home. If there are children in the household they should also be asked to comment, for example, what might a foster child need to know about your mother or father?

Practical Information	
Economic Status	
Do they rent or own their home and are they able to financially support a child and is their home secure – not likely to be made homeless due to rent arrears or debt? Foster carers may apply for a small allowance of 2,000 rupees if they need it. From the discussion and documents, you have verified are you satisfied that they are economically stable?	
Pets and Animals	
Please give details of any pets in the home, or animals within or close to boundary. What level of routine and care is needed and who does this (for example, daily walks) and how does the animal interact with the household? Are immunisations done? Are there any benefits or risks to children from any animals? Can the child be involved in caring for the animals? If there are animals outside the home, for example, buffalo, stray dogs how will the carers ensure the child is safe?	
Transport	
Potential Foster Father	*Do they have a valid driving licence and the use of a vehicle which insured? (Include seating capacity available)*
Potential Foster Mother	*as above*
Other forms of transport available for example, support from grandparents/buses/trains/rickshaw in the area	

Relationships and Parenting
Family tree
Provides an illustration of the potential carer family including first names and dates of birth. Include the potential carers, their children (if any) and their parents. (Circle for female, Square for male). An example is below.

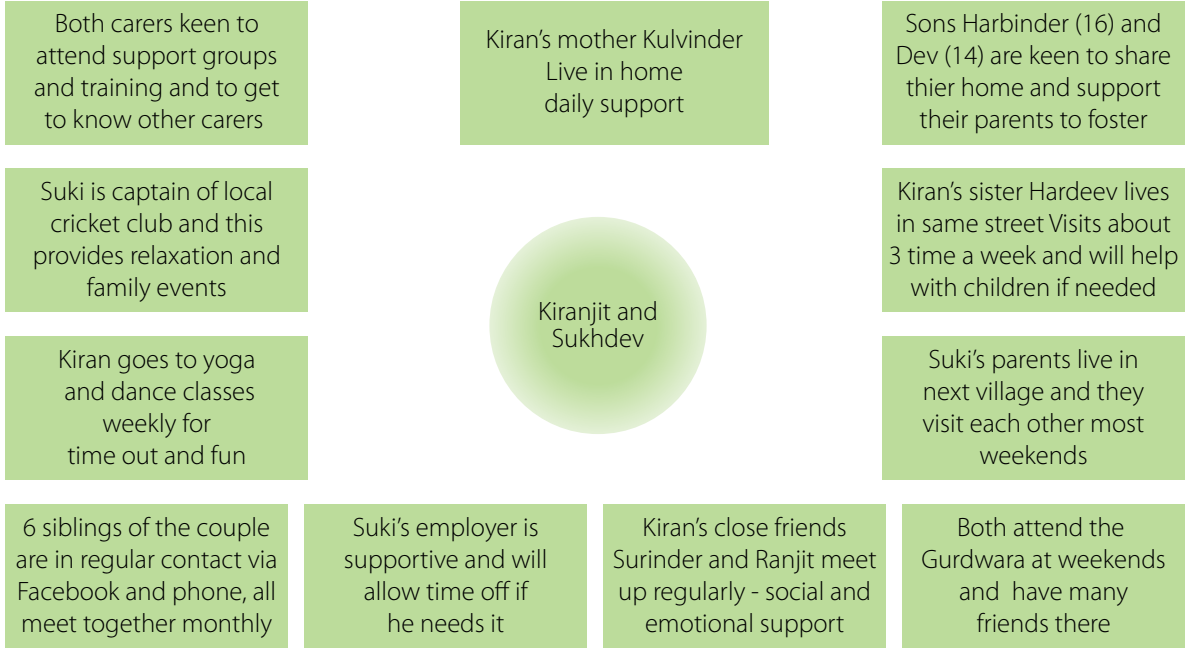
Family Tree for Gita and Harish



Previous marriages or significant relationships – Potential Foster Father
Has the carer been married before or are there other current spouses? How long married, was it a positive relationship, strengths and concerns, for example, close and happy relationship, domestic violence or abuse? Is there contact with ex-spouse and how is the relationship now? Were there any children born and are they still in contact. Does the previous spouse know of the carer's intention to foster and would the carer support them being interviewed as part of the assessment process?
Previous marriages or significant relationships – Potential Foster Mother
As above
Present Relationship
Length of marriage. What qualities does each bring to the marriage? What makes the relationship positive for each other, how do they cope with problems, stress, anger? How do they support each other and resolve differences? Do they take on specific roles in the family, and is this a personal choice or tradition? How do they show affection towards each other, how are emotions expressed? How do they make time for each other and how will they manage for example, if a foster child is very needy of attention, or rejects one of the parents and favours the other? What are the strengths and vulnerabilities of this relationship and can it stand up to the challenge of foster care? How is decision-making exercised and how does each applicant view this? Is there wider extended family involvement in the couple's decision-making process, and if so how will this affect the child to be placed?
Parenting Capacities
Experience of caring for and working with children must be assessed. How did they adjust to being parents if they have children? What is their understanding of how children develop? Using their own childhood experiences what would they repeat, what would they change? What is their understanding of their own parenting strengths/potential/parenting skills in order to meet the needs of individual child? To what extent would they expect other family members to be involved in parenting of their own or placed children? How will they ensure that a child will be safe and protected from physical, emotional and sexual abuse in their family and within wider support networks? *Ask the carers to give you real examples of what they have done to illustrate their parenting for example, how they have kept a child in their care safe, how they have managed challenging behaviour, how they have supported a child who was behaving inappropriately, a child who was distressed or hurt, how they enable the child to feel included and have their needs and interests met within the family.* *Give examples if available of carers' experience in looking after children with complex histories, for example, neglect, abuse, and children with physical and learning disabilities.* *How would they encourage and promote positive behaviour in a child and manage unacceptable behaviour? What are the discipline methods used and how do they show the child that are pleased or not pleased with them? What are the rules in the household? What is their attitude towards punishment? What do they anticipate would be the issues and difficulties for the child? What changes do they anticipate would be needed in their lifestyle when a child is placed?*
Family Size
If the carers already have children are they hoping to have any more or have they decided that their family is complete? If another child is born how will this impact on fostering? *If the carers have no children of their own is this a personal choice, a matter of circumstance, are there issues of infertility and if so have they taken any action regarding this? Is there any ongoing or recently completed medical intervention/ fertility treatment? Have there been any significant losses for example, miscarriage, stillbirth, death of a child? If so is the carer able to share the circumstances with you and have their feelings and emotions around these issues been worked through? Is the couple seeking to foster to add to their family and are there likely to be issues when a child moves on? Would adoption be more appropriate? Are they supportive of each other's feelings and emotions around childlessness?*

Motivation to foster
The carers in their self assessment will have declared their motivation, explore this with them further, whose decision was it, how did the other spouse become interested, what triggered their initial interest and why is now the right time? Are their expectations realistic and are they committed to supporting a child even when this is difficult? Do they see foster care a short-term commitment or supporting a child long term and potentially into adulthood? Do they have any experience of foster care or know anyone already fostering? Are other household or family members supportive of their wish to foster?
Description of Family Lifestyle
Outline what the family considers important, for example, how important are religious and cultural practices? How is affection shown in the family? How do the members spend their time? What value is placed on education/hobbies and leisure activities that the whole family undertakes? What would it be like for a foster child joining this family? what are expected behaviours? How are household tasks shared? What does a typical school day routine and weekend routine look like, and how are achievements celebrated? Are rules rigid or can they be adapted to the needs of a child? Ask different family members to give adjectives describing their family to an outsider? For example, are they noisy, quiet, lively, calm, busy, relaxed, serious, entertaining, thoughtful, welcoming, strict, flexible, fun loving, sporty, active, academic etc. What interests do people have and how are the needs of different family members met? How is privacy respected? How are meals prepared and eaten, and who decides on the menu? How involved in the family are other people like friends, neighbours, community members, extended family?. What events do the family celebrate and how? How are parenting roles and responsibilities shared? Carers must understand that physical punishment and emotional abuse is not acceptable in fostering and be able to use other methods to promote positive behaviour. Who do children go to for advice and help, to share a worry or have fun? How are disagreements resolved? Do the family promote having fun and playing together?
Other Family Members and Significant Others
Children in the family
Describe each child and their temperament, any special talent and need, how children have been involved in preparation for fostering. Children's attitude and readiness for a foster sibling should be understood. What is the quality of relationships within the household between parents and children? *Make time during the assessment to speak to the child separately about themselves, their interests, friends, likes and dislikes etc. Talk with the child at an age appropriate level and use toys/games/art /case stories etc. to help discussion or learning about the child and their views. Ensure that the child understands what foster care means and has opportunity to share their feelings about how it may affect them. The children of foster carers are a key part of the fostering team and it is important that their emotional and physical needs are not overlooked. What evidence do we have that these children are securely attached to their parents, and how can we be confident that they will be resilient in terms of coping with foster children living with them? Some children might have very strong objections to sharing their home and parents, and this will need careful and sensitive discussion. Discuss with the carers as to how they will ensure that their own children will be encouraged to say how they feel and that their needs will continue to be met alongside a foster child. If there are other children in long term foster placement, it is also relevant to include them in the assessment, subject to permission from the CWC but, respecting their confidentiality. Developing a 'toolbox' of worksheets or child centred ways of gathering information from the child and helping them to understand what foster care means and how it might affect them. Involve the parent as much as possible in connecting with the child.*
Other Adult Family Members
Fostering will affect the whole household and it is important to get to know and establish the level of support and involvement from other adults who live in the home. Give details about their lifestyle and occupation, how closely they are involved, and will they be supportive to the carers. They will also need to understand fostering and the needs and challenges of fostered children. If these adults are willing to attend training, it will be very helpful if any household member will 'babysit' or act as a support person, caring for a child in the absence of the foster carers we recommend that more detailed information is requested from them about their background, child care experience, skills and any concerns they may have about foster care. Adult family members should also undertake a Police record check, and a Medical Examination.

Support network (including Adult children living away from home)
Give a general picture of support systems currently used by the carers, including extended family, friends, neighbours, religious activities, community groups. Comment on people who are closely connected with the household and likely to come into regular contact with fostered children. Adult children of the carers are a particularly rich source of information on these carers as parents. Who are the people in the support network and how supportive are they? How often are they involved, face to face, telephone, social networking, etc. Comment on the role and involvement of anyone who will support the carers for example, looking after the child for a few hours. Are the neighbours likely to be supportive? Are other significant members of the family living in the house or not, what is their relationship to the applicants, how much time do they spend within the home, what is their attitude to the proposed placement, how important is their acceptance of placement to the applicants? Complete a Support network diagram with the carers. You could give them the task of doing this themselves in between sessions, either in this format or on a large sheet of paper, then discuss. Comment on how easy they found it and also any strengths or gaps in this network. Foster care can be stressful and demanding and it is important that carers have family and friends around them for support, without breaching confidentiality in relation to the child. Support network can be hand drawn. *Example of family support network is below:*



Expectations of Foster Carers
Ability to parent children with a wide range of behavioural and emotional difficulties
Children in care are generally from difficult backgrounds, often being abused or neglected, having attachment difficulties, and that it is likely that this will impact on their behaviour and feelings, particularly during the early days. Give some examples of cases or types of behaviours and try to establish the level of confidence and ability of the carers to manage the challenges with support. *For example, bed wetting and soiling, running away, verbal abuse, physical aggression, sexualised behaviour, self-harm, taking the possessions of others, being dishonest, reluctant to attend school, food issues, physical or intellectual disability. Reassure that not all children will have extremes of behaviour but that there is usually a good reason that as they become more secure and start to form good relationships these behaviours generally improve. Help foster carers to understand how sometimes their behaviours have helped children to survive in their previous experiences and that we want to know that carers will stick with them through the ups and downs. This section is important for "matching" with children so try to gain as much information as you can.*

Potential Impact of Fostering on the Family
Have the potential carers carefully thought through how fostering is likely to affect the family in terms of current lifestyle commitments and routines and what are likely to be some of the challenges for different members of the family, for example, increased stresses, emotional impact and rewards, more involvement with child centred activities, less personal time and increased expectations for example, recording, training, meetings? Do they understand the difference between caring for a biological child and a foster child? Are they willing to make adaptations to their parenting or family routines to adjust to a new child joining the family?
Working as a team
What experience do the carers have of working in a team in external settings and at home, and do they understand the importance of working closely with social workers, CWC, DCPU, teachers and doctors in order to meet the needs of the child? Will they be able to respect and include different perspectives and experiences? Will they be able to communicate with different members of the team, keeping people informed and checking out any areas of uncertainty? Will they be willing to try out different methods of caring to meet the needs of different children in consultation with others involved with the child? Do they recognise the importance of maintaining contact with the birth family of the child, and are willing to support this as directed by the DCPU or the CWC?
Learning and developing
Are the carers able to reflect on experience and show commitment to ongoing learning and development, and willing to make a positive commitment to meetings about the child? Are they willing to attend ongoing training provided, and also take responsibility for their own learning for example, reading, research on the internet, talking with other carers and professionals etc. What skills or specialist training do they have already? What are some of the key areas of learning that will need to be addressed if the carers are approved? *Training Observation Report-Insert here the observations made in respect of the carers during the pre-service training they have attended during assessment. This can be done by the trainers but, better if someone else responsible who has the time to observe.*
Information sharing
Do the carers understand the importance of reporting information verbally and in writing to the DCPU/CWC as needed, for example, general progress of the child, achievements and concerns, significant incidents, any child protection issues? Do they understand the importance of confidentiality in relation to the child and the child's history?
Providing a safe, nurturing home for the child in which the child's developmental needs are met.
Do the carers understand the basics of child development and that children in care are can often function developmentally at a younger age due to their life experience? Are they able to meet the child's basic needs for a secure and loving home in which they can feel safe, nurtured and develop close relationships? *Are they able to develop a sense of belonging for the child as part of the family, at the same time as honouring their connections to birth family?*
Resilience, adaptability and coping strategies.
What are the strengths of the carers, are they able to manage stress, and how do they do this, will they ask for support if in difficulty? How have they reacted to traumatic situations or major changes in their own lives, - examples are useful as evidence, and what will they draw on to manage a child living with them who may be disruptive or challenging or test their patience to the limits?

Assessment summary
Summarise briefly key points from the assessment, for example, strengths and vulnerabilities of the carers, skills and experience, support networks, learning needs Reflecting back on the assessment as a whole, summarise some of the ***key issues*** *and analyse whether you feel that the carers have the capacity to foster and meet the agency expectations, making reference to* ***evidence*** *drawn from the assessment to support your analysis.* *Highlight any particular strengths and skills.*

Recommendation
Your recommendation to the CWC as to whether you as the assessor feel confident to support this application to foster and why.

Kindly read out the filled information to PFP if they are unable to read and write.

9.15 Approval Process by Child Welfare Committee

After completing the Home Study Report with all the checks and references and the Psychosocial Assessment, it is recommended that the manager reads the report to check that it is accurate and covers all the required information. The form, signed by PFC and DCPU/NGO should be placed before CWC which will then decide to approve the applicants (or not) as 'fit persons' to foster.

The applicants are accordingly informed in writing of the decision, including reasons if they are not approved.

9.16 Health and Safety Assessment

Article 3(3) of UNCRC mandates that States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision. Therefore, DCPU has a responsibility to ensure that foster families provide safe and healthy environments for children.

The Health and Safety Assessment of Foster Home Form is recommended to be completed by the assessing social worker. DCPU may adapt the form in line with local Health and Safety requirements.

The Health and Safety Assessment – Annexure UGFC 6 is included at the end of the User Guide.

9.17 Checks and References

References

Unlike most other forms of public child care, foster care takes place in a private space away from the public eye, and our responsibility is to check the ability of the family to keep a child safe and provide appropriate care. Hence verification from a range of sources to keep the child safe becomes very important.

The Model Guidelines recommends DCPU will verify two references from individuals of good standing from the community, (2.1.4 x). Personal references should be individuals well known to both applicants and able to comment on their personality and child care. The reference should be completed in writing but if this is not possible can be completed by the assessor and signed by the individual. DCPU may wish to consider additional references for better safety, below are some examples of additional references:

a. Family reference for example, from an adult son or daughter of the foster carers
b. Employment reference
c. Reference from the school of foster carers own child
d. Ex-wife/ex-husband especially if there were children in the family
e. Internet searches to view any information within the public domain that is accessible by any member of the public and general searches using names.

Get the consent of the potential foster carers and adult family members in writing before checks and references are done.

All checks and references must be handled sensitively and stored appropriately in the potential carer file.

Annexures UGFC 3-Consent to checks and references (Potential Foster Carers) and Annexure UGFC 4-Consent to checks (Adult family member) are inserted at the end of the User Guide.

Police record Checks

The criteria as per Model Guidelines requires PFC to be without criminal conviction or indictment. It is recommended that criminal background checks are also completed for all family members above 18 years of age. CWC may pass an order to the Police Station of the concerned district, to verify from master data and also the DD entries of the last five years because many times soft crimes like domestic violence, petty offences are reported at police stations but not always converted into FIRs.

Domestic violence is of particular concern given the risk of emotional and physical harm to children, these matters rarely reach conviction but would raise a concern in relation to potential to foster.

9.18 Medical Examinations

The Model Guidelines recommend medical reports should be obtained on all the members of the foster care family residing in the premises, including checks for HIV, TB and Hepatitis B, any other communicable disease, cancer etc. to determine that they are medically fit (10.1 v). It is recommended that the family with the support of DCPU if needed, arrange an appointment for medicals at the District Hospital, supported by a request from CWC.

9.19 General Assessment Issues – Criteria

Below are some issues which commonly come up in the assessment process and DCPU should consider and adapt as appropriate.

Age of carers

The minimum age to become a foster carer is 35 years, but no maximum age is defined. The health and energy level of the carers is more relevant than age. A 60-year-old with a wealth of life experience, time and energy, who is in good physical and mental health, may be as suitable to foster as a 35 year old. It is important when matching a child to take into consideration the age of the child, and length of placement needed, taking into consideration the age of the carers as the child will mature.

Working Arrangements

The JJ rules and Model Guidelines do not specify that one of the carers must be at home in order to foster. However, they will need to have some flexibility in their working arrangements to foster a child, to attend to the child if they are sick or out of school and attend meetings at school, health services or DCPU.

Length of relationship

The law currently states that foster carers must be married, but it is also important that they have a mature and strong relationship and are recommended to have lived together for at least 2 years.

Bereavement

Applicants who have had a recent significant bereavement will be affected in different ways, depending on the closeness and length of the relationship. It is important to have come to terms with the loss before starting to foster and individual circumstances will vary.

Bedroom Space

The child's bedroom should have natural light and space for the child to keep clothes and personal possessions. A foster child should not share the parents' room unless very young and if possible should have own bed. The needs of the children who are sharing a room or a bed must be considered in terms of age and gender, need for privacy, willingness to share and any potentially risky behaviours.

Transport

Any vehicles used to transport foster children must be safe, roadworthy and insured. The family must be able to take the child to school, activities, medical appointments, family contact and other meetings as appropriate. Children riding on motorbikes or scooters must wear a helmet, as prescribed in law.

Fertility treatment

If the family are undergoing any form of fertility treatment, for example, IVF, their assessment should be postponed ideally until 6 months after this has been completed

Mental health issues

Careful assessment must take place in instances where past or current mental health issues are disclosed, or any on-going treatment which includes anti-depressant or any other mood-altering prescription drugs or alternative therapies. It is advised that assessors obtain a full medical history at an early stage (supported by additional information from the applicant's doctor and /or a specialist consultant) and discuss with the applicant how these issues have affected them both in the past and at the present time.

Whilst the diagnosis is important, the focus needs to relate to the individual's level of functioning and the ability to parent a foster child. Someone on low maintenance anti-depressants should not be ruled out automatically because of that issue alone, careful consideration and exploration of why someone is on such a dosage can help with decision making.

Smoking

Foster carers should be encouraged not to smoke in any part of the house to which children/young people may have access, nor in their vehicles, (thereby preventing children's exposure to passive smoking). They should be encouraged to avoid smoking, using pan/pan masala/gatka in the presence of placed children, anywhere (acting as good role models)

Household with young children

Any young children in the care of the applicants, must be protected and close supervision must be provided. When matching an older child, it is also essential to know that the foster child will not present a risk to younger or more vulnerable children, for example, by aggressive or sexualised behaviour.

Firearms

Strict adherence to licensing and regulations specific to each jurisdiction has to be followed. It is important for assessors to actually see where guns are kept if they are on the carers' land or property to ensure that guns are secured, and that ammunition is not stored with them, but secured elsewhere.

Young people must not have access to keys to the storage of firearms and ammunition.

Alcohol

Assessors should ensure that the storage of alcohol is secured and out of reach of children and that the level of alcohol use is not a concern for fostering.

Applicants may need to adjust their alcohol use, bearing in mind also that some children may have experienced difficulties at home with parent's dependant on alcohol or come from backgrounds where alcohol is prohibited.

Water Safety

Generally, all swimming pools, fish ponds or any other body of water in and around a foster home must be fenced and/or have a barrier between the water and the home.

9.20 Pre-service Training

Foster carers should be provided with pre-service training during their assessment, to ensure that they understand the context of fostering, their role and the needs of children placed with them.

The training should be informative and also encourage participation and interaction with the group, enabling participants to ask questions, share experiences, share doubts and concerns. Case studies of children can help and videos of actual foster carers.

Both applicants should attend all sessions and other adult family members may also be invited to join the training if they are likely to play an active role in supporting the fostering. The training should be flexible to suit the availability of carers, for example, daytime, evening, weekends, and should be in a location easily accessible for potential carers.

The suggested topics for training might be useful as an outline for six sessions of 2-3 hours each. After foster carers are approved, it is helpful to provide an additional session for their children to ensure that they understand foster care. This might include how foster care may affect them, why children come into care, impact of a foster child's experience on their behaviour, confidentiality, and the importance of the biological child feeling supported.

1 Introduction to foster care	**4 Creating a Secure Base for the child**
• How children come into care • Some case studies for illustration • Introduction to child development • What is expected of carers • How a child is matched with family	• Understanding the importance of relationships and attachments • Introduction to attachment theory • Impact of secure and insecure attachments on a child • Providing a secure base in foster care
2 Working as a team and legal context	**5 Child abuse and safe care**
• Why team work and communication matters • The role of other professionals • Introduction to children's rights • What the law says about fostering • Working with biological parents • Contact with child's biological family	• Child abuse and neglect-definitions • Impact on the child of abuse and neglect • Safe caring in the homeand school • Building strength and resilience • Complaints
3 The Child's Needs and Diversity	**6 Moving in and out of placement**
• Supporting family contact • Understanding cultural difference • Understanding the child's perspective • Valuing diversity and inclusion	• Supporting and planning transitions • Understanding the child's perspective • Keeping memories safe • Preparing a child for independent living

Courtesy : Kunskapsskolan, Gurgaon.

Chapter

10 Preparing and Supporting Foster Carers

10.1 Introduction

In this chapter the authors look at how to support approved foster carers as they embark on their new responsibilities. The process for induction of foster carers is discussed, along with some of the key considerations in supporting foster families, including biological children. It is proposed that an agreement is made between the foster carers and DCPU, or the NGO providing a fostering service, and an example, of content of such an agreement is provided. Some principles and guidelines for Safe Caring for children are also proposed in order to keep all family members safe.

It is recommended that foster carers should be reviewed annually and a sample process for this is proposed. It is recommended that DCPU should develop the processes and mechanisms to communicate with and support foster carers, either themselves or through NGOs.

10.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care & Protection of children) Act 2015

Section 44(4) states that the state government may provide monthly funding for foster care through DCPU. Section 44 (6) imposes the responsibility on foster carers to provide education, health and nutrition for the child, as well as ensuring overall wellbeing. Section 44 (5) states that the child's parents may visit the child at regular intervals unless such visits are not in the child's interests, and eventually the child may return to parents home if CWC decides they are fit to care for the child.

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

Rule 23 (16) requires foster family to sign an undertaking as per Form 33 when a child is placed into foster family.

Model Guidelines for Foster Care 2016

The Guidelines recommend to State Government to set up a Sponsorship and Foster Care Approval Committee (SPFAC) in every district. It should meet monthly to review applications and dispose of each case within 75 days. Where financial support is requested and approved, the foster carers will receive not less than Rs.2,000 rupees per month per child. (2.4)

Financial support shall be directly transferred from the DCPU bank account to the Post Office/bank account in the name of the child, to be jointly operated by the child and one of the foster parent, at the beginning of every quarter. The Protection Officer – Non Institutional Care, will provide regular visits to the foster family, (4.3), and CWC should visit monthly in the first 3 months, then every 6 months. (4.4)

10.3 Foster Family Induction

When foster carers are approved as 'fit persons' by the Committee, they should be provided with the following information:

- Contact details of DCPO/NGO worker who will be supporting and visiting them
- Who to contact in an emergency situation, including out of office hours/holidays
- What they are expected to report to DCPO/NGO and how
- Copy of child protection policy
- Any records/reports they are expected to write
- Role and responsibility of a foster carer
- Any serious incidents they must report immediately, for example, self-harm, missing child, abuse to child, serious accidents, injuries or health issues
- Information on training provided by DCPU/NGO
- Information on support groups to share their experiences, challenges and expertise

It would be pertinent to develop a Foster Carers Guide to foster care with information on all aspects of foster care, for example

Information about CWC	Decisions a carer can make	Allegations and complaints
Information about DCPU/NGO	Supporting child's health	Serious incidents
Important phone numbers	Supporting child's education	Self-harm
Placement process	Supporting family contact	Missing children
Confidentiality	First Aid	Child protection
Finances	Health and safety	Drugs and alcohol
The law and fostering	Training	E Safety
Record keeping		Food hygiene

10.4 Foster Carer Undertaking and Agreement

10.4a Foster Carer Undertaking

An undertaking is signed by the foster family as per Form 33 making the following commitment:

To inform CWC of unsatisfactory behaviour of the child, any change of address, illness and certificate of fitness, or if the child goes missing or is out of control. The carers agree to do their best for the welfare, education and maintenance of the child, and to seek medical attention in the event of illness and to ensure that the child is not subjected to any form of abuse. The carers agree to adhere to conditions laid down by CWC and to produce the child before CWC as and when required.

10.4b Foster Carer Agreement

It is advisable also to have a Foster Care Agreement between DCPU/NGO and foster carers, which builds on the above stated undertaking, and specifies what support is provided to the foster carer and by whom and equally what expectations the DCPU/NGO has of the foster carers. Suggested headings for such an agreement are as follows:

Foster Care Agreement
The DCPU/NGO 's commitment to the carers
• Frequency of visits to the foster home • Regular telephone contact • Access to support at evenings and weekends, i.e. out of office hours
• Support group meetings • Training programme • Process for resolving complaints • Advance notice if a child is to move from placement • Any additional support provided • Any financial support provided • Membership of any foster carer organisation if available
The carers agreement to
• Home Study to be shared with CWC and other agencies for the purpose of matching and placing a child • Caring for the child no less favourably than their own. • Be available for support/supervision meetings. • Not to administer corporal punishment to the child. • Comply with the Individual Care Plan for the child. • Inform the agency about the child's progress and any serious concerns or incidents. • Ensure that confidential information relating to the child is securely locked away and not shared, other than with persons with professional/legal responsibility for the child. • Not to store confidential information on personal phones or computers. • Not to include any photographs or information which could identify the child on social networking sites for example, Facebook. • Maintain a record of the child's progress and to share the same with DCPU/CWC. • Maintain a memory/life story book for the child. • Provide pocket money/savings for the child if financial support is given by govt or NGO. • Work closely with DCPU/NGO and others in the best interests of the child in order to ensure the stability of the placement. • Inform the DCPU/NGO of changes, progress or difficulties with the placement of a child. • Give DPU/NGO 28 days' notice in writing if a child has to leave their care, unless there are exceptional circumstances which make this impossible. • Attend any significant meetings in relation to the child, for example, planning meetings, child care reviews, education meetings, and allow authorised personnel for example, DCPO, PO-NIC, NGO to visit and interview them and the child placed at any reasonable time. • So far as possible, travel along with child for school drop and medical appointments. • Subject to discussion and negotiations, bring a child to contact meetings with his/her biological family. • Attend training as required by DCPU/NGO and take responsibility for extending their skills as carers. • Attend support group meetings. • Participate in annual review of their suitability to foster. • Inform DCPU/NGO of any changes, like change of address, separation/divorce, death of close family member, any member leaving or joining the family. • Inform DCPU/NGO of any event affecting the ability to care for the child. • Inform DCPU/NGO of any event which results in their being interviewed, arrested or charged in connection with a criminal offence.

- Inform DCPU/NGO of any media activity which would identify them as foster carers.
- Inform the agency DCPU/NGO of any application they make in connection with fostering for another agency, or adopting a child.
- Inform DCPU/NGO of any changes to their employment.
- Comprehensive vehicle insurance.
- Agreement not to resign from fostering if there are children in placement, until suitable arrangements can be made for the children.
- Agreement not to take another child into the family without first consulting DCPU/NGO and the social worker for the foster child.

10.5 Supporting Foster Carers to Support the Child

The suggestions and principles below may help the PO-NIC/NGO in working with carers

Supporting foster carers to support the child

Providing resources and information

Foster carers are on a continuous learning curve and may come across a range of behaviours and health issues that they know little about. The worker can help by sharing information, booklets, journal articles, links to websites, linking with specialist agencies for example, psychologist, drug counsellors etc. It is advisable for DCPU/NGO to build up a resource library for workers to access.

Information about the child

Carers need to know all the information available about the child's history, family life, personality, behaviour, interests, risks etc., ideally before they agree to taking the child into their home. Others should be informed about the child's status as a foster child on a 'need-to-know' basis, for example, the child's teacher, doctor, close family members. Otherwise as far as possible the child's information should be kept confidential in order for him/her to live as normal a life as possible.

Practical support

Foster carers may need practical support in an emergency and should be encouraged wherever possible to use their own support networks, as they might do with their own children. The carer should be mindful not to use too many different support people particularly in the early days of a placement as the child needs to know the adult and feel safe with them.

Emotional support

Looking after a traumatised child and managing behaviours can be exhausting and frustrating for the carers and other members of the family. DCPU/NGO needs to be available and responsive, both on the phone and during visits to support the carer. Experience shows that foster carers value workers who return their calls and respond quickly.

Financial support

Foster carers are expected to be able to financially support a child in their care, as laid down in Rule 23(12) (iv) Juvenile Justice Rules 2016. Financial support may also be provided from the Juvenile Justice Fund or other scheme or programme of central and state government.

The rate of financial support is recommended as Rs.2,000 per month per child. (at date of publication August 2018)

Respite

Foster carers sometimes need a break from a child in order to continue to care, and sometimes an older foster child may also need a break from the carers. In such a situation the child may go to stay with an approved relative or another foster carer.

Family contact

Some foster carers can find it difficult to support the child's ongoing contact with birth family. DCPU/NGO social worker can help carers to understand the importance of parents for the child, and indeed the child's right to have continued contact unless this is detrimental to his/her welfare. Experience shows that carers who work positively with birth family members often help the child to settle in placement.

Feedback to the carers

Carers need to know when they are doing well. They need to be 'nurtured' by social workers in the way that we expect them to nurture the child. Always acknowledge the positive work that the carer is doing and follow up on actions if there is an issue of concern. Do not ignore the issue hoping it will change as often poor practice that has not been addressed will probably be repeated during a period of time and the child will suffer.

Activities and groups for children in foster care

Bringing children together who are in foster care can reduce the sense of isolation for the child and reassuring for them to know that there are other children in foster care. They have the opportunity to make friends with other foster children and to discuss issues that their friends who are not in foster care may not understand.

Developing the child's interests

The foster carers are required to provide age appropriate facilities for recreation, extra-curricular activities such as sports, music, dance, drama, art, etc. This will enable the child to meet other children, learn a new skill and have fun.

Out of hours service and reporting

Providing a facility for carers to access/telephone for support out of office hours is important for foster carers. If they know that support is available when they need help or advice in a crisis, carers will not feel alone. An out-of-hours worker who is skilled in de-escalation techniques can calm potential crises and stabilise children's placements.

Mentoring and Buddying

When carers develop skills and experience in their role they can be asked to support a new carer and this is also valued. Carers who are looking after a child with particular issues for example, autism, trafficked child, hyperactive child, disabled child, may also value the opportunity to meet with a carer who has experience in this field.

10.6 Consultation with Foster Carers

It is important for the social worker and the DCPU/NGO to check out what foster carers are feeling and thinking about general issues regarding fostering and the support provided. This should be done individually and can also be done as a group consultation exercise. Foster carers can help the DCPU/NGO understand how the work impacts on them and give ideas as to how the service can be proved. Carers will be more likely to continue to foster if they know their views and opinions are respected and suggestions acted on.

Below are the comments made in consultation with a large group of foster carers in the UK, which helped in improving its foster care services. Similar views were expressed by few foster families from Maharashtra and Rajasthan.

What foster carers tell us	
Share information about the child	Use simple language not jargon
Share a little about yourself	Don't be a bureaucrat
Be reliable, do what you say you will do	Don't forget the men
Be honest with us	Don't expect us to be perfect, we are human after all
Turn up on time	Acknowledge our feelings and the child's
Be enthusiastic	Be there when we need you
Give us feedback on what we are doing	Get people together to resolve an issue
Listen	Don't take sides in an allegation, don't assume we are guilty
Take us seriously	Be energetic
Respect our views – we live with the child	Be flexible
Understand our stresses	Be knowledgeable
Respect our family	Be friendly
Support our children	Go the 'extra mile'
Help us learn	
Help us understand the child's behaviour	
Admit it when you don't know the answers	

10.7 Safe Caring

Before a child is placed with the foster family it is important to talk with the family regarding issues that might affect the safety of the child and other family members. Looking after a child in public care is not the same as caring for and raising a child from birth. A foster child's behaviour is likely to be different from a child who has grown up in a safe and secure family.

It would be helpful to ask the carers to write down some 'Family Safe Caring Guidelines' which all family members contribute to and are aware of. These guidelines are general rules that all family members will understand and should be explained to the child during their introduction to the foster family. They should be written in child friendly language. The child may be asked if there is anything else that will help them to feel safe and can be added to the guidelines. Some examples are provided below:

Examples of Family Safe Caring Guidelines

1.	How we will prevent accidents in our home (health and safety assessment, give some examples - making sure electrics, gas is safe, tools, medicines, alcohol, matches locked away, no smoking in house)
2.	Who will bathe a child or help with personal care if needed
3.	Who will oversee a child's medication
4.	How we show affection in our family (sensitive to what a child feels comfortable with)
5.	How children will be supervised while playing in the house (keeping door open, children playing within sight of carers)
6.	How we encourage respect for each other (kindness, sharing, no fighting or words that can hurt people)
7.	How we help people to have private time (knocking on bedroom door before opening, lock on bathroom door which can be opened if there is an emergency, foster carer's bedroom generally not shared with children)
8.	How we help children to tell us what they need, and encourage them to share any worries with us, including anything they would like to change about the way they are cared for. Child can talk to someone else – DCPU/ CWC/another person if they are unhappy with anything

9.	Internet – parental controls on internet, support to help the child to use internet in a safe way, keep computer in a room where adult can support and supervise, child to tell us if they are worried about anything
10.	How we keep children safe if they go out (tell us where you are going, we will help you to plan how to get there, keeping in touch by phone/text, having a time when expected to return home, being with people who are safe, any overnight stays agreed by the DCPU)
11.	Mobile phones – left downstairs or away at night, turned off during family mealtimes or other occasions, help child to block numbers they don't want, tell carers if anyone that makes them feel unsafe

10.8 Post Approval Training

Foster carers should be provided with the opportunity to attend ongoing training as well as making their own efforts to build their learning and skills in other ways. The DCPU/NGO should plan a calendar of training topics and dates and expect carers to attend. The worker should encourage this and keep a record of attendance on the carer file.

Older sons and daughters or extended family members should also be given the opportunity to attend where appropriate.

Each DCPU/NGO can form their own training programme as appropriate. Training should be adapted for carers in terms of appropriate language and carers with literacy issues to be supported to learn in other ways, for example, visual, discussions.

Some suggested topics for ongoing training are below

- Paediatric first aid
- Child development and attachment
- Impact of trauma on the child
- Promoting positive behaviour
- Complaints and allegations
- Life story and memory work
- Recording and reporting
- Safe caring
- Preparation for leaving care
- Equality, diversity and identity

Courtesy : Kunskapsskolan, Gurgaon.

10.9 Support Groups

Support groups for foster carers could be facilitated by the DCPU/NGO. They provide a good opportunity to share news and information, as well as give carers the opportunity to discuss the challenges they are facing with children. A review of international literature *(Luke and Sebba 2013)*[33] found that meeting other carers in support groups helped carers to learn from each other, that they talk to others who understood their problems and reduced the sense of isolation they can experience. Carers who felt better supported were more likely to continue to foster.

10.10 Supporting 'Children Who Foster'

The sons and daughters of foster carers make an important contribution to the success of a foster placement. They will be living with children who may have experienced traumatic life experience which may have an impact on their behaviour as well.

[33] Luke N and Sebba J (2013) Supporting each other. An international literature review on peer contact between foster carers, Rees Centre – University of Oxford

Fostered children are likely to take the time and attention of their parents and the biological child may feel resentful but find it difficult to tell their parents how they feel. They may not like the way a child behaves towards them or their parents. At the same time the foster child may become a 'friend', provide a playmate for the child and they can have a lot of shared experiences and fun together.

It is important that biological children feel included, feel valued, are given opportunity to talk about how they feel and how to resolve any conflicts or issues.

Below are some of the things that 'Children who Foster' have said about their experiences. Feelings and experiences of children are similar across the countries and culture. Knowing the experiences of children would be helpful for DCPU, CWC and social workers.

What I think about fostering
I found it confusing as a child, having to relearn how to talk to different children
It taught me a lot child about development and how to help a friend when they are stressed
I liked playing football with him
I didn't like them following me around at school when I was with my friends
He taught me how to say some words in Farsi and I helped him learn English
I liked having her to play with, but I cried when she had to leave
She was rude to my mum, I didn't like that
I realised how lucky I am to have a family
I have to be more careful with the foster child than my brother
I try to be like his big brother – he likes that
There is still a lot I don't know about her even though she's been here for a year
It's always a bit awkward at first till we get used to each other, then it's OK
I feel like I know so much more about life than people my age
She's just part of our family now and I love her, it's like she's always been here

10.11 Foster Carer Reviews

It is recommended to put in place a system for foster carer reviews, the purpose of which is to review the progress and achievements of the foster carers during the year and to recommend whether they continue to foster. Reviews could take place annually or bi-annually.

An exceptional review should be held after a serious complaint or allegation about the carers, after a major change in the family circumstances, or at the foster carers' request.

Reviews provide an opportunity for the foster carers to share how they have experienced fostering, the highs and the lows, the successes and the difficulties, the impact on their lives and other family members, the support provided to them and any additional support needed.

They enable the DCPU/NGO to give feedback on the positive work the carers have done and any areas which require further development. The review can also look at what the foster carers have learnt during the year, what learning or skills they still need to develop and how this will be achieved.

The CWC may wish to consider a process for re-approval or de-approval of foster carers following a review. Foster carers generally find reviews a positive experience.

Suggested topics for discussion at a foster carer review meeting are below:

10.11a Foster Carer Review Meeting Agenda

Foster Carer Review Meeting Agenda
Children in placement – Since last review, initials, age, gender and progress made.
Foster Carers feedback (What has gone well, not so well, how have they been supported, anything they would like to change about the support, how fostering has impacted on themselves and other household members, any significant changes to the household during the year, or additional stresses in the family, how they have helped the child with emotional and behavioural difficulties, how they have supported the child's education, good health and encouraged the child to develop wider interests and activities, how they feel about continuing to foster and any suggestions for the agency.
Social workers feedback (Social worker responsible for supporting the carers, or child's case manager if appropriate) How they have supported the Care Plan for the child, how the worker has seen the child progress, what the foster carers have done well, what difficulties they have had and how they have been overcome, how involved have the biological children been and what are their views, what role have other household members played in care of the child, how the carers have worked with other professionals involved, for example, school, health services, how well they have reported or recorded information and incidents relating to the child, how they have helped the child to maintain contact with biological family and friends, any issues of concern addressed during the year and how these have been resolved, any feedback from others involved with the child for example, parents, teachers, health professionals, how the child feels about living with the family, any changes to be made.
Learning and Development A review of what the carers have learnt during the year from caring for the child, training, research, reading, other carers. What skills and learning they still need to address and how this will be done?
Health Are the carers still in good health, is there a need to carry out a repeat medical for themselves or any other household members. Are health issues impacting on the care of a child?
Health and Safety Is the Health and Safety check up to date or are there any changes to be made? Who will do this and when?
Complaints Have there been any complaints against the carers during the year, if so what is the nature, and how were they resolved? Did the carers feel supported during the process?
Action Any actions to be followed up after the review by any party, with dates
Recommendation Should the carers continue to be approved as foster carers, or not? Are there any changes required to the number of children they can foster, age and gender? Give reasons

Chapter

11 Complaints Against Foster Carers

11.1 Introduction

A complaint may be made by a range of individuals and organisations and there are clear steps outlined in the Model Guidelines as to how such a complaint should be recorded and processed. Although a complaint can be made about any aspect of care or individual involved in delivering the service, this chapter focuses more specifically on general issues in relation to complaints about the foster carers, made by the child or any other individual and the importance of supporting the child and the foster carers when a complaint of abuse is made.

Complaints should normally be dealt with by DCPU. However, where the complaint relates to potential physical, sexual abuse of the child by a foster carer, the matter would involve the police.

Consideration is given in this chapter to some of the common complaints made by children in foster care, the importance of enabling the child to make a complaint informally, some general principles in relation to complaints and some *'Dos and Don'ts'* in managing complaints about abuse.

11.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care and Protection of Children) Act 2015

Chapter IX of the act deals with offences against children

Cruelty to child is punishable under Section 75 which may extend to 3 years or fine of 1 lakh rupee or with both. Section 82 prohibits corporal punishments by any person in charge of or employed in CCIs for disciplining the child.

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

Chapter VIII starting from Rules 54 to 60 stipulates the procedure and processes to deal with offences against children. A complaint about an offence against a child can be made by the child, family, guardian, friend, teacher, Childline services or any other individual or institution.

The Rules specify additional requirements in Rule 54 for access to paralegal volunteers, assessment of need, medical attention, legal support and child-friendly processes for supporting the child with witness statements, and court processes. The State Child Protection Society under Rule 84 (ii) has responsibility for addressing road-blocks, issues and complaints received regarding the care and protection of children. Under Rule 85 (xv) DCPU has responsibility for looking into complaints and suggestions of children contained in the children's suggestion box, and taking appropriate action.

Model Guidelines for Foster Care 2016

Guideline no. 4.1 requires DCPU to address complaints through investigations and interventions.

Annexure E1 is provided for making a complaint and an Annexure E2 for investigation, which evidences action taken and follow up. Annexure D2 is a Monitoring Tool for collating the numbers of complaints registered, with type of complaint and action taken.

As per Guidelines No. 3.5 the child's foster placement may be terminated following a complaint which has been investigated by DCPU, for example, concerning physical, emotional, sexual abuse or neglect in the foster home, low school attendance, child engaged in labour in violation of labour laws, misappropriation of financial support, or where the foster carers are no longer 'fit' to meet the child's needs.

The Guidelines provide explanatory notes on complaints and investigations which outline who can make a complaint, how an investigation is conducted, timescales for completion, what happens when completed, and some general considerations. The Protection Officer – Non Institutional Care (PO-NIC) is responsible for the processing of any complaint unless the complaint concerns that individual. If the complaint is regarding a criminal offence, the investigation will be done by police. The removal of a child from the foster home can only be done with CWC approval.

11.3 Why a Complaints Procedure is Important

The UN Guidelines (2010) state that

"Children in care should have access to a known, effective and impartial mechanism whereby they can notify complaints or concerns regarding their treatment or conditions of placement. (VII A2 (99))

A complaints procedure can help to protect children, recognises their rights to express their views and can highlight areas of practice in the organisation that need to be improved. It also provides a fair, clear and impartial process for ensuring that all stakeholders are listened to, have the opportunity to express their views and to know the final outcome. Learning from complaints can contribute to the ongoing development of good quality practice.

It is recommended that the DCPU ensures that there is a child protection policy which includes procedures and process for reporting and investigating complaints relating to potential abuse or neglect of children by foster carers or other adults and it is shared with all staff and foster carers.

11.4 What is a Complaint?

Complaint is not defined in the JJ Act, JJ Rules or guidelines, but in general complaints relate to the dissatisfaction by an individual in relation to a service provided, or a decision made. In foster care this can include a range of factors for example, failure to comply with a child's care plan, the conduct of an employee, disagreement with a decision about a placement, or a complaint about abuse or neglect of the child.

Some examples of common complaints by foster carers:

- Information about the child was not shared before placement, for example, an aggressive child.
- The social worker doesn't support them well.
- They were not consulted about a decision made about the child.
- They had many changes of social worker
- The training provided isn't enough.

Some examples of common complaints about the foster carer by other adults:

- Parent is unhappy about the way the foster carer feeds, clothes or cares for the child
- Child's social worker is unhappy with the level of stimulation/educational support provided by the foster carers
- The foster carer has made a decision without consultation for example, changing the child's school, taking the child away on holiday.
- Foster carer has shared information about the child inappropriately with others

Some examples of common complaints about foster carers made by children:

- Dislike the food provided
- Made to eat separately from the family
- Not allowed to choose clothing
- Made to go to bed too early
- Biological children are given better treatment
- Not able to see their friends/siblings/parents enough
- Foster carers are too strict
- Foster carers don't listen to them

Foster carers are doing a difficult job which can be very isolating and stressful. It is important when a foster carer makes a complaint to respond quickly and effectively. If they are not responded to their complaint is likely to grow, and become more difficult to resolve, sometimes resulting in their decision to give up fostering.

Many of the minor complaints from children are part of the process for them of adjusting to the routines and customs of a new family and the child may take some time to adapt. It must be acknowledged that these small things can be major issues for the child, and need to be discussed and explained and where appropriate negotiations with the foster family may be made to adapt their parenting.

Sometimes there might be more serious complaints, for example, if the child is being locked in a room, or being forced into work, then the facts need to be established, through discussion with the child, the foster carers and others if appropriate.

If the complaint is justified, then work should be done with the foster carers to ensure that this does not continue. If the foster carers are unwilling or unable to change their methods, it may be appropriate to review their approval as foster carers and recommend to the CWC that their approval is terminated.

Any complaint dealt with should be recorded on both the foster carer and the child's file, using Annexure E2 in Model Guidelines.

11.5 Principles for Dealing with Complaints

Principles for Dealing with Complaints

- A child, parent, foster carer or other responsible adult should know that any complaint they make will be dealt with promptly and with fairness.
- The complaints procedure should be made available in writing to all stakeholders.
- For children this information should be presented in a 'child-friendly' way, in words they can understand.
- Children rarely put complaints in writing and should have the option to complain verbally and have this recorded.
- Children should be informed at the start of placement what they can do, who to tell if they are unhappy, or wish to change any aspect of their care in the foster home.
- Children with communication difficulties should be assisted to access independent advocacy or interpreting where this is needed.
- It is important to clarify at the outset, what the complaint is about, whether the complaint may involve a potential criminal offence, for example, child abuse, neglect, violation of labour laws or exploitation of the child. In such cases the Police must be notified and will lead the investigation.
- Foster carers should make the DCPU aware of any complaint that the child or other individual makes to them and how they responded.

- The views of the child should be sought and taken into account in the light of his/her age and understanding.
- Complaints should be responded to quickly and followed up without delay. Experience shows that this is more likely to have positive outcome than complaints which go 'unheard' and become more complex.
- All complaints (Including informal complaints) should be recorded in writing and where appropriate shared with CWC/SCPS/parents.
- The complainant should be informed of the outcome of their complaint

11.6 Complaints of Abuse

In the case of a complaint of potential abuse of a child by a foster carer, it may be the case that a criminal offence has been committed, and the police must be involved from the start and will probably wish to lead the investigation.

DCPU should be guided by the police as to what information can and can't be shared with the foster carers. It is likely that the complaint cannot be shared by DCPU at least until the police have interviewed the child, the foster carers, and other potential witnesses, as information sharing or questioning by a social worker may impact on the evidence provided.

11.7 Protecting the Child

In the event of a complaint of abuse or neglect being made, the first consideration should be to ensure that the child is safe. DCPU should remain open-minded in respect of complaints of abuse made by children, avoiding making assumptions about children, carers, parents or staff. During investigation an assessment will need to be made about the safety of the child whilst the investigation is in process. It is important not to over react to complaints but to carefully consider each case on its merits, whilst wherever possible and appropriate, maintaining the stability of the placement.

11.8 Supporting the Foster Carers

There should be information provided to carers during their pre-approval training in relation to possibility of a complaint being made about them by a child, a parent or others. This should be followed up with specific training during their first year of fostering. If carers are well prepared and knowledgeable about the process of investigation and also understand the reasons why some children may make false complaints, they will be better prepared for the impact on themselves and their family. Continued support is essential at this time for carers and their families.

11.9 False Complaints of Abuse

Children sometimes make false complaints against foster carers and it is important not to see this as malicious. There may be a number of reasons. For example

- A child whose biological family subjected them to extreme physical abuse, may misinterpret a raised voice or a sudden movement by a carer and feel that they are going to be harmed
- Children with experience of developmental trauma will be more likely to feel that adults are unsafe and likely to harm them
- Children may make a complaint of abuse in the belief that they will be returned home
- Biological parents may suggest to the child that they make a complaint in order to be removed from the family
- Children may make a complaint in anger at the carer and in the knowledge that this will get the carer into trouble

Research has found that 60 per cent of children who made false allegations were in their first year of the particular foster placement and 50 per cent were in their first placement. It can be surmised from this that as children become

more settled in their foster placements and develop stronger relationships with their carers, they begin to feel safer and more trusting of the carers.(*Plumridge and Sebba (2016)*[34]

11.10 Dealing with Complaints of Abuse – Some Dos and Don'ts

Do	Don't
Seek permission from CWC to remove a child whose safety is at risk and consider the needs of other children in the home	*Over react and move a child unnecessarily, unless there is immediate risk of significant harm.*
Give child opportunity to be spoken to alone, in a child-friendly environment, with appropriate language and methods, like dolls, drawings, play.	*Delay in investigating, a speedy resolution is important for all concerned.*
Write down in detail the child's words, and the time and date of discussion and explain to them what will happen next	*Assume that the child is telling untruths or exaggerating*
Consult with others as appropriate and keep CWC informed of complaint and progress	*Ignore historical abuse – the abuser may still be a risk to others and the child needs to know you have taken action*
Consider the complaint in the context of the child's history and overall presentation	*Share information without consultation with police*
Be aware that disabled children are statistically at increased risk of abuse and will need sensitive support, for example, with communication	*Wait for the child to make a complaint if you have made observations yourself that indicate a child may be neglected or abused*
Ensure that the child and other foster family members are well supported and understand the process	*Make assumptions that these carers did or didn't abuse the child*
Gather all relevant information before taking action	*Stop the foster carers attending training or support groups during an investigation*
Consider the impact of allegation on other areas, for example, if the carer is working with children elsewhere, has biological children, other foster children or grandchildren	*Leave the carers feeling isolated, consider buddying with another experienced foster carer or independent social worker through the process*
Keep parents or guardians informed (subject to police advice)	
Consider review of foster carers who are found to have abused or neglected a child, and refer to CWC for de- approval	
Ensure that you have recorded investigation and outcome accurately on the child and foster carer file. Use Form E2	

Courtesy : Kunskapsskolan, Gurgaon.

Courtesy : Kunskapsskolan, Gurgaon.

[34] Plumridge G., and Sebba J., (2016) *The Impact of Unproven Allegations on Foster Carers* Rees Centre University of Oxford

Chapter

12 Placing The Child

12.1 Introduction

This chapter provides information on the process for 'matching' a child with a foster family, including a matching checklist which will help the social worker prepare the matching report for CWC.

The process for introducing the child and family to each other is outlined, along with important considerations in sharing information, preparing the child for the move and helping the child to settle in the foster home.

12.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care & Protection of children) Act 2015

CWC may pass an order to place a child in foster care after considering the Social Investigation Report and child's wishes. (Section 37 (1) and 44)

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

The Committee shall be responsible for all decisions with regard to placing a child in foster care. Each child should have an Individual Care Plan as per Form 7 including a suitable rehabilitation plan. Foster care placement may be long-term or short-term (Rule 23 (6) &(7)). As per Rule 23(4) DCPO can also place for foster care the children who are living in community and who are in need of care and protection.

The CWC will pass the final Foster Care Order in Form 32. (Rule 23(15))

Model Guidelines for Foster Care 2016

The Model Guidelines provide more detail on the process for matching and placing a child. DCPU shall provide a report (Annexure C4) to be presented to CWC when a match is being proposed for the child.

The Guidelines No. 2.9 recommends that no more than 2 children are placed at a time with a foster family and that the total including biological children should not exceed 4, unless the group are siblings in which case they should be placed together.

Biological parents should consent to placement where relevant and necessary and as far as possible children will be placed with foster families having the same socio-cultural milieu and ethnic groups.

Guideline No. 2.1.9 prescribes procedures prior to final placement order. Annexure C4 provides a matching form to match children residing in CCIs by DCPU. Guidelines No.. 2.1.3(ii) requires person in charge of CCI to send a list of children eligible for foster care to DCPU.

After a compatibility period of 15 days DCPU will submit report to CWC and request for financial support if asked

CWC shall make the final order for placement in foster care, ordinarily within 60 days of passing the interim order, or within 75 days if financial assistance is required. 2.1.10 (i-iii).

Where a child is in urgent need of care foster families may file an application to care for a child, the CWC may approve within 60 days. as per Guideline No. 2.2.3

The Guidelines provide a template (Annexure C1) for counselling the child in preparation for the move and also counselling for the biological family (Annexure C3) (2.2.6)

The Guidelines recommend a range of circumstances in which the foster care placement may be terminated and the process to be followed. (3.5)

12.3 Matching the Child with the Family

It is the responsibility of the Child Care Institutions, Specialised Adoption Agencies and open shelters to identify children eligible for foster care, and the DCPU to make arrangements to place the child, either from institutional care or from the community.

DCPU should select a family which has the best possibility of being able to meet the needs of the child, using a list of criteria to aid this decision.

A 'match' can be described as
'a relationship constructed artificially out of necessity'

On the basis of assessment DCPU recommends placing a child in a family and CWC has the right to ask why the social worker feels that this particular family might be a good match from a number of available options. Matching a child with a foster family is not an exact science but it is important to try to make the match as closely as possible to maximise the chance of success.

Some considerations in matching are below:

Good practice in matching a child with foster carers
The child's views, personality, interests What is important to the child, and what do they want to know about the family? What are their hopes, fears, skills, likes and dislikes? Any health or mental health issues, educational needs, learning or physical disabilities, communication needs, gender issues, such as gay, lesbian, transgender. Special interests, talents, hobbies Religion, language, cultural issues important for the child Behaviour for example, bedwetting, verbal or physical aggression, risk of harm to self or others, running away. How do they feel about moving into foster care?
Length of placement Short or long term
Biological family What are their views about the foster placement; is the plan for reunification; if not how often should contact be arranged; is it appropriate for family to visit the child or should this be supervised away from the foster home; Do the family present any risk to the child or foster family; are they likely to be supporting the placement

Foster family Any other children, and how this child would fit; any risks to carers' own or other children should be considered. The needs of the foster carers' own children must be considered, and they should not feel displaced or in competition with a foster child. What is the availability of the foster carers – are they working, if so what hours, can they transport a child to school and other appointments? What skills do they have for example, with challenging behaviour, medical needs, learning disability? Do they have the capacity to meet the needs of this child?
Geography Would the location of the foster home enable the child to keep in touch with family, attend same school, meet with friends? For some children a placement away from their home area may be needed for their protection, for example, from abusive adults or traffickers.

12.3a Matching Checklist

The Model Guidelines recommend the use of Annexure C4, for Matching Process of Foster Parent and Foster Child to be submitted to CWC for a decision. The social worker is asked how this match was identified, and why they think this match is appropriate. In order to make this decision the matching checklist **(Annexure UGFC 7)** is recommended for social worker to consider the match and also identify gaps that will need to be addressed. The focus is on the needs of the child and the capacity of the carers to meet these needs. The social worker may attach the Matching Checklist to Annexure C4 as information for the CWC or summarise the main points into the Annexure C4.

Matching Checklist - Annexure UGFC 7 is inserted at the end of this User Guide.

12.4 Placing the Child

12.4a Information sharing with the family

The foster family should have the opportunity to learn about the child's history, temperament, ability, interests, strengths, emotional and behavioural issues, birth family and general needs. If possible, they should have the opportunity to discuss this information with the social worker before agreeing to receive the child, although this is not always possible in an emergency or placement at short notice.

The social worker should also discuss practicalities such as transport to school, medical appointments, meetings with biological family and supporting the child's interests. All family members including biological children should be involved in the pre-placement discussions and have opportunity to ask questions and clarify any issues.

Carers need to understand that a child placed with them may be traumatised, may not have had a positive experience of family life, may not be ready to trust them and may not initially want to stay. If the placement is planned there will be opportunity to gradually transition the child.

12.4b Helping the child to prepare for joining a new family

Moving to a new family can be a positive experience for many children but can also be a very scary experience for some.

Children who have been abused or neglected within their biological family or by other adults may be wary of trusting the foster carers. Children who have lived on the streets may have become very self- reliant and resent an adult trying to look after them or telling them what to do.

Children will inevitably feel 'different' from the foster family, in looks, and possibly in language and culture. No two families are the same and everything about the foster family will feel unfamiliar at first.

The Introductory period of a month as recommended in the Model Guidelines will give the child and the family time to get to know each other, before the DCPU submits a compatibility report to the CWC for a final order for placement.

The counselling sessions should be recorded as per Annexure C1 in Model Guidelines.

12.4c Checklist for preparing the child for a foster placement

There are some well tested tips and ideas below which should be considered when preparing a child for a foster placement. Social workers can use the checklist to talk through with foster carers.

	Preparing a Child for a Foster Placement checklist
1	**Explanation for the move** Explain to the child why they are being placed in foster care and who made the decision. Many children feel that they are to blame for the move because of something they did or said, or because they are unwanted or unlovable and they need to be reassured. The child may have many questions about how long they will be there and what the plan is in the long term. The worker should be honest if possible although acknowledge that at this stage they may not know some of the answers.
2	**Welcome Pages - Information about the foster family** Children, like all of us, like to know where they are going and who to and it is helpful to have some pictorial information to look at before they meet the family. Ask the foster family, with the help of social workers to prepare 'Welcome Pages' for the child. This should contain a photo of the family, a photo of the home, short information on each family member, what they like to do, and what is available in the area for the child. The language should be welcoming and child-friendly, and will encourage the child to ask questions before meeting the family.
3	**An introduction plan** This should be agreed with the family, and biological parents if appropriate, and explained to the child. Ideally the time span and detail of this should be flexible according to the needs of the child and the family and aim to avoid an abrupt move. Ideally the first meeting with the child should take place where the child feels comfortable, for example, current placement, and is supported by a trusted adult. Some children prefer to meet the foster carers first, rather than have an introductory visit with all family members which can feel overwhelming
4	**Understand the impact of separation and loss on the child** A gradual transition from the child's familiar environment and attachment figures, like parent or key worker in an institution, is important. The stronger the relationship the more painful the loss. Children will need help to grieve, and openly express sadness or anger at their loss. Children who don't see their parents may feel unloved or worry about them. Foster carers must accept strong feelings and try to support the child to express them and understand them. Some children may be withdrawn and not want to talk, the carer should remain physically close and supportive. Lumos, an organisation created by the author of 'Harry Potter', and with a focus on de- institutionalisation of children, has produced a publication – 'Moving to my new home,' which includes a range of stories of children moving, ideas and activity sheets that give ideas as to how to support the child through this process. Download from www.wearelumos.org. The transition for the child should if possible be celebrated and acknowledged in a positive way, like a small tea party at the current placement, gifts and cards, positive messages so long as the child feels comfortable.
5	**Involve the parents where appropriate** Children need to know that their biological parents are supporting the move. Parents are also more likely to continue to support the placement if they have been involved. Continuity of relationships is a basic need for a child. Where birth parents are not available or not involved consideration should be given to another adult close to the child to support them through the transition.

6	**Day of the move** Children placed in an emergency are more likely to have mood swings on the day, for example, anger, sadness, feeling out of control, scared. Some children may run away and try to find their way back home, others may lash out in anger, or become withdrawn. Don't rush the child, they have a lot to process, and social workers should stay with the child for some time if possible. Foster carers should explain the simple things about how things are done in this home and what does the day-to-day routine look like. The child will often take time to settle at night in a strange place and the foster carers should try to create a calming and reassuring atmosphere, for example, reading stories, nightlight in the room, light on in bathroom, a cuddly toy on the bed, a few healthy snacks and a drink by the bed, children may not have eaten much and wake up hungry. They should be shown where the carers' room is and know that they can knock on their door if they need help or support at any time during the night. The first few days are a huge adjustment for the child and the carers, but life soon settles down as they become more comfortable in each other's company.
7	**Maintain routines** Children will feel more secure if familiar daily routines are continued in the foster home, for example, mealtimes, bath and bedtimes, familiar activities for example, stories, outings. If it is possible, the foster carers should spend time with the child at the institution before the child moves. Familiar stories, songs, games can be learnt, providing continuity for the child.
8	**The child's belongings** Children's belongings should be handled with care and transported in suitcases/bags rather than plastic bags. The child should be helped to pack for the move and ensure that they take precious items with them. A torn photo of a family member may be all they have left to remember them. The foster family should offer to keep precious items safe for the child. Children may wish to bring bedding or a blanket which they are familiar with.
9	**Understand the developmental stage of the child** Very young children may not need to have lengthy explanations about the reason for moving but more attention given to physical closeness and nurturing, with continuation of the child's routines. The primary aim during the moving process is to transfer the attachment from previous carers through close involvement. Moves for children in early adolescence can be more challenging as at this stage it is normal for children to psychologically separate from family, which might slow down the process of forming attachments. Adolescents need to have increasing control over their own lives as part of normal healthy development and need to be closely involved in decisions about their future. It is important for the foster family also to understand the developmental stage of the young person which for many will fall behind their chronological age.
10	**Continued contact with significant people** The child's biological family wherever possible and appropriate should continue to be involved and a plan should be made regarding how this will happen and whether the contact needs to be supervised. Young children particularly should see parents as soon as possible after a move, particularly if they have moved at short notice. Children will also have close relatives and friends who they wish to connect with and this should be enabled where possible and appropriate. Any risks posed by significant people must be addressed in order to protect the child.
11	**Continuity of schooling** Where possible the child should continue to attend the same school, as this will be familiar to them and where they are likely to have friends. Moving home and school at the same time can be overwhelming for the child, increasing the sense of loss and insecurity. If the journey to school in the long-term is too far for the child, it should be maintained if possible for a period until the child is settled.
12	**Siblings** Siblings should be placed in the same family as much as possible. Sibling relationships provide a protective factor, are life long and need to be continued wherever possible. Older siblings may have had a role in 'parenting' younger children and may be reluctant to give up this responsibility or trust a carer to do it. This needs to be handled sensitively and responsibilities gradually shared.

13	**Understanding the child** Carers need to try to understand the child's world and what life was like for them before coming to the foster home. Talking about day-to-day routines, what they liked to eat, who did what in the home, who they are close to, what are their likes and dislikes etc. will help the carers adapt to what they are comfortable with. Gather this information in a natural way rather than formal questioning.
14	**Creating a sense of belonging** The child will need to gradually feel part of the family. Small things can help for example, helping the child to personalise their room with bedding, painting a wall, pictures, toys and family photos. Involve the child in family discussions, outings, decisions, shopping, cooking etc. The child now belongs in 2 families and the foster family cannot replace the birth family but, must ensure that the child is able to freely talk about their own family and connect with them where possible.

12.5 Supporting the Biological Parents

Many parents of children in foster care have themselves experienced a series of interrupted relationships and hardships and may never have received support with their own emotions. The separation from their child may trigger earlier unresolved traumas and conflicts and reactions can be extreme.

Parents need to be supported in managing their feelings. They should be encouraged to focus on the best interests of the child and to work with the agency to determine whether the ultimate goal is for the child to be returned to them, to remain in foster care or to move to an alternative placement. Parents should be encouraged to share information about the child if possible.

12.6 First Impressions of Foster Care -Voices of Young People

Moving to a new home is often a very frightening experience for a child, leaving familiar places and people and stepping out into the unknown. Even as adults we can reflect on the first night in a hotel or strange place, and how we may have difficulty sleeping, hearing strange sounds or adjusting to new food. Below are some comments made by care leavers in UK reminiscing about the time when they moved to a foster family.

First impressions of foster care
Renee "She was really nice, but it was nerve racking. I was thinking "Who's gonna be there, are they gonna like me." I had so many thoughts was going through my head."
Keilagh "The first night I went there I remember me running away and I ran into the park, and then everyone was out looking for me and they took me back to her. So, I just kept running away, they kept taking me back. And then we sat down one night and just had a chat and I really started to like her."
Asad "I moved from Afghanistan to here. It was quite strange because I didn't know anyone and I couldn't speak any English. I was quite worried about it as well because I didn't know what was going on, what is going to happen and everything. I couldn't go to sleep because I was worried."

Extracts taken from a training programme 'Living with Strangers' produced by the Rees Foundation and based on learning from care leavers. www.reesfoundation.org

Chapter

13 Placement Monitoring and Record Keeping

13.1 Introduction

In this chapter the authors outline the requirements for CWC and DCPU in relation to the inspection and monitoring of the child's placement, along with some good practice principles in the conduct of such visits. A format is recommended for a Child Placement Plan which will help all stakeholders to be clear about expectations and respective roles when the child is placed in foster care. It is also recommended that DCPU keep a Foster Carer Record and outline a list of documents that should be held in such a record. A process for recording and reporting serious incidents in relation to the child is also proposed.

13.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care & Protection of children) Act 2015.

Section 44 (8) requires a monthly inspection by the CWC to check the well-being of the child, and removal of the child if a foster family is found lacking

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

The Rules 23 (18) requires monthly inspection by CWC to be recorded on Form 35

The Rules require an Individual Care Plan to be completed for each child in Form 7, including a suitable rehabilitation plan in form 14

Under Rule 23 (17) DCPU is required to keep a child record for each child infoster care, with headings outlined in **Form 34.**

Procedure relating to a child when goes missing are provided in Rule 92.

Model Guidelines for Foster Care 2016

The Guidelines No. 4.1 recommends DCPU to maintain a database, preferably on an electronic portal developed by the government, of all foster care placements (family and group care) including details of the parents/foster care fit facilities, and the child until the child attains the age of 18 years.

The Guidelines No.4.4 recommend that CWC inspections are conducted monthly for the first 3 months, then 6 monthly (4.4)

Guideline No. 3.2 states that DCPU / NGO) should visit the family once a week during the first month, once a month for the next 6 months, and thereafter bi-annually.

Record should be kept of DCPU visits, counselling sessions and templates are provided in Guidelines –

1. A Case visit template – Annexure F is provided for this purpose, along with Explanatory notes on conducting a case visit.
2. A Counselling template (Annexure C2)

Under Guidelines No. 9.1 foster carers also have responsibility to provide treatment in emergency situations and inform the Committee and the biological family about the same. Any critical incidents such as injuries (accidental or non-accidental), instances of alleged abuse by any person and any criminal or self-harming behaviours exhibited by the child shall be reported to DCPU immediately.

The Guidelines also recommend a periodic review of the placement by DCPU/CWC but, do not specify how this should be done.

13.3 Frequency of Visits to Foster Family

DCPU may consider providing more regular support than a bi-annual visit or delegating this to an NGO where the need arises.

The stability of the child in placement needs to be a priority and research shows that where foster carers are well supported they are better able to continue to look after the child. (*Cosis Brown et al. 2014*)[35]

13.4 Principles in Inspection or Monitoring Visits

Social workers and CWC members completing monitoring and inspection visits may find the following principles helpful:

- Be aware of the child's case history and key issues highlighted during previous visits
- The child should know who you are and why you are visiting
- Ask the carer if they should stay with the child for part of the session
- Try to build a relationship with the child before asking direct questions
- Use simple child friendly language that the child will understand
- Body language is important as well as words, a smile can put a child at ease
- Playing with the child, drawing etc. can help the child to express themselves
- Children may get bored talking and wander off – this is normal
- Children in care may be doubtful of adults, and not feel safe on their own in the presence of a stranger
- Try to ensure that there is consistency in who visits the child
- Observe the child – their mood, their presentation, how they interact with the carers, how they express themselves
- Acknowledge the child's communication needs, for example, a non- verbal child, different language spoken
- Try to answer questions on the inspection format through general conversation, not as a question and answer exercise, which can be off-putting for the child
- Try to make the visit a positive experience for the child, acknowledge good behaviour and achievements as well as listening to concerns
- Discuss potential abuse sensitively. A child is unlikely to disclose abuse if they don't trust you. They need to know what will happen if they disclose. Be careful not to put words into their mouth.
- Act on any concerns about their welfare
- Acknowledge the work of the carers and their family and support them in their challenges

13.5 Child's Record

Rule 23 (17) provides a clear outline of the documents to be kept inside the file by DCPU.

The Guideline No. 3.3 (i) also recommend a master register of children in the foster care programme which shall provide a complete, disaggregated picture of the process, along with a list of documents to be included.

[35] Cosis Brown H., Sebba J., Luke N., (2014) The Role of the Supervising Social Worker – An international literature review Rees Centre University of Oxford

CWC will also keep case records for the child in order to effectively carry out its responsibilities.

It is recommended that local protocols should be put in place as to which information needs to be shared between DCPU/NGO and CWC and how this should be done, for example, CWC inspection reports, DCPU records, how this is done. Communication between the two partners is important in the best interests of the child and foster families.

13.6 Child Placement Plan

It is recommended to create a Child Placement Plan at the start of each foster placement. The objective is to be clear about the purpose of placement and the role of the foster carer, DCPU and others in promoting the child's development and their Care Plan. The plan ideally should be completed before the child is placed, but in the event of an emergency placement, within 3 working days after. Biological parents and fostered children where appropriate should be included in drawing up the plan.

Suggested Headings for a Child Placement Plan might be as under:

Child Placement Plan	
Name and date of birth of child	
Name, address, phone number of foster carers	
Name, address, phone number of DCPU case manager	
Name, address, phone number of parent(s)	
Date child placed	
Date of placement plan and who attended	
Date of Care Plan (Form 7)	
Purpose of foster placement	
Health and nutrition	*Name and address of current doctor, if any. Is a change of doctor required? Detail any medical appointments, dental checks and opticians, any ongoing medical intervention, immunisations required with dates. Does the child have any allergies or specific nutrition needs for example, diabetes, vegan, halal, vegetarian, any strong likes or dislikes relating to food? Note who is responsible for action.*
Education and training	*Who will find a school place, address of school? Who will take the child to and from school/pre-school, college? Any additional support to the child needed to support learning. Is uniform needed and who will provide? Note who is responsible for action.*
Leisure Creativity and Play	*Does the child attend any regular activities/sports etc.- detail venue and days? What is the child interested to try and how will this be supported? Note who is responsible for action.*
Attachments and interpersonal relationships	*Who are the significant people in the child's life (friends and family) How contact will be maintained? What are the arrangements for contact with parents for example, visit the foster home, meet with the child at an alternative venue, does the contact need to be supervised? Are there any friends or family members who are not allowed to have contact with the child? Note who is responsible for action.*

Religious beliefs	*If the child has a faith how will this be supported.*
Self-care and life skill training	*What are the child's current needs and how will they be supported to take care of self and learn skills for life for example, personal hygiene, nutrition, cooking, care of clothes, housekeeping, money management, IT skills, personal relationships, safety awareness. Note who is responsible for action.*
Independent living skills	*Building on the headings above what additional skills and support will a young person need in preparation for leaving care.* *For example, finding accommodation, employment, further education, housekeeping, creating social supports and networks. What role will the carers play in supporting the child living independently? Note who is responsible for action.*
Medical consent	*Who is responsible for consent to routine medical appointments, for example, medical, dental and optical checks, immunisations? Whose consent is required for medical interventions for example, operations, treatment? What are the expectations of the foster carer and who can give consent in an emergency.*
Delegated authority	*What decisions can the foster carer make in relation to the child, and which decisions require consent from the DCPU/CWC or parent?*
Other services involved	*Note names and contact details for any other agency involved in the child's life, for example: youth work, psychologist, therapist, legal advisor, and how these contacts will be maintained. Note who is responsible for action*
Financial arrangements	*Any fees for the child's health needs, medical insurance, travel expenses, clothing, pocket money. Note who is responsible for action*
Appointments	*Are there any planned meeting or appointments for the child, for example: court, CWC, DCPU, School. Give dates and times and who will take the child.*
Arrangements for visits to foster home	*How often will DCPU/NGO visit, CWC, any other agency? Will they go together or separately?*
Safe Care for the Child	*Identify any risks to the child from their own behaviours or the behaviour of others, for example, trafficking, abuse, self- harm, harm to others, bullying, alcohol, drug or substance misuse, lack of safety awareness, sexualised behaviour, over familiarity with strangers, offending, internet use. What are the risks and what action will be taken to minimise the risks, for example: work with the child, counselling, therapy, specialist support, police liaison, monitoring mobile or internet use, supervision of the child.*
Name Date and signature of all participants	

13.7 Foster Carer Recording About the Child

The JJ Act, JJ Rules and Model Guidelines do not prescribe any process for the foster carer to record significant information/milestones/achievements about a child in care. As a good practice it is recommended to keep a confidential weekly record about the child. This will help foster carers in their duty to inform DCPU and CWC about the child's general progress and well-being, and any concerns or serious incidents.

DCPU should give guidance to the foster carers regarding what information should be recorded. Some suggested headings are as follows:

Foster Carer Recording
• **Name of foster carers, name of child, date of recording**
• **Health** (appointments, any health concerns, how the carer is promoting the child's health)
• **Education** (attendance, achievements, school meetings, reports, support provided by foster carers to the child, any concerns noted by school, any extra support provided or needed)
• **Leisure** (Informal or organised activities, hobbies, interests, how the foster carers have encouraged the child to participate)
• **Emotional, Social and Behavioural Development** (positive progress and observations, any concerns, relationships with the family and others, child's self-esteem and pride in who she/he is)
• **Contact with family members or friends** (Meetings, phone calls, letters, social media, positive contacts or concerns)
• **Participation and decision-making** (How the child has made choices, been involved in decision making, consequences of choices made)
• **Independence** (Skills being developed by child in relation to self-care, home care, learning to be safe, integrating into the community)
• **Professional meetings** – date, purpose and outcome
• **Memory/life story work** with the child
• **Highlight of the week** (a success, an achievement, something good that happened)
• **Signature of foster carer and date**

13.8 Foster Carer Records

The JJ Act, Rules and Model Guidelines do not provide any process or procedure for foster carer records to be kept. Form 34, Child's Record includes the Home Study Report of the foster family, but, it is recommended that DCPU should also create and maintain individual case files for the foster carers. Children may move between foster carers, and their file may be closed when the placement ends. Creating a separate foster carer file will ensure that information about the foster carers is available and ready for the next placement and will enable workers to track the history of progress with the family. A suggested foster carer file could include:

- Application form
- Initial enquiry form
- Initial visit form
- Foster carer consent to checks
- Household member consent to checks
- Home Study Report parts 1 and 2
- Psychosocial Report
- Note of criminal background check by police
- All references
- Medicals
- Date of approval by Committee
- Number and age of children approved for foster care
- Details of children placed with dates
- Record of home visits/counselling/monthly inspection
- Other communication, telephone calls, emails, letters.

Courtesy : Kunskapsskolan, Gurgaon.

- Training record
- Support provided to the foster family
- Serious incidents, complaints and allegations
- Foster carer reviews
- Financial matters

Note: information of the child should be placed separately in the **child record file** and information on the carers should be held on the **carer record** file.

13.9 Serious Incidents

It is inevitable that serious incidents or accidents may happen in foster care.

The Act, Rules and Guidelines include the requirement for the foster carer to report critical or serious incidents in relation to the child to DCPU/CWC/biological parent. It is recommended that DCPU define a clear policy for the recording and reporting of serious incidents in order to ensure that foster carers are clear about which incidents they must report, who to and how. The policy should also include how such incidents will be recorded by DCPU, and that any necessary action or support will be followed up, for example, linking with police, doctor.

Examples of serious incidents might include

- Serious accident or injury requiring hospital treatment
- Serious health issue notifiable to the health authorities
- Death of a child
- Self-harm or suicide attempt
- Complaint or suspicion of abuse or neglect
- Other serious complaint
- Child missing from the foster home
- Criminal offence against the child
- Alleged criminal offence by the child
- Assault by the child on a foster carer or member of staff.

Courtesy : Kunskapsskolan, Gurgaon.

13.10 Access to Records

There is no provision in the Act requiring children to have access to their records after being placed in foster care. It is recommended to have a process defined, as it will be important for some children to seek information regarding their family of origin and circumstances of being placed and also for when they have aged out of foster care. Guidance from Adoption Regulations (2017)(44 (1)) for Root search can be looked into to develop a system. It is also suggested that foster carers should be entitled to access their foster care record on request.

Chapter

14 The Child's Placement – Attachment and Providing a Secure Base

14.1 Introduction

One of the key concepts which will help foster carers in their work with children is a basic understanding of 'attachment theory' and how secure and insecure attachments impact the development of the child. This chapter provides a short introduction to attachment theory and outlines how foster carers can help the child feel secure in their family home, using the Secure Base Model, as a framework. This model reinforces a 'strengths-based' approach to caring for children, moving away from a focus on negative behaviours or concerns.

14.2 Attachment

A new born baby's brain is still in the process of formation and will take months to reach its final form and structure. The infant brain is affected by genetic inheritance, temperament, pre-birth experience including maternal health and stress, maternal substance misuse and the experience of being born.

After birth the quality of care and attachment provided by the parent or adults closest to the child during the first year of life is the most significant factor influencing the shape and structure of the developing brain, including the baby's ability to regulate stress and relate to others. Since unregulated stress is harmful to the child, they need to be able to ensure that the adults around them are able to respond to their needs for food, comfort, warmth, closeness, communication and responsiveness.

John Bowlby summarised this relational process in his development of attachment theory. (Bowlby J., 1969)[36], a theory which is found to be applicable across all contexts and cultures.

Attachment is 'a deep and enduring emotional bond that connects one person to another across time and space'. Attachment is characterized by specific behaviours in children, such as seeking proximity to the attachment figure when upset or threatened. (Bowlby 1969)[37] This behaviour is a built-in biological drive which helps the child to prompt their parent or carer to meet their basic needs for warmth, food, comfort and connection.

Attachment patterns will develop in different ways, depending on the responses of the parents/carers, and recent research shows that sensitive care giving is necessary to promote healthy brain development in the first 2 years of life. (Howe, D. 2011)[38]

Below are some examples of attachment types with brief details on patterns of parenting. The work is based on a study by Ainsworth et al (1971)[39] -- Strange Situation Test, where one-year-old children were observed in the presence of their mothers, then when mothers left the room and when the mother returned.

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[36] Bowlby, J. (1969) Attachment and Loss *Vol 2. Separation*. London Penguin

[37] ibid

[38] Howe D., *Attachment across the life course*. Palgrave Macmillan

[39] Ainsworth MDS, Bell S and Stayton D., (1971) 'Individual differences in strange situation behaviour of one-year-olds, in Schaffer H (Ed), *The Origins of Human Social Relations*, New York, NY: Academic Press pp17-52

Attachment type	Parent/Carer responses	Child Behaviour
Secure	Reacts quickly and positively to the child's needs Is responsive and caring	Explores and plays in presence of parent Gets distressed if parent leaves Is happy when parent returns Seeks comfort from parent if scared or distressed
Insecure-anxious avoidant	Doesn't respond to child Dismisses child's needs	Less likely to explore Is not distressed if parent leaves Doesn't greet parent when returns Does not seek closeness with parent
Insecure-ambivalent	Is not consistent in response to the child -- sometimes caring, sometimes ignoring	Appears distressed in presence of parent Is distressed when parent leaves Is not comforted when parent returns
Insecure – disorganised (category added later)	Is abusive or neglects the child Responds to child in a frightening way	Child unable to attach to parent Appears confused or wary in the parent's presence

14.2a Secure attachment patterns

A secure attachment to parents or carers enables the child to develop positive 'selective attachments' to other people who play a role in their day-to-day life. Children who are securely attached are better able to empathise and more likely to have a positive sense of self, a positive view of the world and an inner sense of security and feeling of wellbeing as they move through the various developmental stages.

14.2b Insecure attachment patterns

Children who have been institutionalised from an early age or neglected or abused by parents or others will often have missed out on this precious time for developing close attachments, which in turn will have an impact on their developing brain. These children are more likely to be withdrawn or unresponsive or may indiscriminately seek closeness with any adult who comes near them, in order to gain attention. People may respond to them in a way that is negative and critical, which reinforces their view of the world as an unsafe and hostile place.

These children can be challenging to parent as they may not enter foster care feeling positive about family life. They may lack confidence in themselves and ignore or reject efforts made by the foster carers to care for them in a positive way. This can be quite demoralising for foster carers and an understanding of attachment issues for the child will enable carers not to take the child's behaviour personally.

Insecure children may have developed ways of behaving in order to keep themselves safe, for example, hoarding food, keeping their distance from adults for fear of being harmed, and as such may take time to learn that the behaviours which helped them to survive may not be needed in a safe and caring foster home.

Avoidant children, in the absence of a caring parent, may tend to become more self-reliant and undemanding, and in later life can find it difficult to express feelings. Foster carers can find these children difficult to support as the child feels that they can look after themselves.

Ambivalent children have not had a consistent response from parents and may have had their signals for attention ignored, leaving the child unsure of how to get a response. Such children may demand attention continuously, becoming needy and angry, but still distrustful of the foster parent. Foster carers sometimes complain that the child won't leave them alone and they 'don't get a minute's peace'

Disorganised children are likely to have experienced parents who have been abusive, rejecting, unpredictable and frightening to the child. The child is afraid but, unable to turn to their caregiver for support and is caught in a

dilemma of 'fear without solution' (*Main and Hesse 1990*)[40] These children are confused and their behaviour becomes disorganised. They often need to feel 'in control' to create a sense of safety and predictability for themselves, may be reluctant to accept care and can put themselves into the role of the parent, compulsively care giving and at times aggressive.

Foster carers need to understand the child's life experiences in order to make some sense of the child's feelings and behaviour and a basic understanding of the child's attachment history will help. Children retain the ability to form close attachments at every stage of their development and the foster family has a perfect opportunity to help the child to develop close relationships and alter their life chances for the better.

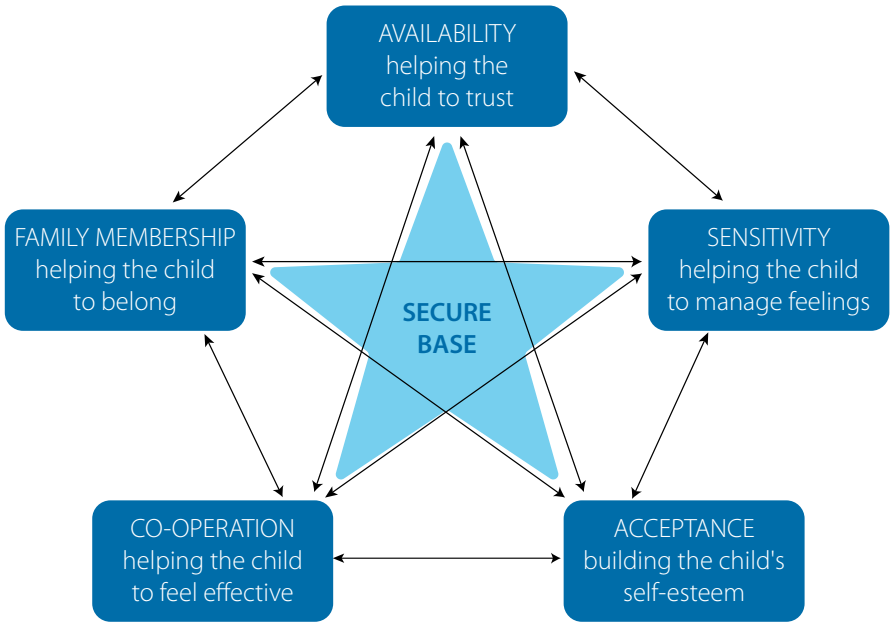
14.3 Providing a Secure Base for the Child

One of the primary aims of foster care should be to help the child to develop a 'secure base' in the foster home, or a sense that they are accepted for who they are and develop a sense of belonging. This will inevitably take time, and the older the child and the more traumatic their early experiences the longer it may take. Children who have been subject to multiple placement moves will find it more difficult to trust the foster parents, they will be anxious to protect themselves from being hurt if they have to move again.

The 'Secure Base Model' developed by *Beek and Schofield (2014)*[41] provides a framework for foster carers to understand their role in this and is supported by a carer training programme. Further information can be accessed at **https://www.uea.ac.uk/providingasecurebase/the-secure-base-model**. It is a positive, strengths-based approach that focuses on the interaction between the caregiver and the child, and also considers how that relationship can enable the child to develop competence in the outside world which further enables the child to manage complex relationships with birth family members.

The model is illustrated in the diagram below:

The Secure Base model



Below are some helpful tips to structure the actions of the foster carer in helping a child to develop a secure base. The 5 dimensions as illustrated are all connected and interlinked.

[40] Main M and Hesse E (1990) 'Parents' unresolved traumatic experiences are related to infant disorganised attachments status: is frightened and/or frightening the linking mechanism?' in Greenberg MT and Cummings EM (eds) *Attachment in the preschool years: Theory, research and intervention*, Chicago, IL: University of Chicago Press, pp161-182

[41] Beek, M., and Schofield G., (2014) *The Secure Base Model - Promoting attachment and resilience in foster care and adoption*

Helping the child to develop a secure base
Availability – helping the child to trust
• Make the child's day predictable with routines around meal times, bedtimes, and let the child know in advance what you are going to be doing • Use pictures and calendars to help the child to plan. Stay close to the child, to be available when they need you. • Nurture the child when upset, ill, anxious or needing support. • Manage separations carefully, keeping the child informed what is happening. – 'I am taking you to school, but I will be back to collect you at 12 o'clock for lunch'. • Let the child know that you have been thinking of him/her during the day. • Play games with the child to have fun and build relationship.
Sensitivity – helping the child to manage feelings
• Observe the child during the day and reflect with them on how they are feeling. • Avoid situations that will make the child fearful, like crowded places, loud noises, slowly introduce at the child's pace and when they are ready • Help the child to name how they are feeling in different situations, and think about how other people may feel • Help a child apologise when they have upset someone else and praise them for doing so. • Help a child notice that sharing their toys makes the other child feel good. • When a child has lost control of his/her feelings, or hurt someone, help them to find other ways of managing strong feelings so that no one gets hurt in future.
Acceptance – Building the child's self esteem
• Praise the child for the small things they do – 'Thank you for helping me with the shopping'. • Give the child a treat occasionally. • Ask the child to teach you something he/she is good at, like singing a song, balancing on one leg. • Find different ways to have fun with the child – every day • Acknowledge the good things about the child's own family and the attributes they share, - 'your mother loves reading too, she will be very proud of you.' • Help the child to write down or draw good things about themselves Involve the child in activities with others, like cricket team, dance class, youth club, and introduce them to new experiences. • Help the child to be proud of who they are
Co-operation – helping the child to feel effective
• Use positive language for example, 'Let's tidy up together then we can go to the park', instead of 'You're not going to the park until you've tidied up the mess'. • 'Catch them being good' – Notice when they are helping others, absorbed in a game, or calming themselves down when distressed. • Help the child to have 'choices' for example, choose the meal for the day, which outfit to wear, where to go for a family activity. • Let the child help you with day-to-day tasks in the home and support them if they make mistakes. • Allow the child to personalise their room for example, choosing a wall colour, putting up pictures, choosing bedding. • Prepare the child for team games and sports so that they understand and follow the rules
Family Membership – helping the child to belong
• Explain to the child how this family works, the unwritten 'rules' and routines. • Create space for the child's belongings, pictures of biological family or friends on the wall, and child's photo alongside foster family photos • Involve the child in family activities and outings, helping to plan meals.

- Ensure that family members and friends welcome the child as part of the family
- Make a photo album of family activities that include the child, which can go with the child when they move on.
- Encourage the child to talk about their biological family and how things were done in their own home
- Help the child to express their feelings about living in your family
- Ensure that the child's teacher knows that they are in foster care, so that they can support the child when talking about family topics.

Courtesy : Kunskapsskolan, Gurgaon.

Chapter

15 Meeting the Child's Needs

15.1 Introduction

This chapter discusses the role of the foster carer in meeting the needs of the child in terms of health, education and overall well-being. The foster carer should be supported in this task by other members of the team who may be professionals or individuals including biological family members. The authors provide some suggestions on general health care and promoting a healthy lifestyle for the child and suggest that the carer could keep a Health Record. They also provide an introduction to the impact of trauma on a child, which is common to children in foster care, and how foster carers can support a traumatised child. A short section on play is included, which is also a basic need of children, and some ideas on how a foster care can support the child with education and building a 'secure base' in school for the child. This chapter also stresses the importance of placement stability for a child and recommends giving attention to preventing placement disruption, and processes for managing this if it occurs.

15.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care & Protection of children) Act 2015

Under Section 44 (6) of the Act the foster family is expected to provide education, health and nutrition, and ensure the overall wellbeing of the child.

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

The Rules 23(19) outline the responsibilities of the foster family to provide food, clothing, shelter, education, care and treatment for the child's physical emotional and mental health and vocational training. Foster carers sign an undertaking in Form 33 which includes to do their best for the welfare and education of the child and in the event of illness the child shall have proper medical attention at the nearest hospital and a report and fitness certificate to be sent to the Committee.

Model Guidelines for Foster Care 2016

The guidelines 9.1 outlines responsibilities of the foster carers including to provide education, care support and treatment for the child's overall physical, emotional and mental health, provide vocational training and support higher education requirements. The guidelines provide a template (Annexure C3) for recording counselling sessions with the biological family.

The Act, Rules and Guidelines do not provide procedures as to how the carers should meet the child's needs.

15.3 Team Work in Foster Care

The foster carers will need to work closely and communicate with a wide variety of other professionals, including the Child Welfare Committee, DCPU, NGO, school, doctors, police, biological parents and others who have a role to play in relation to the child. Every member of the team should take responsibility for supporting the child. The child's emotional state and behaviour will be impacted not only by the foster family but, by contact with their parents, friends, school, and other contacts. Examples of good communication are below:

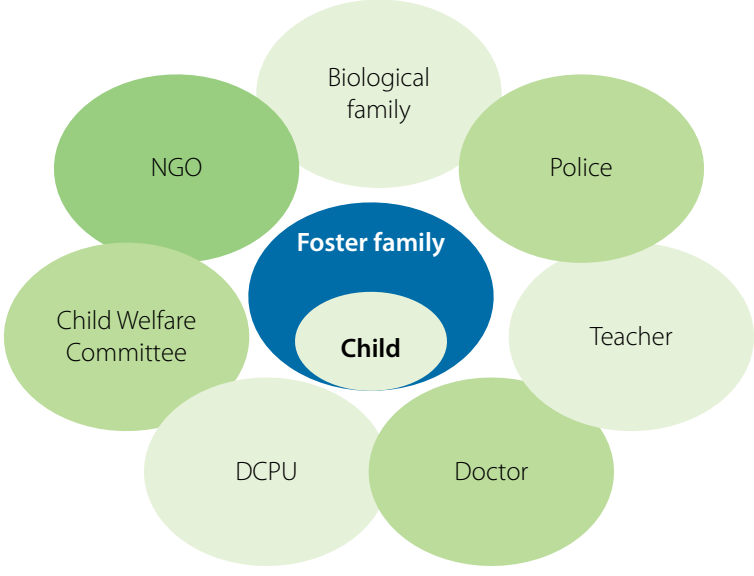
- A child whose parent doesn't turn up for a contact visit may be distressed and may carry their feelings over into their school day. If the foster carer informs the teacher, they can then support the child appropriately rather than disciplining the child for a temper tantrum in the classroom.
- A parent who sees their child with a bruise on their head may worry that the child is being abused but will handle the situation differently if the foster carer has called them in advance to let them know that the child fell off a bike.
- A carer may be concerned about a child being distressed for no apparent reason, until the biological parent informs them that this is the anniversary of the grandmother passing away.

Information sharing therefore on a 'need-to-know' basis is essential to avoid misunderstandings and to help the child to know that the adults in his/her life are all working together.

It is helpful if the various agencies and individuals involved in the child's life can meet together from time to time to share perspectives on how the child is doing and discuss areas of difficulty and how they can be resolved.

Many countries hold a multidisciplinary review of each child every six months and DCPU and CWC may wish to consider this in order to ensure that the child's needs are being met and that the responsibilities of different stakeholders are carried out.

Team work in foster care



15.4 Health

Foster carers are expected to promote the health of the child, which includes physical, emotional and mental health. Children in care are generally more at risk of ill health through a combination of factors, for example, neglect, parental incapacity, poverty, poor nutrition, stress, lack of education, developmental delay, physical disability, child labour, displacement through natural disaster, trauma, and other issues. Often their medical history is not known, particularly if they have moved around, or parents cannot be traced.

The medical examination done on entry to CCI and ongoing medical care may be shared with the foster carers.

If children are placed in foster care directly from their biological family, kinship carers or from the street it is recommended to have full medical examination. The medical will not only identify any health concerns but, will also ensure that any marks on the body are noted. Marks on the child if not previously recorded can leave the foster family vulnerable in the event of a complaint of abuse by the child or others and may indicate the need for a child protection investigation relating to adults previously caring for the child.

The general medical condition of the child including any illness, infection, disease, and the height and weight of the child provides a useful starting point from which progress of the child can be monitored during the placement.

15.5 Meeting the Child's Health Needs – Foster Carer Role

The checklist below may be useful in noting the responsibilities of the foster carer. When a child is placed the social worker may go through this checklist, adapting it as necessary for particular families, or particular children. While the main responsibility for promoting the child's health rests with the foster carers, cooperation and support from DCPU, doctor and biological family may be required.

Meeting the child's health needs – foster carer role
• Ensure that the child is taken to routine medical checks as required by DCPU.
• Understand the basics of First Aid and how to help a child in an emergency, attending training where possible.
• Seek consent for medical interventions as agreed in the child's placement plan.
• Keep medication securely locked away from children.
• Keep a record of any medication given to the child and always follow medical advice.
• Report any serious illnesses, accidents or notifiable diseases to DCPU and CWC.
• Be aware of any allergies affecting the child and provide care as appropriate.
• Promote a healthy lifestyle for the child including good nutrition and exercise.
• Encourage the child to participate in after school activities.
• Support the child to follow their faith to encourage spiritual well being.
• Help children understand the impact on health of alcohol and drug misuse.
• Talk with children about bodily changes in puberty, sexual health, personal care and hygiene.
• Seek specialist advice in relation to any specific conditions affecting the child, for example, autism, HIV, Down's syndrome, cerebral palsy, cystic fibrosis, epilepsy, hydrocephalus, foetal alcohol syndrome.
• Ensure that a disabled child is included in all family activities, with additional support as needed.
• Help a child with communication difficulties for example, deaf, non-verbal, to be able to express themselves.
• Ensure that any concerns relating to the child's mental health are addressed and reported to DCPU and doctor as appropriate.

15.6 Health Record

It is recommended that the foster carer should keep a record of the child's health during the placement for recording medical appointments, medication and treatment and other health issues. This can be helpful in keeping DCPU and CWC informed of the child's health and act as evidence that the foster carers are taking appropriate action.

The health record should be kept safely and go with the child when they move on from the foster family. The child

should be made aware of their health record and encouraged to contribute to it where appropriate. Some suggested contents for a health record are below:

Health Record - contents
• Child's name and date of birth • Medical record number • Doctor address and phone number • Birth weight and place of birth • Any difficulties with the pregnancy or after the birth • Any family conditions or illnesses known • Who can consent to emergency medical treatment • Childhood illnesses with dates • Significant health conditions, treatments or disability. • Allergies or reactions to food, medication or other substances • Aids or equipment for example, hearing aid, glasses, walking aids • Special dietary needs for health or cultural reasons • Record of immunisations with dates, and any reactions • Record of growth (height and weight) • Record of medication – date, dosage, method (for example, liquid, tablets or injection), reaction, administered by whom • Dental record, date, reason for visit, dentist address and phone number • Record of medical checks and by whom • Information on other health professionals, appointments and interventions • Significant illness, accidents, injuries or hospital treatments • Any health problems, minor accidents or injuries, developmental checks and assessments, date, diagnosis and treatment

15.7 Mental Health and Trauma

Children in foster care may be at greater risk of mental health issues on account of their adverse life experiences. 'According to the NCPCR inspection report of 2012 submitted to the High Court of Delhi, (WP 694/2012) more than 50% of children living in Child Care homes in Delhi had emotional and behavioural problems with 10-15% having a diagnosable psychiatric syndrome.' *(A User Guide on Counselling.(2017)*[42]

The NCPCR 'User Guide on Counselling' for staff of CCIs is comprehensive and informative and covers a wide range of risk and protective factors, symptoms, diagnoses, counselling techniques and other interventions recommended for these children. It is recommended that foster carers and staff responsible for developing fostering services should read this publication and use it as a resource when faced with the challenges of a child with mental health issues.

Mental health issues, of children in care, especially the understanding of early childhood trauma is becoming widely discussed, as researchers gain insight into the impact of trauma on the developing brain. The word 'trauma' can mean a physical injury, but in the context of the developing child its meaning is 'a deeply distressing or disturbing experience and overwhelms the ability of the child to cope. Trauma can be caused by a one-off event,

[42] *A User Guide on Counselling – for Training and Skill Development of staff of Child Care Institutions (2017)* NCPCR Government of India

like a car crash, a dog bite, loss of a parent, or it can be repeated and continuous, for example, a child being subject to frequent abuse or exploitation by a parent, or other adults.

The effect of trauma on children has more impact for a number of reasons:

- They are particularly powerless and vulnerable.
- They have no frame of reference as to what is 'normal'
- They tend to be traumatised by their closest relationships.
- Their brain's neuro-pathways are still developing.

Children respond to stress and traumatic events through their bodies, emotions and behaviours, common responses are summarised as follows. Not all will apply to every child but many will be experienced by many children in foster care. It is helpful for those supporting foster carers to share with them some of the basic details as below:

15.8 Impact of Developmental Trauma on a Child

Impact of developmental trauma on a child		
Body	**Emotion**	**Behaviour**
Activation of autonomic nervous system	***Irritability, anger***	***Fidgeting, unable to sit still***
Rapid breathing	*Over or under arousal*	*Difficulty completing tasks*
Shortness of breath	***Impulsivity***	***Aggression, rage***
Excessive yawning	*Rapid mood changes*	*Seemingly unprovoked outbursts*
Pounding heart	***Nightmares***	***Power struggles***
Dry throat	*Anxiety*	*Risk taking behaviours*
Dizziness, high blood pressure	***Restricted range of emotions***	***Hoarding food***
Rashes	*Exaggerated or out of context emotional response, like excessive laughing, crying*	*Over and under reaction to sensory input, visual, sound, touch*
Muscle tightness, twitching	***Wanting to withdraw from relationships***	***Over eating***
Frequent illness like asthma	*Being clingy or overly dependent*	*Excessive control of food*
Tiredness, changes in sleep patterns	***Low frustration tolerance***	***Poor problem-solving skills***
Loss of, or excessive appetite	*Difficulty with 'cause and effect' thinking*	*Impaired social skills*
Urinary or digestive tract problems	***Diminished self- control***	***Not reaching potential***
Easily startled or aroused	*Need to exert control*	*Self-harm, for example biting, head banging, cutting*
Inability to concentrate, distracted, forgetful	***Decreased effort or motivation***	***Self- soothing for example rocking***
		Difficulty with transitions (moving from one activity to the next)
		Argumentative, whining or non-responsive
		Inflexible, rigid, not willing to try new things

15.9 Traumatised Children – Dos and Don'ts

The Secure Base Model as described in Chapter 9, will help the child in their recovery process and some 'Dos and Don'ts in relation to traumatised children are included below:

Traumatised Children – Dos and Don'ts
Don't
Raise your voice
Use threats or ultimatums
Get drawn into the child's attempts to control
Use commands - negotiation is better
Try to reason with the child when they are in the midst of a tantrum, choose a calmer moment
Dismiss their feelings, they may seem irrational to you, but they are real to the child
Take their behaviour personally – it's not about you
Give up on the child – they need you to stick with them
Neglect your own needs, you will need to be cared for and supported yourself and so will your family
Do
Ensure the child gets plenty of sleep and has a regular routine
Create a soothing environment in the home and the child's room
Ensure they get plenty of exercise – it's a great stress reliever
Give attention to diet, healthy food and avoid foods that over stimulate, like sugars, food additives
Laugh with the child, laughter relieves stress and creates a sense of wellbeing and joy
Help the child to find ways of calming themselves down when they feel stressed or anxious
Help the child to give words to their feelings
Give simple instructions and repeat if necessary
Help the child to learn how to make and keep friends
Practice deep breathing exercises
Make positive statements to the child
Give the child choices so they can feel in control of appropriate things
Be aware that memories of the child's trauma may be 'triggered' by a sound, a sight, a texture, smell, interaction or contact with the person
Remain calm in the face of an outburst and stay near the child
Give the child space to calm down and don't overwhelm them
After the event when the child is calm ask them to reflect on what was going on for them inside
Help the child to think about the consequences of what happened for themselves and others
Comment on the strong feelings the child has displayed
Help them to think of ways to regulate their powerful feelings when this happens again
Give them hope that they will change with time
Seek therapeutic support if necessary
Let the child know you are with them on their journey

15.10 The Importance of Play

Play is one of the most positive ways that a foster carer can help a child but can sometimes be overlooked. Children in care very often have not had much opportunity to play, due to the hardships of their early life experience. Many have had responsibilities imposed on them before their time, such as child labour, caring for a parent, responsibility for siblings. These children often don't know how to play and will need help to learn to play independently or play cooperatively with others.

A literature review of research into children's play (*Gleave 2012*)[43] provides strong evidence that playing is central to children's physical, psychological and social well-being. Play enables children to form friendships and attachments to adults and to places, allowing for the development of familiarity and intimacy with both. It can provide opportunities for independent learning and building confidence, resilience, self-esteem and self-efficacy. Children tend to communicate best through play rather than formal discussions and playing with a child can help the child to express themselves or act out their feelings or experiences.

Foster carers should be encouraged to create opportunities for children to play, indoors and outdoors, and also to support them in a non-directive manner when the child plays independently.

15.11 Education

Foster carers have a responsibility to promote and support the child's education. It is important to recognise that education doesn't just mean formal education but includes all the learning that takes place in the carer's home and in the world around the child.

Children are naturally curious, inquisitive and love to learn but for children who have experienced separation and loss, parental neglect, adverse life experiences and trauma their natural learning ability can be impaired.

Developmental trauma places the child at risk of challenges to their overall cognitive functioning, including their ability to learn and this can affect speech and language development, processing sound, and general ability to concentrate. (*Hughes D 2016*)[44]

Foster families should be encouraged to maximise opportunities for babies and young children to learn at home, providing multi-sensory experiences including close physical contact and nurturing, responding to the child's needs, talking with the child, imaginative and creative play, doing art and crafts, making and listening to music, reading stories, playing games, dance, taking the child out and about in the neighbourhood, enabling them to spend time with other children informally and in playgroups or other social settings.

Carers often underestimate the impact that they have on the child, but it is in the small day-to-day repeated interactions with the child where massive change, growth and learning can take place.

Children's formal education in school will also benefit from the support of a foster carer, particularly when the child is changing schools, or has had difficult experiences at school. Foster carers need to work closely with teachers to understand and meet the child's needs.

15.12 Building a Secure Base in School for the Child

The foster carers can use the 'Secure Base Model' (see Chapter 14) to think through how they and the school can work together to create a Secure Base in school for the child. A positive start in school will make a huge difference to how the child settles and takes advantage of the opportunities on offer.

Building a secure base in school for the child
• **Wherever possible try to keep the child in the same school setting, even if this involves a longer journey, at least until the child has settled in placement**
• Ensure that the records from previous school have been shared with new school
• **Prepare the child gradually for their new school, talk about it, take them for a visit and help them to discuss any fears, hopes, questions**

[43] Gleave J and Cole-Hamilton I., (2012) A World Without Play, Play England

[44] Hughes D., with Blythe M., (2016) Trauma Coram, BAAF UK

- Help the child to choose own pens, school bag Inform the teacher that the child is in foster care and the best way to manage any behavioural issues with this child
- **Practice the journey to school until the child is familiar with it**
- Ensure that the child gets to school on time so can enter the classroom calmly
- **Check in with the child daily as to how they are finding school and anything they need you to help with**
- Ask the school to nominate a teacher or counsellor that the child can go to if they are struggling during the day or need 'time out' to calm down
- **Ask the teacher to buddy the child with a reliable classmate who can help them find their way around the school and introduce them to peers at break times**
- Ensure the school are aware of any contact arrangements. Should the school invite parents to school meetings, or is there a risk to the child if the parents come to the school
- **Inform the school of any risks to the child or from the child towards others**
- Ensure that the child is comfortable with arrangements for meals at school and changing for games lessons
- **Attend all parents' evenings or school information sessions**
- Ask the school for advice on how to support the child's learning at home and, in particular, if the child has a learning disability or special educational needs

As the child progresses through school the foster carers should support the child to be aware of options for further education and training and support them to follow their interests.

15.13 Placement Disruption

'Disruption' is a term used when the placement of a child with a foster family needs to come to an end when this is not part of the plan for the child. The stability of a foster placement for the child is important for their development and supporting foster carers through the difficult times will help to maintain this.

15.13a Reasons why a placement may be disrupted

A placement might get disrupted due to a child's risky behaviour towards self or others which cannot be safely managed in the placement; a child refusing to remain with the foster family or continuously running away. Sometimes it is related to the foster carers' situation, for for example, a serious concern or complaint about their care of the child or a bereavement or serious health issue.

Secure and healthy attachments within the foster home may take time to develop and relationships may also go through times of crisis. Where the tension in the relationship between the carers and child is unmanageable or unresolvable despite ongoing support and intervention, the placement may be disrupted.

Experience shows that foster carers are able to manage the most challenging of children so long as they have responsive support. Children also need to know their carers are committed to them and will stay with them through the difficult times.

Sometimes the "match" for the child with the family isn't appropriate and a planned move may need to be arranged, this will not be classified as a disruption.

15.13b Support to prevent placement disruption

If difficulties in the family are responded to quickly it is more likely that they can be resolved.

It is recommended that DCPU meet with the family and the child initially to discuss the issues and if appropriate arrange a meeting with others, for example, biological family or school, to explore what support they can provide. The meeting should explore the following issues:

- History and background of the child's placement
- How the child has progressed up to now
- What are the issues affecting placement stability from the perspective of the child and foster family members?
- Any new information about the child that has come to light since the placement began
- Views of the child impacting on current situation
- What support is being provided currently from DCPU, NGO, teacher, youth workers, parents or others.
- What could be done to improve support to child and the foster family?
- Action plan and timescales
- Date of next meeting (if necessary)

Options may include, providing a break for the carer, counselling for the child, foster family, biological family, review of family contact arrangements, extra support with school work or school attendance, extra support in the home, activities or individual work with the child and support to the carers' children.

Moving the child should be a last resort and only considered when all other options have been explored. The child must not be made to feel responsible for the move, but have an explanation as to why this decision is being made.

Placement disruptions are generally distressing for foster carers and they are likely to feel responsible. It is important for the social worker to help them to talk through how they feel and reflect on the situation.

15.13c Disruption meetings

It is helpful after a disruption to hold a review meeting with the family and others who have a contribution to make. This meeting should take place within 2 weeks of the child moving. It is important for attendees to be able to reflect honestly and openly and not to feel 'blamed'. It is recommended that the meeting is chaired by the DCPU manager and recorded. Some suggested topics for such a meeting are below:

- *Was this family an appropriate match with this child - any lessons learnt?*
- *Were there any gaps in information on the child and their background at the time of placement?*
- *How were introductions and preparations for the placement managed?*
- *Has there been any new information about the child or child's networks, or specific events which have affected the stability of placement?*
- *Any changes or new information relating to foster family which has had an impact?*
- *How has the child progressed up to now (note the successes and achievements as well as the challenges)?*
- *Could anything has been improved and if so how?*
- *Has the transition for the child to next placement been managed in a positive way and are there any outstanding issues for follow up? Will the foster family remain in contact and if so how?*
- *Does the foster family need any extra support to help with future children placed?*
- *Are there any learning needs for the foster carers or social workers and how will these be met?*
- *Any other improvements to the service which can be made, for example, to policies, support?*
- *Any further action or information to be shared with any other agency?*
- *Action plan and timescales as appropriate*
- *Notes from the disruption meeting should be placed on the child and carer file (edited appropriately)*

If there are serious concerns about the quality of care provided by the foster carers, a foster carer review is recommended. If there are any concerns about the social work practice, the manager should follow this up. Disruption meetings can help foster carers feel listened to and supported and can provide valuable learning for the DCPU as to how to improve future practice.

Courtesy : Kunskapsskolan, Gurgaon.

Chapter

16 Supporting Family Contact

16.1 Introduction

Article 9.3 of UNCRC is about respecting the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests. The JJ Act and Rules very clearly states that contact between the biological family and the child in foster care should take place unless, not in the best interest of the child.

This chapter outlines issues such as different types of contact, purpose of contact, some guidelines for consideration in making plans for contact and also recommends a contact agreement between the foster carer, DCPU and biological parents or other adults important to the child. There are some guidelines on supporting the child with contact arrangements and supervised contact.

16.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care and Protection of children) Act 2015.

Section 44 (5) of the Act states that if the parents are declared fit to care for the child they should be returned home.

Where the biological parents have been found unfit or incapacitated, they should continue to visit the child in the foster family, at regular intervals, unless the Committee feels that such visits are not in the best interest of the child and the reasons must be recorded.

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

The Rules 23(19) (viii, ix) outlines the responsibility of foster carers to support contact between the child and his biological family in consultation with the Committee, keeping in view the best interests of the child, also to share and discuss the progress of the child periodically with the Committee and biological family of the child

Model Guidelines for Foster Care 2016

The guidelines provide a template (Annexure C3) for recording counselling sessions with the biological family

16.3 What do We Mean by 'Contact'?

Contact, for the child with includes a range of ways in which the child can maintain relationships with their biological family or other individuals who are important to them. Contact arrangements are most often made for biological parents but can also include grandparent, siblings, close friends, previous foster carer etc. The security of knowing that these people haven't 'disappeared' and still care about them is important for the sense of wellbeing of the child. Contact with significant people in the child's life can also be helpful for the foster carers in building up a full picture of the child they are caring for.

It is important, wherever possible to continue to promote family contact for the child in order to maximise their chances of returning home. Consensus from US Studies is that between 50 and 60% of children entering care will have returned to their biological parents within three years. In England between 55 and 58 % will have left care to live with birth parent or relative within 2 years *(Fernandez and Barth 2010)*[45]

Contact can happen in many ways, including face to face meetings in the foster home or another venue, telephone calls, sending cards and letters, emails, texts, going on an outing together. For some children where direct contact is not appropriate, arrangements may be made for the foster carer to send photos or updates about the child to the parent or the parent may send photos or family information for the child to view at a later date. In cases where direct communication is not appropriate, DCPU may arrange for such communications to be sent via its own office.

In making any contact arrangements, the wishes of child must be considered, in the light of their experience and family circumstances, and with the recognition that these arrangements should be reviewed and are likely to change over time as the child matures. Where the contact re-traumatises the child, it is not advisable. It also needs to be acknowledged that as children mature it may not be so easy to control their level of contact.

Contact with biological family will support the reunification of children with their family where this is appropriate and enable the child to remain connected even where reunification is not possible.

16.4 Purpose and Frequency of Contact

Contact for the child may:

- Reassure the child that their family are safe and well
- Help the child to know why they can't live at home
- Help the parents to work towards bringing the child home
- Support the child's sense of identity and family history
- Maintain connections with culture, faith and traditions
- Keep siblings connected
- Help continue positive relationships
- Develop relationships for the future
- Help the child come to terms with past events
- Prevent the child feeling a sense of divided loyalties between foster home and family.

If the plan for the child is to return home, contact should take place often, so that the parent can gradually take over parenting of the child and has opportunity to rebuild their relationship.

If the plan is for the child to remain in care long-term, then contact should be less often, but often enough for it to be meaningful for the child. Consideration must also be given to whether the contact is benefitting the child or not.

Children will often become unsettled around the time of a contact visit as strong emotions on the part of the child and the family will be present. This doesn't necessarily mean that contact is a bad thing for the child; it is all part of a process of separation and coming to terms with life events. However, if a child appears to be traumatised or very distressed by the contact, or the behaviour of parents during contact visits is deemed inappropriate or harmful to the child, then it would be appropriate to reduce the frequency or in some instances terminate the contact or restrict it to written exchanges only. Children are not always able to put into words their feelings about contact, but the impact can often be seen if their behaviour and relationships show a deterioration around the time of a contact visit.

Children who are able to see their foster carers and parents working together will feel less of a need to be loyal to one or the other and can be helped to understand that they can 'belong' to two families. Decisions to make or vary contact arrangements should be made in consultation with CWC, evidencing purpose, reasons and impact on the child.

[45] Fernandez E and Barth, (eds) (2010) How does foster care work? *International evidence on outcomes Jessica Kingsley*

16.5 Making Arrangements for Contact

Below are some guidelines which may help the social worker plan contact.

Making arrangements for Contact
What is the purpose of contact for this child ?
Who does the child need to remain in contact with (parents, siblings, other family members, close friends, previous carers)?
Who will explain the purpose of contact to these people and encourage them to collaborate?
What are the child's wishes and feelings about contact?
What is the most appropriate form of contact for each person?
How often should the contact happen with each person?
If face to face, where should this take place (a child-friendly space where adults and children can do activities together) ?
Is the foster carer willing to support contact arrangements and how?
If the contact needs to be supervised or supported who will do this?
How will supervised or supported contact be recorded?
Who will write down the plan for the contact arrangements?
How will this be shared with the child and the adults concerned?
How and when will this be reviewed?
How will CWC be consulted?
How will the risks of contact be managed, for example, a parent making own arrangements to contact the child, a child able to connect with an abusive parent via social media, parents who may harm a child during a contact visit or pass on inappropriate messages?
If the contact is to be indirect, for example, a foster carers sharing information with the parents, or parents providing information that the child can access when older, a decision needs to be made as to what type of communication is appropriate for example, photos, drawings of the child, letters, cards, where will this be stored and who will be responsible for ensuring that the information is shared at the appropriate time

16.6 Contact Agreement with Parents or other Adults

In order for contact arrangements to run smoothly and avoid potential confusion and conflict it is helpful to have a clear contact agreement with the parties concerned, an outline of which is recommended below:

Contact Agreement
Names, addresses and phone numbers for foster carers and parents, name of child
Person responsible for organising contact, address and phone number (DCPU or NGO)
Purpose of contact
Type of contact for example, face to face, supervised, phone, email, text, letters
Date, time and venue for contact sessions for next 2 months (to be reviewed)
People who can attend the contact for example, biological parents, grandparents, siblings
People who are not to attend the contact
Who will transport the child to and from contact?

Who will provide food during the contact?

Are parents or other visitors allowed to take photos of the child during contact?

Are parents allowed to bring a gift for the child, if so, are there limits on type or value of gift?

If there are costs involved for an activity who will pay?

How will the contact sessions end, for example, parent leaves first, parent puts child in car, child leaves first, other?

A record of contact session will be recorded by ….

Expectations of contact participants:

- Parents or other adults should arrive on time. If they have not arrived within 15 minutes of start time the session may be cancelled. If the session starts late it will finish at the agreed time
- If parents or other adults are delayed for any reason they should call the contact organiser
- Parents/other adults are responsible for the chid during contact sessions unless otherwise agreed
- Foster carers will remain contactable by phone in case the contact session ends early
- All families are responsible for leaving any contact room clean and tidy after the session
- Family or friends can only attend if named on contact agreement, or have permission from the DCPU
- There must be no arguing or aggressive behaviour in front of the children, any visitor acting in this way will be asked to leave
- Parents must not attend contact sessions under the influence of drugs or alcohol
- The contact supervisor will end the session early of they feel it is in the child's interest to do so
- Foster carers and parents/other adults are expected to share relevant information when the contact session begins and ends. For example, when will the child need to eat, any issues affecting their health or behaviour that day
- The contact arrangements will be reviewed after every 2 months and may be adjusted in the interests of the child's welfare
- The contact supervisor will inform parents and other relatives in advance if there are any changes to this agreement

16.7 Supporting the Child with Contact Arrangements

Contact visits can often trigger painful memories for the child, and reinforce the sense of loss, and foster carers need to be available for the child to support them in preparation, during the contact if appropriate, and afterwards.

Children should be provided with clear information (age appropriate) as to why they are unable to live with their biological family. It is common for children in care to blame themselves for their situation, feeling that they are unlovable, or that it was because of their behaviour that they are in care. Children may also fantasise about their parents being 'perfect' and be angry that they have been placed in care. When explaining to a child why their parents couldn't care for them it is important to be honest but non-judgmental. If the parents suffer from ill health, learning disability, mental health issues, domestic violence, addictions, these issues can be explained to a child in words that they understand. Where parents are not able to care it is important also to draw out some of the positive attributes about the parent or the efforts that they made to care for the child.

Children can often feel let down and rejected by parents who fail to turn up for contact visits or don't phone at agreed times. The distress experienced can be powerful and may be played out in angry or disruptive behaviour or withdrawal. Foster carer should empathise with the child and help them to express their feelings and if possible prepare an alternative plan or positive activity in case the parent doesn't turn up.

16.8 Supervised Contact

Where there have been concerns about the parent having abused or neglected the child, or if parents are erratic in their behaviour, have mental health issues, drug or alcohol addictions or other issues affecting their interactions, it is advisable to supervise their contact with the children, ideally in a venue away from the foster home. Children need to feel safe in their foster homes and the presence of a parents who has traumatised the child may create fear and anxiety and concerns that they may be taken away or harmed.

Sometimes contact needs to be supervised for the child's safety and wellbeing. It is not advisable for the foster carer to do the supervision but for DCPU to take responsibility for this. It is helpful if the contact venue provides some activities that the child and parent can do together, for example, playing games, art and craft, cooking a meal. The supervisor should make notes of the contact, how the parents interacted, how the child responded, any positives or concerns, as these sessions will inform future plans regarding contact sessions or potential reintegration with family. The supervisor should provide support if needed at the start of the session and intervene if there are any concerns, but, in most cases remain close by but not directly involved, in order for the family to have quality time together. Contact sessions may also be arranged in the parent's home, or during an outing or activity.

Contact arrangements should be reviewed over time in view of family situations changing, the child maturing, plans for the child changing and the views of the child himself.

Courtesy : Kunskapsskolan, Gurgaon.

Chapter

17 Preparation for Independent Living

17.1 Introduction

This chapter outlines the importance for foster carers in helping young people to develop independent living skills in preparation for their transition to life as young adults. Some ideas are suggested as to how the young person can be involved in this process and with the support of the foster carer and the social worker, identifying and working on skills that they will need for independent living so that they can approach this stage of their lives with confidence.

There is no specific entitlement to After Care provisions for children in foster care referenced in the Juvenile Justice Act 2015, Rules and Guidelines. However, it is important to acknowledge that children in foster care are likely also to need such services.

If the young person is to remain with the current carer after 18, clarification should be obtained well before the event, in terms of expectations of the carers, any financial or other support available and how the adult placement will impact on the family and other children fostered.

17.2 Current Rules and Guidelines Relevant to this Chapter

The Juvenile Justice (Care & Protection of children) Act 2015

Section 46 provides that any child leaving a CCI on completion of 18 years of age may be provided with financial support in order to facilitate his reintegration into society. However, inadvertently the children aging out of foster care are not mentioned.

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

The Rules 25 in provides a range of after-care provisions for children leaving institutional care, including counselling, financial support, skills training. In exceptional circumstances under Rule 25(3) CWC has powers to provide after care up to the age of 23 years.

Model Guidelines for Foster Care 2016

After care for children aging out of foster care is not covered in the guidelines

17.3 How Foster Carers can Help to Prepare the Child

Children living with their biological families often remain at home well into their 20s and beyond, sometimes for life, but this option is not often available for fostered children. They may also lack the family and social networks that will help them in their journey to adulthood.

Many young people who have been in care end up being homeless, in trouble with the law or suffering emotional and mental health issues. Care leavers who move onto higher education such as university may find themselves disadvantaged in that they have nowhere to return to during the holidays and this needs careful planning.

The role of the foster family therefore is crucial in preparing the young person, supporting with the move and wherever possible and if appropriate for the young person, remaining in contact after they have left.

Helping children develop self-care and independent skills is a very gradual process which starts at an early age and develops over time as the child matures, takes into account the age, developmental stage, learning ability and personal preferences of the child. It will include a range of social, relational and practical skills.

The term 'interdependence', may be more helpful than independence, as helping young people to build supportive relationships with trusted others as they leave care is as important as developing practical skills such as budgeting, household management and employment.

17.3a Children with Disabilities

The proportion of care leavers who have a physical or learning disability in most countries is higher than average for the population. The transition planning is often more complex and involves a wide range of professionals and processes. These young people may not be able to live independently and ongoing specialist support or accommodation is needed.

Foster carers will be fully aware of their abilities and what support they need and can inform DCPU accordingly, for e.g., feeding, personal hygiene, mobility, health care needs, education and skills, personality, interests and personal preferences.

Roles and responsibilities of other professionals, for example DCPU, education, health services should also be clearly identified in any planning meeting and it is likely that a multi-disciplinary assessment of the young person will be required in order to plan effectively for their future.

17.3b Practical skills

Foster carers should involve and include children in basic household tasks as much as possible, for example, shopping for food, cooking, learning food quantities and prices, looking after the home, buying, buying, washing and ironing clothes.

Understanding the value of money and how to budget is essential, and this can start by giving the child a small amount of weekly pocket money which they can either spend or save and later on learning how to open a bank account and avoid getting into debt.

Giving a young person an opportunity to feed themselves on a budget before they leave care is useful learning for them and likely to prevent a crisis when they suddenly have to stand alone.

Helping the young person to understand how an electricity bill is made up, and the running costs of a home, including rent or mortgage is helpful.

Learning about other household tasks is also important, how to change a light bulb, a fuse, electric plug, how to use basic tools and kitchen equipment, how to decorate a room, learning to drive, are all skills that will come in useful. Safety in the home is an essential skill, including minimising risks of fire, food hygiene, and first aid.

17.3c Building support networks and social skills

Young people will need help to develop support networks and access to community resources, learning about what financial support is available to them, accessing advice on health and sexual health. They may benefit from practising a job interview, talking to the bank, learning how to keep safe on line and how to protect the privacy of their social media accounts.

This work can be done individually but care leavers may also benefit from some shared group activities with other young people preparing for leaving care, or to spend time with care leavers who are able to share their learning or act as mentors. DCPU or foster carers can arrange a group activity for these children.

The ability to form relationships with others, to know who is safe and who is not, and ability to be assertive are all essential life skills that children can learn in the foster home.

Young people leaving care can often be targeted by others who know they are vulnerable and it can be helpful to talk through, or role play situations that might arise.

Care leavers should have a coherent understanding of their life story, and foster carers should help with this, through building memory work with the child and helping them to understand their own history. The child should know where they can go if they still have questions or gaps in their knowledge.

Many care leavers tell us that one of the most difficult things for them when they left the foster home was being alone, and living alone, even if in shared accommodation. This sense of isolation can have a profound impact on a young person, and it is helpful to talk through with them how they would manage this, how they could build in activities during each day where they will meet others and use their time constructively.

Continued contact with the foster family is important, including visits back to the foster home, visits from the foster family, frequent phone calls or texts and inviting the child to join the family for events and activities. Not all care leavers will choose to continue with frequent contact but for many care leavers the sense of still 'belonging' in the foster family can be their lifeline, particularly at times of stress or major life changes.

Some quotes from care leavers in UK about their foster families are below:

'I always go home for Sunday lunch, they are always there when I need them'

'My foster sister has just had a baby and now I'm an 'uncle', I'm so excited'

My foster family gave me a key, so I could go 'home' whenever I wanted'

17.3d Family contact

Whilst children are in care the contact with birth family is usually monitored and planned in the child's interests. As the young person leaves care there may be family members approaching them or they may wish to contact people they have lost contact with.

It can be helpful for carers to talk through with the young person the potential risks and issues that may arise and how they can manage this effectively, seeking advice and support from DCPU as appropriate.

17.3e Practical support with the move

DCPU should advise the foster carer and young person how to access any support that is available, for example, housing, financial support, scholarships and support with employment and training. The process ideally should start at the age of 16 in order to support the child with their plans. Some foster carers may be able to continue to provide a home for the young person, but this also needs to be fully explored and discussed with CWC/DCPU and the family.

Support with practicalities such as preparing and furnishing the home, paying rent, buying household equipment, will need to be tailored to the young person's individual needs.

Young people should be provided with quality suitcases, and have sufficient clothing including smart clothes for an interview, personal documents for example, passport, Aadhar Card, Health record, birth certificate, a box file to store papers and documents, bank details etc.

17.4 Steps to Adulthood Young Person's Assessment and Plan

It can be helpful for the young person with the support of their foster carers or others, to complete an assessment of their skills and learning and support needs and make a plan for how they can be supported to learn. It is recommended to do this about 2 years before the young person is planning to move.

Steps to Adulthood Young Person's Assessment and Plan - Annexure UGFC 8, is included at the end of the User Guide.

Once completed the assessment should be looked at periodically by the foster carer, young person and DCPU periodically to see how the plans are progressing and what still needs to be done.

Courtesy : Kunskapsskolan, Gurgaon.

Chapter

18 Life Story and Memory Work

18.1 Introduction

This chapter provides a short introduction to the concept of life story and memory work. Life story work is carried out in many countries and is recognised as a valuable process for enabling the child to understand, make sense of, and process their life events, which is important for their sense of identity and well being

18.2 What is Life Story Work?

Life story work involves working with the child and others to produce a record, most commonly in the form of a book, either hand written or digitally produced, containing the story of the child's life from their birth through to the present time. The book would involve a mix of written words, pictures, photographs and documents and have space to add to as the child grows. Life story work is usually done by a social worker or therapist, who would be skilled at working with children and also have access to the child's records.

When children grow up living at home with their family of origin, they grow up knowing who they are, who their family are, and with a coherent understanding of their journey through childhood. They usually have a range of family members who can recall and help them to understand family events and how they grew and developed as a child. Memories may be preserved for them in the form of photographs, old school books, pictures drawn by the child, and family stories and anecdotes told and retold by family members.

For children in care this is not the case. Many children in care lack a coherent understanding of their life story, many have lost contact with family members or were never told why they had to leave home, what happened to their parents, siblings, what family members looked like, where they were born.

As *Vera Fahlberg (1991)*[46] says:

'It is difficult to grow up as a psychologically healthy adult if one is denied access to one's own history'

Life story work can help children understand their past and enables the development of a positive sense of identity, as well as assisting emotional development. Children may not always want to explore this information until they are older, but a life story book should be truthful and accessible to the young person or adult when they need it.

It is recommended that DCPU support the development of life story work for children either through their own resources or with the support of an NGO.

[46] Fahlberg V., (1991) *'A Child's Journey through placement'* BAAF

The life story book may include the following information:

- Where the child was born,
- Detail if available about birth weight, any medical complications,
- Information about parents, siblings and half/step siblings, grandparents, and other extended family, other significant people for example, previous foster carers, close friends, teachers,
- Details about where she/he has lived, gone to pre-school/ school,
- Significant events in their life, things they have experienced,
- Cultural issues, faith background, likes and dislikes, talents and achievements, things that have contributed to making that child who they are today.

If the child is old enough they should be encouraged to participate in preparing the book and working with them to find out about their story. This will enable them to work through feelings and emotions that are triggered by the process. For babies or very young children the book may be prepared for them to be shared at a later date, for example, by adoptive parents.

18.3 Supporting the Child

Sharing difficult and painful memories with a child, enabling them to talk about them and helping them to make sense of the many moves and losses they may have experienced requires great sensitivity and understanding on the part of the person working with the child.

Children may become distressed and in some instances, there may be a need to involve therapeutic support for the child when sensitive personal information relating to self or family members needs to be shared verbally and in the life book. DCPU should be consulted in such situations.

Although distressing at times, it is far better that the child has the opportunity to express their feelings with support around them, rather than face these issues alone in later life. Children often enjoy the process of finding out their life story, and the work should be done in a manner which is creative, interactive, fun, values the child's contribution and goes at a pace which is right for them. The worker may need to spend time reading the child's historic case files, drawing out relevant information which is appropriate to share, for example, from social investigation reports, case history, meetings about the child.

There will be key moments in the child's life where information can be gathered to put into a life story book, for example, during meetings with family members drawing a family tree, asking parents if they have any photos of the child or themselves that they could share, any pictures or craftwork the child has made, when a child is leaving school or returning to visit an old school asking if there are any photographs or other records that the child can keep. In the long run the child should have a better understanding of their life, their personal story, family history and identity.

A life story book is never complete, although a period of work can come to an end. Some children may not be very interested to work on their life story, or learn about who is in their extended family, but often this interest comes when they are adults and the book can be available for them when they are ready.

18.4 Memory Work

'For children who have experienced many moves,
their histories will have become fragmented and their memories easily lost,
foster carers play a vital role in safeguarding these memories for children'

(Rees 2009)[47]

[47] Rees J., (2009) *"Life story books for adopted children; a family friendly approach"*, London. Jessica Kingsley.

Children moving in and out of care often lose memories and possessions along the way or things are discarded by others who feel that they are no longer needed. It is the responsibility of adults caring for the child to protect and preserve precious or sentimental items.

Foster carers are recommended to help the child to build a record of their time in foster care, from the day they arrive to the day they leave. They can do this in two ways – helping the child to produce a memory book and also giving the child a memory box in which to keep safe items that are important to them.

18.4a Memory Box

A memory box would be a strong box for the child to store items of sentimental value.

Some examples of what the child or carer might add to the memory box are:

- Photos of the child, birth family, foster family, significant events, celebrations, daily life
- A memory stick for storing photos and other documents digitally
- A photo album
- Letters and cards especially from family and friends
- Copies of school reports, certificates of achievement
- Postcards, tickets and souvenirs from holidays or outings
- Sentimental small items – toys, paintings or items the child has made
- A small piece of cloth for example, from baby blanket
- First pair of shoes
- Gifts from loved ones like jewellery or clothing
- Invitations, newspaper clippings, first reading book, writing or stories done at school
- Medals or trophies
- Carer welcome pages

18.4b Memory Book

A Memory Book provides a child-friendly record of their time in foster care for a child. Producing a memory book with a child is not just an end in itself but, the attention given by the foster carer will help the child to build a close relationship with the carer and to know that they are 'special' to the family.

The foster carer can start with recording how the child looked when they first arrived, who brought them to the foster home, taking a photo of them during their first week of placement. Significant events and milestones should be recorded such as first words, first steps, first day at school, graduation, first job, sporting and other events, likes and dislikes, special days out, funny things that the child did or said, memories recorded from other people in the child's life. Children should be encouraged to write down their own stories.

The memory book and/or life story book for the child will be a rich source of information for the child, providing opportunity to remember and reflect on their childhood as they continue on their journey into adult life.

Courtesy : Kunskapsskolan, Gurgaon.

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Courtesy : Kunskapsskolan, Gurgaon.

Courtesy : Kunskapsskolan, Gurgaon.

Annexures

Annexures can be accessed also as word documents from the CEAC website www.alternativecareindia.org

UGFC 1	Initial Enquiry Form
UGFC 2	Home Visit Report
UGFC 3	Consent to checks – Potential Carers
UGFC 4	Consent to checks – Adult Family Member
UGFC 5	Psychosocial Assessment of Foster Carers - Form
UGFC 6	Health and Safety Assessment of Foster Home
UGFC 7	Matching Checklist
UGFC 8	Steps to adulthood assessment

Courtesy : Kunskapsskolan, Gurgaon.

Courtesy : Kunskapsskolan, Gurgaon.

Annexure UGFC 1 Initial Enquiry

Initial Enquiry Annexure UGFC1 Before you call the family please insert any information that you have already received in the application form.				
Date of Enquiry		**Completed by**		
How was the enquiry made?	For example, via the website, telephone, recruitment event, open evening. Give details if possible, date and venue if an event.			
How/where did you hear about foster care?				
	First name	**Middle Name**	**Surname**	**Date of Birth**
Applicant				
Spouse				
House number		**Street name**		
Block		**Village/town/city**		
State		**Pin code**		
Email				
Home phone number		**Mobile number**		
Marital status		**No of years married**		
Vehicle available *Type, how many seats*				
Enquirer		**Spouse**		
Date of birth and age		**Date of birth and age**		
Place of birth		**Place of birth**		
Country of birth		**Country of birth**		
Religion		**Religion**		
Nationality		**Nationality**		
Immigration status		**Immigration status**		
Mother tongue/ Languages spoken		**Mother tongue/ Languages spoken**		
Children living at home and other family members (for example, relatives, boarders)				
Name	**Date of birth**	**Relationship to the family**	**Length of time in household**	**Length of anticipated stay**

Children living elsewhere, including children from previous relationships				
Title	**First Names**	**Surname**	**Date of birth**	**Address and do you have regular contact. If not, what is the reason**

Have you previously applied to foster/adopt/provide home day care or privately foster any child? If yes, give details of dates, who you applied to, and whether approved/refused approval?
What is your motivation to become a foster carer?
Are you working currently, if so what type of work (contractual/full time/part time/self-employed) and how many hours a week?
Availability for fostering **Who would be the main carer, would they give up work or reduce hours? Do work arrangements allow flexibility for fostering, for example, school transporting, training, meetings?**

Number of bedrooms in property		**Number of spare bedrooms**	
Do you have enough space for a child to sleep, eat and study comfortably?		**Is the property owned or rented?**	

Enquirer name	**Spouse 2 - name**
Have you any offences or been the subject of a police officer investigation/interview/been charged or convicted with a criminal offence? Please detail	*Have you any offences or been the subject of a police officer investigation/interview/been charged or convicted with a criminal offence? Please detail*
Has the Child Protection Service ever had any concerns about your family? If so, please explain	*Has the Child Protection Service ever had any concerns about your family? If so, please explain*
Health- do you have any physical illnesses?	*Health- do you have any physical illnesses*
Mental Health- do you suffer from any other mental health issue? (depression etc.)	*Mental Health- do you suffer from any mental health issue? (depression etc.)*

Recommendation *Should a home visit be undertaken or not? Yes/no* *State reasons, include any other staff consulted for example, social work manager*

Staff name		**Signature**	**Date**	

Annexure UGFC 2 Home Visit Report

Home Visit Report Annexure UGFC 2 (see Home Visits Staff Guidance for outline of visit and information to be shared with applicants)			
Name of Applicants		**Address**	
Date of visit		**Visit completed by**	
Accommodation			
Relevant child care experience – for each applicant			
Children of the household and their readiness to foster			
Other household members for example, joint family, and their willingness to support the foster child			
Previous fostering/adoption/kin fostering experience - for each applicant			
Lifestyle/Daily routine in support or against foster care			
Police Records- for each applicant			
Involvement with child protection services – for each applicant			
Citizenship - for each applicant			
Address history			
Health- physical and mental health for each applicant			
Smoking for each applicant			
Alcohol			

Drugs
Current Relationship
Ex-Spouses or Additional Spouses
Pets and Animals
What is their understanding of why children are admitted into care?
Do each of the applicants have any experience of looking after children who have suffered from abuse or neglect or disrupted family experiences?
What types of challenging behaviour can they manage?
Where do their extended family live (adult children, parents and other relatives)? How often do they have contact? Are they close? If no contact what is the reason?
Support Network
Record keeping
What do they feel they can offer to a child?
Names and contact details for 2 referees
Conclusion/Recommendation
Who will contact applicant to discuss next steps and when will this be done?

Employee Name		**Role**	
Signature		**Date**	
Fostering Manager name		**Date**	
Signature			

Annexure UGFC 3 Consent to Checks and References – Potential Foster Carers

Consent to Checks and References – Potential Foster Carers Annexure UGFC 3

(Name of authority seeking checks and references to be inserted into ……. blank spaces)

I _____ son/daughter/wife of _____resident of _____voluntarily give my explicit and unequivocal consent to enquiries being made by ……. either on its own and/ or through any Foster Care Agency for seeking our personal information and conducting medical assessment, getting police verification, overseas check(s) from individuals, agency(ies), authority(ies) having such information as desired. I also agree and consent to obtain references and make enquiries. I fully understand that all members of my/our household are required to complete a medical assessment which will include reports for Human Immune Deficiency Virus (HIV), Tuberculosis (TB), and Hepatitis B etc. I hereby give my unequivocal consent to get the test conducted and review such information/report given by the medical authority(ies) in this regard. I also give my consent for conducting of tests for medical assessment of minor & my dependent (s) being his/her/their natural & legal guardian. I am fully aware & understand that such information shall be used as part of the assessment of my/our suitability to foster the child. I am also aware that some and/or all of the above enquiries/disclosures may be required on regular basis and accordingly give my explicit consent for getting such enquiry/medical tests conducted as and when asked for by the authority/ agency.

I also state that the information provided by me/us in the application form is true. I have neither concealed nor withheld any information relevant for the assessment of our suitability to foster the child. I am aware that our application is liable to be rejected if I/we give any false statements and/or intentionally don't give required information. I am also aware that mere submission of the application doesn't mean and cannot be construed as a guarantee of subsequent approval as a foster carer. I also know that I shall not be informed the reason(s) to discontinue home study and/or refusal of approval and I will also not insist of giving thereof.

I am aware that …….is required to give the information given by me/us to child protection authorities which the …….. considers relevant for safety and wellbeing of the child. Accordingly, I give my explicit consent to……to give such information without informing me and/or taking my prior consent and for which I shall not hold or file any complaint/case for sharing such information with child protection authority.

I understand that Personal data supplied by me in the application form and/or provided in paper or electronic form will be held securely & confidential. I allow ……..to access, store and authenticate the information provided by me/us. I also allow the …….to share the information with the law enforcement agency and/or in response to a valid order of a court and/or any other governmental body having jurisdiction over the matter and/or if such disclosure is otherwise required by law. I expressly agree that I shall not hold …… for any loss, theft or other inadvertent disclosure of my/or Information. I am aware that Personal data provided by me/us will be held securely & confidential. I know that if the personal data is inadvertently disclosed/lost/stolen then …….. shall take all reasonable measures to mitigate the effects of such disclosure and to prevent further disclosure.

CONSENT FOR AADHAR

" I have applied for Foster Carer with …….. and I understand that I have provided my Aadhar Number/Copy of Aadhar to …… I hereby give my explicit and unequivocal consent to …… to authenticate the details provided by me from UIDAI. I also give my explicit consent for seeding my Aadhar Number with my application. I further understand that ……. shall ensure security and confidentiality of my personal identity data. I permit …… to share my Aadhar Number and other personal details with the Age. ncy/ Investigator/official(s) to complete the assessment of my application seeking permission for being Foster Carer

Name			
Signature/thumb impression		**Date**	
Name			
Signature/thumb impression		**Date**	

Annexure UGFC 4 Consent to checks – Adult Family Member

Consent to Checks - Adult Family Member Annexure UGFC 4

Name of authority seeking checks and references to be inserted into ……blank spaces)

I_____son/daughter/wife of _____resident of _____voluntarily give my explicit and unequivocal consent to enquiries being made by …… either on its own and/or through any Foster Care Agency for seeking our personal information and conducting medical assessment, getting police verification, overseas check(s) from individuals, agency(ies), authority(ies) having such information as desired. I also agree and consent to obtain references and make enquiries. I fully understand that I am required to complete a medical assessment which will include reports for Human Immune Deficiency Virus (HIV), Tuberculosis (TB), and Hepatitis B etc. I hereby give my unequivocal consent to get the test conducted and review such information/report given by the medical authority(ies) in this regard. I am fully aware & understand that such information shall be used as part of the assessment of our family's suitability to foster the child. I am also aware that some and/or all of the above enquiries/disclosures may be required on regular basis and accordingly give my explicit consent for getting such enquiry/medical tests conducted as and when asked for by the authority/ agency.

I also state that the information provided by me to the assessing agency is true. I have neither concealed nor withheld any information relevant for the assessment of my family members to foster a child.

I am aware that …….. is required to give the information given by me/us to child protection authorities which the …… considers relevant for safety and wellbeing of the child. Accordingly I give my explicit consent to …….. to give such information without informing me and/or taking my prior consent and for which I shall not hold …….. or file any complaint/case for sharing such information with child protection authority.

I understand that Personal data supplied by me in the application form and/or provided in paper or electronic form will be held securely & confidential. I allow …….. to access, store and authenticate the information provided by me/us. I also allow the …… to share the information with the law enforcement agency and/or in response to a valid order of a court and/or any other governmental body having jurisdiction over the matter and/or if such disclosure is otherwise required by law. I expressly agree that I shall not hold …… for any loss, theft or other inadvertent disclosure of my/or Information. I am aware that Personal data provided by me/us will be held securely & confidential. I know that if the personal data is inadvertently disclosed/lost/stolen then …… shall take all reasonable measures to mitigate the effects of such disclosure and to prevent further disclosure.

CONSENT FOR AADHAR

My family Member have applied for Foster Carer with …….. and I understand that I have provided my Aadhar Number/Copy of Aadhar to …….. I hereby give my explicit and unequivocal consent to …… to authenticate the details provided by me from UIDAI. I also give my explicit consent for seeding my Aadhar Number with my application. I further understand that …….. shall ensure security and confidentiality of my personal identity data. I permit …….. to share my Aadhar Number and other personal details with the Agency/Investigator/official(s) to complete the foster carer assessment for my family members.

Name		**Relationship to potential foster carers**	
Signature or thumb impression		**Date**	

Annexure UGFC 5 Psychosocial Assessment of Potential Foster Carers

Psychosocial Assessment of Potential Foster Carers Annexure UGFC 5								
Names								
Address								
Family Profile								
Preferred Child(ren)								
Age	**0-5**		**6-10**		**11-15**		**16-18**	
Girl		**Boy**		**Short term**		**Long term**		
Number of children can be placed				**Any specifications for example: Religion, language, disability**				

Personal, Social, Family History and Parenting Experience of Potential Foster mother			
Individual Profile			
Name of potential foster mother		**Name known as**	
Background			
Experience of being parented, own development and experience of parenting a child			
Other significant relationships during childhood			
Health details – Including physical and mental health and emotional wellbeing.			
Cultural, spiritual and religious beliefs.			

Education – Including formal education and practical learning (informal)
Employment – Including paid and unpaid work
Personality traits

Personal, Social, Family History and Parenting Experience of Potential Foster Father			
Individual Profile			
Name of potential foster father		**Name known as**	
Background			
Experience of being parented, own development and experience of parenting a child			
Other significant relationships during childhood			
Health details – Including physical and mental health and emotional wellbeing			
Cultural, spiritual and religious beliefs			
Education – Including formal education and practical learning (informal)			
Employment – Including paid and unpaid work			
Personality traits			

Practical Information	
Economic Status	
Pets and animals	
Transport	
Potential Foster Father	
Potential Foster Mother	
Other forms of transport available for example support from grandparents/buses/trains/rickshaw in the area	

Relationships and Parenting
Family tree
Previous marriages or significant relationships – Potential Foster Father
Previous marriages or significant relationships – Potential Foster Mother
Present relationship
Parenting Capacities
Family Size
Motivation to foster
Description of Family Lifestyle

Other Family Members and Significant Others
Children in the family
Other Adult Family Members
Support network (including Adult children living away from home)

Expectations of Foster Carers
Ability to parent children with a wide range of behavioural and emotional difficulties
Potential Impact of Fostering on the Family
Working as a team
Learning and developing
Disclosure of information
Providing a safe, nurturing home for the child in which the child's developmental needs are met.
Resilience, adaptability and coping strategies.

Assessment summary

Recommendation

Verification of Factual Details *to be completed before assessment is finalised and presented to CWC with Psychosocial Assessment*				
Verification of applicant's identity and marital status				
	Foster father		**Foster mother**	
Document (* Mandatory)	**Date seen**	**Reference number or comments**	**Date of document**	**Reference number or comments**
Passport*				
Aadhar card*				
Period of stay				
Birth certificate				
Matriculation certificate				
Marriage certificate				
Divorce certificate				
Driving licence				
Bank statement*				
Mortgage/rent statement				
Other financial documents*				
Educational qualifications				
Other document				
Checks and References - to be completed before assessment is finalised and presented to CWC				
	Foster father		**Foster mother**	
Document	**Date completed And by whom**	**Reference number/ comments**	**Date completed and by whom**	**Reference number/ comments**
Police record				
Police record (other adults in the home)	Name		Name	
	Date completed And by whom	**Reference number/ comments**	**Date completed And by whom**	**Reference number/ comments**
Medical Examination – all family members				
Name	Date of examination	Any comments or issues to follow up		

Personal references		
	Name and relationship to potential carers	**Date completed**
Reference 1 Community member		
Reference 2 Community member		
Reference 3		
Health and Safety	Date completed	

Name	**Signature**	**Date**
Potential Foster Father name		
Potential Foster Mother name		
Name, role, and contact details for PO-NIC DCPU		
Name role and contact details for DCPU manager		

Annexure UGFC 6 Health and Safety Assessment of Foster Home

Health and Safety Assessment of Foster Home Annexure UGFC 6
DCPU is responsible for ensuring that this template is adapted with as per local requirements of the state or district before distributing to staff DCPU has a responsibility to ensure that foster families provide safe, and healthy environments for children. This document, or an adaptation of it, must be completed by the social worker during the carer assessment process. The DCPU to ensure updates as appropriate and that any safety actions that are needed to be taken. It is helpful to give this form to the foster families at the start of the assessment, so they can be identifying safety measures and acting upon them while the assessment is in process. The Health and Safety Home Assessment includes 7 Sections – relevant and required for all foster families:

Part 1: Key information	Part 5: How safe is your vehicle?
Part 2: General home conditions	Part 6: Safety actions required
Part 3: How safe is your home?	Part 7: Fire safety plan
Part 4: How safe is your angan/yard/garden?	

Part 1 – Key Information			
Applicant Name(s)		Phone number	
Applicant Address			
Date Form Completed		Name of assessor	
Date updated		Name of assessor	
Have any Safety Actions been noted in Part 6	**Yes/no**	Have you seen a fire safety plan with emergency exits	**Yes/no**

Part 2 General Home Conditions			
Issue	**Yes/no**	**Safety measure to be actioned**	**When**
Is there enough space for the foster child to sleep and store personal possessions ?			
If the house has been extended have measures been taken to ensure that this is safe			
Is there enough space for the child to do homework and play?			
Do rooms have enough light, natural light is recommended for bedrooms			

Is the home clean and free from smells for example pets, cigarette smoke, and rubbish			
Is there an electricity supply to the house?			
Does the home have running water and a toilet?			
Are there any household pets/animals? Attach the vaccination details and Vet Medical Certificate to the assessment.			
Do adults understand how infections are transmitted? Detail how they will reduce this risk			
Is there protection from mosquitoes			

Part 3 How safe is your home?			
Issue	**Yes/no**	**Safety measure to be actioned**	**When**
Are keys to cars, machinery or items which could be hazardous, kept inaccessible from a child ?			
Where there are gas appliances and other carbon-based fuels such as coal, wood, smokeless fuels, oil, wood pellets etc., is there outlet for smoke to escape?			
Are gas cylinders checked regularly and replaced if faulty? Date of last check?			
Are geysers or hot water rods ISI Marked? Does hot water tap temperature controllable? Are they serviced regularly? Age of appliances? Date of last inspection?			
Is wiring in the house open or hidden in wall? Is wiring fireproof Are switchboards ISI marked and shockproof? Is there provision for emergency exit in house and building?			
Are hazardous substances such as acid/pesticides/medicine secured away from children? (recommended in lockable cupboard)			
Is family aware of dangers of exposure to passive smoking prevented (If they smoke will they try to do this away from the child)?			
If there are full length glass windows, are they fitted with safety glass or covered with safety film and defined to prevent walking into them.			
How will children be kept safe around open fires, log burners, hula. stove.?			

Part 3 How safe is your home?			
Issue	**Yes/no**	**Safety measure to be actioned**	**When**
Are decorative swords/knives and any display weapons located out of the reach of children and suitably secured			
Are stairs and stair railings safe for a child, preventing falls or the child getting stuck			
Are any building alterations planned if so when? (planning permission/building regulations approval obtained?) Dates on certificates			
Is there an accessible and appropriately stocked First Aid kit			
Is there a lock on the bathroom/toilet door? Can it be unlocked in an emergency			
Are appliances such as irons/moveable cooking appliances/kitchen knives stored appropriately (in some cases these may require locking away)			
How will small children be kept safe in the kitchen and in the absence of the carer?			
Are matches, lighters and other forms of ignition/inflammable liquid kept out of the reach of children?			
Are alcoholic drinks and cigarettes secured in a safe place?			
Are all ACs, Cooler temperatures controllable?			
Can glassware, china and other fragile objects be kept out of reach?			
Are the beds/storage beds and/or cots safe?			
Is direct access to the road prevented i.e. can children run into the road from the house or angina/garden?			
Are there fire arms and weapons like gun, pistol, talwar, big butcher knife etc.? Do you have valid license for it? When was the license renewed last? Where are they under lock and key? How often do you take out for cleaning etc.? Attach evidence of License issued by the Licensing Authority of the District Last renewal and fitness certificate issued by Licensing Authority attached			

Part 4 How safe is your Angan/yard/garden?			
For properties where rivers, pools and streams are within their boundary, access to these by the child must be appropriately restricted (age and developmental stage appropriate)			
Issue	**Yes/no**	**Safety measure to be actioned**	**When**
Is the area kept free from animal faeces, like cow dung, dog poop etc. ?			
Are garden tools/pesticides/weed killer etc. secured away from children?			
Are there any poisonous plants in garden and are foster families aware of risks ?			
Are sandpits clean and covered when not in use ?			
If there is a septic tank is access by children restricted			
Do you use barbeques, fire pits, etc. If so how will children be kept safe ?			
Do you have place or road where child can ride a bicycle? Will children will be supervised when cycling?			
If there is a balcony in the house, is the wall of balcony safe for child? Distance between the pillars safe for a small child. How high is the balcony? Can a child easily climb up the balcony? What safety measures will you take to keep the child safe when in balcony? Are doors to balcony secured?			
Is there overhead or underground water storage? Are the tanks covered and locked? How easy is it for a child to have access to overhead tanks? How deep is the underground water tank? Who has access to inspect and check water tanks?			
Is there any vacant plot, small holding or farms next to your home? Is it safe to play or are there any safety issues?			
If multi-story does your building have a lift? Is it manned by a person? Are children allowed to go alone in lift? Evidence license and fitness certificate			
If multi-story does your building have a main gate? Who monitors the entry and exit at the gate? Is there any CCTV installed at the gate? Are children allowed to go out of the gate on their own?			

If you have borewells or tubewells in the house or local farms, who has access to these? Are they covered? How will you prevent a child falling in?			

Part 5 How safe is your scooter/motor cycle/car/vehicle?			
Issue	**Yes/no**	**Safety measure to be actioned**	**When**
Do you have a current fitness certificate of vehicle (where required)? Date of certificate seen			
Do you have fully comprehensive insurance cover ? Date of certificate seen			
Is your driving license appropriate to the vehicle you drive? (check vehicle categories on license) Expiry date on license			
Have the correct car seats been fitted for age and size of child and are seat belts worn?			
Are child locks on car doors working?			
Do you have helmets for children when they pillion ride with an adult?			

Applicant(s)/foster families

I understand my responsibility as a foster carer to make my home safe for children, and agree to act upon any safety measures required by DCPU as part of my assessment and to review this assessment annually thereafter. I will inform DCPU of any relevant changes as they occur in my home. I will ensure that any child placed in my home is aware of potential hazards and ensure that steps are taken to keep them safe.

name Applicant 1		Signed		Date	
name Applicant 2		Signed		Date	
Assessor name		Signed		Date	

Safety Action list is to be completed by the assessing Social Worker as follow up with the carers to ensure that actions requested have been completed in the best interests of children to be placed. Documents should be placed on the foster carer file and copied to the foster family.

Part 6 Action Required and by whom	By what date	Date completed

name Applicant 1		Signed		Date	
name Applicant 2		Signed		Date	
Assessor name		Signed		Date	

Part 7 Fire Safety Plan

We will share this plan with everyone in our house and every foster child placed.

We will practice our fire escape plan at least once a year, or if new people join our family

We will remind children as often as they need it about the fire plan

If anyone in our home is disabled, we will make sure they get the help they need to escape.

Family Name	
Family Address	

What we will do if a fire starts in our house

The adults in the house will make sure everyone is out of the house and call the Fire Service on 101	
We will never hide from smoke or a fire we will 'SHOUT AND GET OUT'	
How we will get out of the house and make sure nobody is left behind	
Where we will stand outside away from the house	
Emergency exits in our home are:	

What we will do in an emergency

- Make sure everyone in the house knows about the fire and moves to safety
- Not try to tackle the fire ourselves – leave it to the Fire Service.
- If possible, we will close the door of the room where the fire is and close all doors behind us as we leave. This will help slow down the spread of fire and smoke.
- Before opening a closed door use the back of your hand to touch it. Don't open it if it feels warm - the fire will be on the other side.
- We will get everyone out as quickly possible.
- We won't try to pick up valuables or possessions.
- We will try to stay calm and not panic
- We will try to use the escape route that we have practiced.
- Telephone the fire service from a neighbour's house, mobile phone or telephone box. We will tell them clearly our address and pin code.
- We will never go back into the house until a fire officer has told us it is safe to do so.

Remember
Get out!
Get the fire service out
And stay out!

Annexure UGFC 7 Matching Checklist – Child and Foster Family

Matching checklist – Child and Foster Family Annexure UGFC 7		
	Child's name	**Foster carers names**
Child Issues	What is relevant for this child	Carers – match and skills Note down any relevant match such as speaks same language as child, and where there are gaps, what can be done to support for example carer training, information provided to carer.
Place of birth/State		
Gender		
Religion/faith		
Cultural issues		
Language		
Placement with siblings		
Education–location of school, transport needed		
Contact with biological family Who, where, how often?		
Strengths and supports – family and friends		
Risk factors – family, friends, others		

Disability issues		
Medical needs		
Learning disability		
Dietary needs		
Allergies		
Mental health issues		
Substance misuse		
Offending behaviour		
Self-harming		
Aggression/violence		
Previous history of any abuse or neglect		
Interests and hobbies		
Any specific requests from the child		
Insert below any gaps in the match between the foster family and the child, or in the carer's skills to meet the needs of the child and how these gaps will be addressed		

Name of worker		Date completed	

Annexure UGFC 8 After Care- Steps to Adulthood and Young Person's Assessment Plan

Steps to Adulthood Young Person's Assessment and Plan Annexure UGFC 8			
This form has been designed to help your foster carers to help you to learn the skills that you will need as an independent adult. This may be a long time off, but there are a lot of skills to learn so we want to give you plenty of time, and to be confident when the time comes, about living independently. You will already have learnt a lot of skills, so this will help your foster carers and your social worker to know what you can do already, what you still need to learn, and how all of us can help you. We suggest that you fill in this form with the help of people who know you well, this could be your foster carer, social worker, parent, or other people important to you. There are some suggestions in each box, but you can also add others that we have missed. As you learn new skills we can update this form with you, and also add new things as you go along.			
My Name		**Date of Birth**	

Practical Skills in the Home		
For example: Keeping myself clean, washing clothes, ironing, vacuuming, cooking a variety of meals, painting a room, changing a plug or a lightbulb, cleaning, decorating, putting flat-pack furniture together, cleaning the cooker and fridge, unblocking a drain, getting up in the morning without help, going to bed at a reasonable time, looking after my medication, using the internet safely, protecting my profile on social media for example Facebook. looking after my documents, for example birth certificate, passport, Aadhar card,		
Things I can do	**Things I need to learn**	**Who can help me**

Comments from other people about my practical skills		
Name	**Comments**	**What I can help with and when**

Date of update	What was achieved and how

Money Skills *For example: Spending money wisely, saving, managing my bills, phone bill, understanding how bank accounts work, writing a cheque, using internet banking, buying own clothes, understanding the cost of running a home, like gas and electric bills, rent, mortgage, insurance, how to save energy, how to spread the cost of paying bills, how to plan a weekly budget, where to shop for the best value, what credit means and how credit can get out of control, how to get advice on managing money.*		
Things I can do	**Things I need to learn**	**Who can help me**

Comments from other people about my money skills		
Name	**Comments**	**What I can help with and when**

Date of update	**What was achieved and how**

School, Education and Work *What do I want to learn, achieve, do I know what qualifications I need to get at school, do I need extra help, do I want to go to college or university, get a part time job, scholarship, develop my own business, what type of job, advice on careers, what am I interested in.*		
Things I can do or know about	**Things I need to learn**	**Who can help me**

Comments from other people about my education or job interests		
Name	**Comments**	**What I can help with and when**

Date of update	What was achieved and how

Skills outside the home

Getting a bus, tuk tuk, train, riding a bike, driving a car, reading timetables, keeping safe on the street, shopping for food, clothes, things for the home, making appointments for doctors, dentists, opticians, other health appointments, looking after a garden, finding someone to do a job in the house, finding a support group, getting access to my files, sports club, following my own interests or hobbies, planning a journey, reading a map, dealing with emergencies for example police, hospital, fire.

Things I can do	Things I need help with	Who can help me

Comments from others about my skills outside the home

Name	Comments	What I can help with and when

Date of update	What was achieved and how

Skills to keep me well, safe and happy

Making and keeping friends, keeping my body safe, having safe contact with my family, understanding my history, managing my feelings, dealing with things that make me stressed or worried, looking after my body, getting exercise, eating healthy food, keeping safe on line, following my own interests, avoiding things that may harm me like alcohol and drugs, letting people know what I need, getting help when I need it, following my religion, cultural needs, feeling safe with my sexual orientation and relationships, taking a pride in how I look, looking after others, being comfortable with the person I am, having fun often.

Things I can do	Things I need help with	Who can help me

Comments from others about my skills to keep me well, safe and happy		
Name	**Comments**	**What I can help with and when**

Date of update	What was achieved and how

Any other skills I need	
What do I want to learn	**Who can help me**

Comments from others about any other skills I need		
Name	**Comments**	**What I can help with and when**

Date of update	What was achieved and how	
Signed by (name and role)	**Signature**	**Date form completed**
Signed by (name and role)	**Signature**	**Date of update**
Signed by (name and role)	**Signature**	**Date of update**

National Commission for Protection of Child Rights (NCPCR)
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